

UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caregiver's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: ____ / ____ / <u>2</u> <u>0</u> <u>2</u> <u>5</u>	UF8. Record the time:	HOURS : MINUTES ____ : ____

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:  
If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39/HH39A) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.

UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY..... 1 NO, FIRST INTERVIEW ..... 2	1 ⇒UF10B 2 ⇒UF10A
<p>UF10A. Hello, my name is (<i>your name</i>). We are from the Central Statistical Office. We are conducting a survey about the situation of children, families, and households. I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being.</p> <p>This interview usually takes about <b>25</b> minutes.</p> <p>Participation in this survey is voluntary. No payment or incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of young children.</p> <p>Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you or your child will be made publicly available. We will only produce information about the general population.</p> <p>Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know.</p> <p>If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact the Central Statistical Office.</p> <p>May I start the interview?</p>	<p>UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being in more detail.</p> <p>This interview usually takes about <b>25</b> minutes.</p> <p>Again, participation in this survey is voluntary. No payment or incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of young children.</p> <p>Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you or your child will be made publicly available. We will only produce information about the general population.</p> <p>Again, should you wish not to answer a question or wish to stop the interview at any point, please let me know.</p> <p>If at any time you have any complaints or concerns about this survey, please use the information on the card I gave you earlier to contact the Central Statistical Office.</p> <p>May I start the interview?</p>	
YES .....1 NO / NOT ASKED .....2	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

UNDER-FIVE'S BACKGROUND		UB
<b>UB0.</b> Before I begin the interview, could you please bring <b>(name)</b> 's Birth Certificate, National Child Vaccination /Health Card, and any Vaccination Record from a private health provider? We will need to refer to those documents.		
<b>UB0A.</b> Check relationship of respondent to child in the LIST OF HOUSEHOLD MEMBERS in the HOUSEHOLD QUESTIONNAIRE.	BIOLOGICAL MOTHER (HL20 = HL14).....1 BIOLOGICAL FATHER (HL20 = HL18).....2 OTHER.....6	1 ⇨ UB1 2 ⇨ UB1
<b>UB0B.</b> What is your relationship to <b>(name)</b> ?	GRANDPARENT .....01 AUNT/UNCLE.....02 BROTHER/SISTER .....03 OTHER RELATIVE OF CHILD .....06  STEPMOTHER/FATHER .....11 STEPSISTER/BROTHER.....12 OTHER RELATIVE OF STEPPARENT.....16  FORMAL FOSTER/ADOPTED PARENT.....21 FRIEND.....31  OTHER (specify) .....96	
<b>UB1.</b> On what day, month and year was <b>(name)</b> born?  <i>Probe:</i> What is <b>(his/her)</b> birthday?  <i>If the mother/caregiver knows the exact date of birth, also record the day; otherwise, record '98' for day.</i>  <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY .....__ __  DK DAY .....98  MONTH.....__ __  YEAR ..... <u>2</u> <u>0</u> __ __	
<b>UB2.</b> How old is <b>(name)</b> ?  <i>Probe:</i> How old was <b>(name)</b> at <b>(his/her)</b> last birthday?  <i>Record age in completed years.</i>  <i>Record '0' if less than 1 year.</i>  <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) .....__	
<b>UB3.</b> Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4 .....2	1 ⇨ End
<b>UB4.</b> Check the respondent's line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, UF4=HH47 .....1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 .....2	2 ⇨ UB6A

<b>UB5.</b> Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Did the child attend Early Childhood Education in the current school year?	YES, ED10=0 ..... 1 NO, ED10≠0 OR BLANK..... 2	1 ⇒ UB8B 2 ⇒ End
<b>UB6A.</b> Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Did the child attend Early Childhood Education in the current school year?	YES, ED10=0 ..... 1 NO, ED10≠0 OR BLANK..... 2	1 ⇒ UB8A 2 ⇒ End
<b>UB8A.</b> I have earlier recorded that ( <i>name</i> ) has attended an Early Childhood Education programme this school year. Does ( <i>he/she</i> ) currently attend this programme?  <b>UB8B.</b> You have mentioned that ( <i>name</i> ) has attended an Early Childhood Education programme this school year. Does ( <i>he/she</i> ) currently attend this programme?	YES..... 1 NO ..... 2	

BIRTH REGISTRATION		BR
<b>BR1.</b> Does <i>(name)</i> have a birth certificate?  <i>If yes, ask:</i> May I see it?	YES, SEEN.....1 YES, NOT SEEN .....2 NO .....3  DK .....8	1 ⇨ <i>End</i> 2 ⇨ <i>End</i>
<b>BR2.</b> Has <i>(name)</i> 's birth been registered with the Civil Registry?	YES.....1 NO .....2  DK .....8	1 ⇨ <i>End</i>
<b>BR3.</b> Do you know how to register <i>(name)</i> 's birth?	YES.....1 NO .....2	

EARLY CHILDHOOD DEVELOPMENT		EC
<b>EC1.</b> How many children's books or picture books do you have for <i>(name)</i> ?	NONE ..... 00 NUMBER OF CHILDREN'S BOOKS ..... <u>0</u> ____ TEN OR MORE BOOKS ..... 10	
<b>EC2.</b> I am interested in learning about the things that <i>(name)</i> plays with when <i>(he/she)</i> is at home.  Does <i>(he/she)</i> play with:	<div>Y N DK</div> [A] Homemade toys, such as dolls, cars, or other toys made at home? <b>HOMEMADE TOYS</b> ..... 1    2    8  [B] Toys from a shop or manufactured toys? <b>TOYS FROM A SHOP</b> ..... 1    2    8  [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? <b>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS</b> ..... 1    2    8	
<b>EC3.</b> Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.  On how many days in the past week, that is, since last <i>(day of the week)</i> was <i>(name)</i> :	 [A] Left alone for more than an hour? <b>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR</b> ..... ____  [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? <b>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR</b> ..... ____  <i>If 'None' record '0'. If 'Don't know' record '8'.</i>	
<b>EC4.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇒ End

<p><b>EC5.</b> Since last (<i>day of interview minus 3</i>), did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>):</p> <p><i>A foster/stepmother or father living in the household who engaged with the child should be coded as mother or father.</i></p>		
<p>[A] Reading books or looking at picture books with (<i>name</i>)?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>2 ⇒ EC5[B] 8 ⇒ EC5[B]</p>
<p>[A1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?</p>	<p>MOTHER ..... A FATHER ..... B OTHER ..... X</p>	
<p>[B] Telling stories to (<i>name</i>)?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>2 ⇒ EC5[C] 8 ⇒ EC5[C]</p>
<p>[B1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?</p>	<p>MOTHER ..... A FATHER ..... B OTHER ..... X</p>	
<p>[C] Singing songs to or with (<i>name</i>), including lullabies?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>2 ⇒ EC5[D] 8 ⇒ EC5[D]</p>
<p>[C1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?</p>	<p>MOTHER ..... A FATHER ..... B OTHER ..... X</p>	
<p>[D] Taking (<i>name</i>) outside the home?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>2 ⇒ EC5[E] 8 ⇒ EC5[E]</p>
<p>[D1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?</p>	<p>MOTHER ..... A FATHER ..... B OTHER ..... X</p>	
<p>[E] Playing with (<i>name</i>)?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>2 ⇒ EC5[F] 8 ⇒ EC5[F]</p>
<p>[E1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?</p>	<p>MOTHER ..... A FATHER ..... B OTHER ..... X</p>	
<p>[F] Naming, counting, or drawing things for or with (<i>name</i>)?</p>	<p>YES ..... 1 NO ..... 2 DK ..... 8</p>	<p>2 ⇒ EC6 8 ⇒ EC6</p>
<p>[F1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?</p>	<p>MOTHER ..... A FATHER ..... B OTHER ..... X</p>	

<p><b>EC6.</b> I would like to ask you about certain things (<i>name</i>) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give.</p> <p>Can (<i>name</i>) walk on an uneven surface, for example a bumpy or steep road, without falling?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EC7.</b> Can (<i>name</i>) jump up with both feet leaving the ground?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EC8.</b> Can (<i>name</i>) dress (<i>him/herself</i>), that is, put on pants and a shirt without help?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EC9.</b> Can (<i>name</i>) fasten and unfasten buttons without help?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EC10.</b> Can (<i>name</i>) say 10 or more words like “mama” or “ball”?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EC11.</b> Can (<i>name</i>) speak using sentences of 3 or more words that go together, for example “I want water” or “The house is big”?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2⇒EC13</p> <p>8⇒EC13</p>
<p><b>EC12.</b> Can (<i>name</i>) speak using sentences of 5 or more words that go together, for example “The house is very big”?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EC13.</b> Can (<i>name</i>) correctly use any of the words “I,” “you,” “she,” or “he,” for example “I want water,” or “He eats rice”?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EC14.</b> If you show (<i>name</i>) an object (<i>he/she</i>) knows well, such as a cup or animal, can (<i>he/she</i>) consistently name it?</p> <p><i>Probe:</i> By consistently I mean that (<i>he/she</i>) uses the same word to refer to the same object, even if the word used is not fully correct.</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EC15.</b> Can (<i>name</i>) recognise at least 5 letters of the alphabet?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	

<b>EC16.</b> Can ( <i>name</i> ) write ( <i>his/her</i> ) own name?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC17.</b> Does ( <i>name</i> ) recognise all numbers from 1 to 5?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC18.</b> If you ask ( <i>name</i> ) to give you 3 objects, such as 3 stones or 3 beans, does ( <i>he/she</i> ) give you the correct amount?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC19.</b> Can ( <i>name</i> ) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC20.</b> Can ( <i>name</i> ) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC21.</b> Does ( <i>name</i> ) ask about familiar people other than parents when they are not there, for example “Where is Granny?”	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC22.</b> Does ( <i>name</i> ) offer to help someone who seems to need help?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC23.</b> Does ( <i>name</i> ) get along well with other children?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>EC24.</b> The next two questions have five different options for answers. I am going to read these to you after each question.  How often does ( <i>name</i> ) seem to be very sad or depressed?  Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 A FEW TIMES A YEAR ..... 4 NEVER ..... 5  DK ..... 8	
<b>EC25.</b> Compared with children of the same age, how much does ( <i>name</i> ) kick, bite, or hit other children or adults?  Would you say: not at all, less, the same, more, or a lot more?	NOT AT ALL ..... 1 LESS ..... 2 THE SAME ..... 3 MORE ..... 4 A LOT MORE ..... 5  DK ..... 8	



CHILD DISCIPLINE		UCD
<b>UCD1.</b> Check UB2: Child's age?	AGE 0 ..... 1 AGE 1, 2, 3 OR 4 ..... 2	1 ⇒ End
<b>UCD2.</b> Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <b>(name)</b> in the past month.	<div style="text-align: right;">YES NO</div> [A] Took away privileges, forbade something <b>(name)</b> liked or did not allow <b>(him/her)</b> to leave the house. TOOK AWAY PRIVILEGES ..... 1 2  [B] Explained why <b>(name)</b> 's behaviour was wrong. EXPLAINED WRONG BEHAVIOUR ..... 1 2  [C] Shook <b>(him/her)</b> . SHOOK HIM/HER ..... 1 2  [D] Shouted, yelled at, or screamed at <b>(him/her)</b> . SHOUTED, YELLED, SCREAMED ..... 1 2  [E] Gave <b>(him/her)</b> something else to do. GAVE SOMETHING ELSE TO DO ..... 1 2  [F] Spanked, hit, or slapped <b>(him/her)</b> on the bottom with bare hand. SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND ..... 1 2  [G] Hit <b>(him/her)</b> on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT ..... 1 2  [H] Called <b>(him/her)</b> dumb, lazy or another name like that. CALLED DUMB, LAZY OR ANOTHER NAME ..... 1 2  [I] Hit or slapped <b>(him/her)</b> on the face, head, or ears. HIT / SLAPPED ON FACE, HEAD OR EARS ..... 1 2  [J] Hit or slapped <b>(him/her)</b> on the hand, arm, or leg. HIT / SLAPPED ON HAND, ARM OR LEG ..... 1 2  [K] Beat <b>(him/her)</b> up, that is hit <b>(him/her)</b> over and over as hard as one could. BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD ..... 1 2	
<b>UCD3.</b> Check UF4: Is this respondent the mother or caregiver of any other children under age 5 or a child age 5-14 selected for the QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17?	YES ..... 1 NO ..... 2	2 ⇒ UCD5
<b>UCD4.</b> Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES ..... 1 NO ..... 2	1 ⇒ End
<b>UCD5.</b> Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES ..... 1 NO ..... 2  DK / NO OPINION ..... 8	

CHILD FUNCTIONING		UCF
<b>UCF1.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇒ End
<b>UCF2.</b> I would like to ask you some questions about difficulties ( <i>name</i> ) may have.  Does ( <i>name</i> ) wear glasses?	YES ..... 1 NO ..... 2	
<b>UCF3.</b> Does ( <i>name</i> ) use a hearing aid?	YES ..... 1 NO ..... 2	
<b>UCF4.</b> Does ( <i>name</i> ) use any equipment or receive assistance for walking?	YES ..... 1 NO ..... 2	
<b>UCF5.</b> In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that ( <i>name</i> ) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all.  <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that ( <i>name</i> ) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
<b>UCF6.</b> Check UCF2: Child wears glasses?	YES, UCF2=1 ..... 1 NO, UCF2=2 ..... 2	1 ⇒ UCF7A 2 ⇒ UCF7B
<b>UCF7A.</b> When wearing (his/her) glasses, does ( <i>name</i> ) have difficulty seeing?  <b>UCF7B.</b> Does ( <i>name</i> ) have difficulty seeing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT SEE AT ALL ..... 4	
<b>UCF8.</b> Check UCF3: Child uses a hearing aid?	YES, UCF3=1 ..... 1 NO, UCF3=2 ..... 2	1 ⇒ UCF9A 2 ⇒ UCF9B
<b>UCF9A.</b> When using (his/her) hearing aid(s), does ( <i>name</i> ) have difficulty hearing sounds like people's voices or music?  <b>UCF9B.</b> Does ( <i>name</i> ) have difficulty hearing sounds like people's voices or music?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT HEAR AT ALL ..... 4	
<b>UCF10.</b> Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 ..... 1 NO, UCF4=2 ..... 2	1 ⇒ UCF11 2 ⇒ UCF13
<b>UCF11.</b> Without (his/her) equipment or assistance, does ( <i>name</i> ) have difficulty walking?	SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	
<b>UCF12.</b> With (his/her) equipment or assistance, does ( <i>name</i> ) have difficulty walking?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	1 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ UCF14

<b>UCF13.</b> Compared with children of the same age, does <b>(name)</b> have difficulty walking?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	
<b>UCF14.</b> Compared with children of the same age, does <b>(name)</b> have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT PICK UP AT ALL ..... 4	
<b>UCF15.</b> Does <b>(name)</b> have difficulty understanding you?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT UNDERSTAND AT ALL ..... 4	
<b>UCF16.</b> When <b>(name)</b> speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT BE UNDERSTOOD AT ALL ..... 4	
<b>UCF17.</b> Compared with children of the same age, does <b>(name)</b> have difficulty learning things?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT LEARN THINGS AT ALL ..... 4	
<b>UCF18.</b> Compared with children of the same age, does <b>(name)</b> have difficulty playing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT PLAY AT ALL ..... 4	
<b>UCF19.</b> The next question has five different options for answer. I am going to read these to you after the question.  Compared with children of the same age, how much does <b>(name)</b> kick, bite, or hit other children or adults?  Would you say: not at all. less, the same, more or a lot more?	NOT AT ALL ..... 1 LESS ..... 2 THE SAME ..... 3 MORE ..... 4 A LOT MORE ..... 5	

IYCF: BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3, OR 4 ..... 2	2 ⇒ End
<b>BD2.</b> Has ( <i>name</i> ) ever been breastfed?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ BD4 A  8 ⇒ BD4 A
<b>BD3.</b> Yesterday, during the day or at night, was ( <i>name</i> ) breastfed?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>BD4A.</b> Yesterday, during the day or at night, did ( <i>name</i> ) drink anything from a bottle or cup with a nipple, spout, or reusable straw?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ BD5
<b>BD4B.</b> Specifically, did ( <i>he/she</i> ) drink anything from a bottle with a nipple?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>BD5.</b> Yesterday, during the day or at night, did ( <i>name</i> ) drink Oral Rehydration Salt solution (ORS)?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>BD6.</b> Yesterday, during the day or at night, did ( <i>name</i> ) drink or eat vitamin or mineral supplements or any medicines?	YES ..... 1 NO ..... 2  DK ..... 8	

<p><b>BD7.</b> Now I would like to ask you about all other liquids that <b>(name)</b> may have had yesterday during the day or at night.</p> <p>Please tell me about all drinks, whether <b>(name)</b> had them at home, or somewhere else.</p> <p>Yesterday, during the day or at night, did <b>(name)</b> drink <b>(name of item)</b>:</p>	<div>YES      NO      DK</div>			
[A] Plain water?	PLAIN WATER	1	2	8
[B] Infant formula, such as Lactogen, Similac, Enfamil?	INFANT FORMULA	1	2 $\nabla$ BD7[C]	8 $\nabla$ BD7[C]
[B1] How many times did <b>(name)</b> drink formula?  <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK FORMULA .....  DK .....8			
[C] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 $\nabla$ BD7[D]	8 $\nabla$ BD7[D]
[C1] How many times did <b>(name)</b> drink milk?  <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK MILK .....  DK .....8			
[C2] ( <i>Was the milk/Were any of the milk drinks</i> ) a sweet or flavoured type of milk?	SWEET MILK	1	2	8
[D] Yogurt drinks such as Yoplait?	YOGURT DRINKS	1	2 $\nabla$ BD7[E]	8 $\nabla$ BD7[E]
[D1] How many times did <b>(name)</b> drink yogurt drinks?  <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK YOGURT .....  DK .....8			
[D2] ( <i>Was the yogurt drink/Were any of the yogurt drinks</i> ) a sweet or flavoured type of yogurt drink?	SWEET YOGURT DRINKS	1	2	8
[E] Chocolate-flavoured drinks including those made from syrups or powders?	CHOCOLATE DRINKS	1	2	8
[F] Fruit juice or fruit-flavoured drinks including those made from syrups or powders?	FRUIT JUICE, JUICE DRINKS	1	2	8
[G] Sodas, malt drinks, sports drinks, or energy drinks?	SODA, MALT, SPORTS, ENERGY DRINKS	1	2	8
[H] Tea, coffee, or herbal drinks?	TEA, COFFEE, HERBAL DRINKS	1	2 $\nabla$ BD7[I]	8 $\nabla$ BD7[I]
[H1] (Was the drink/Were any of these drinks) sweetened?	SWEET TEA, COFFEE, HERBAL DRINKS	1	2	8
[I] Clear broth or clear soup?	CLEAR BROTH	1	2	8
[X] Any other liquids?	OTHER LIQUIDS	1	2 $\nabla$ BD8	8 $\nabla$ BD8
[X1] <i>Record all other liquids mentioned. Recode if possible.</i>	(Specify) _____			

[X2] (Was the drink/Were any of these drinks) sweetened?	SWEET OTHER LIQUIDS	1	2	8
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<p><b>BD8.</b> Now I would like to ask you about <u>everything</u> that <b>(name)</b> ate yesterday during the day or at night. I am interested in all foods <b>(name)</b> ate whether at home or somewhere else.</p> <p>Think about when <b>(name)</b> woke up yesterday. Did <b>(he/she)</b> eat anything at that time?</p> <p>If 'Yes', ask: Please tell me everything <b>(name)</b> ate at that time. Probe: Anything else?</p> <p>Record answers using the food groups below.</p> <p>What did <b>(name)</b> do after that? Did <b>(he/she)</b> eat anything at that time?</p> <p>Repeat and record with these questions, until reaching when the child woke up this morning.</p> <p>For any mixed dish, including those commercially packaged, probe: What were the main ingredients in (mixed dish)? Record main ingredients in appropriate food groups.</p>				
<p>For each food group <u>not</u> mentioned after completing the above ask:</p> <p>Just to make sure, did <b>(name)</b> eat <b>(food group items)</b> yesterday during the day or at night?</p>				
	YES	NO	DK	
<p>[A] Yogurt, other than yogurt drinks?</p> <p>Note that liquid/drinking yogurt should be captured in BD7[D].</p>	1	2 $\simeq$ BD8[B]	8 $\simeq$ BD8[B]	YOGURT
<p>[A1] How many times did <b>(name)</b> eat yogurt?</p> <p>If 7 or more times, record '7'.</p>	<p>NUMBER OF TIMES ATE YOGURT .....__</p> <p>DK.....8</p>			
<p>[B] Porridge, bread, rice, noodles, pasta, bakes, oats, cornbread, corn flakes, popcorn, or crackers foods made from grains?</p>	1	2	8	FOODS MADE FROM GRAINS
<p>[C] Pumpkin, carrots, sweet red peppers, squash, or sweet potatoes that are yellow or orange inside?</p>	1	2	8	PUMPKIN, CARROTS, SQUASH, ETC.
<p>[D] Plantains, white potatoes, white yams, manioc, cassava, or green bananas?</p>	1	2	8	GROUND PROVISIONS
<p>[E] Dark green, leafy vegetables, such as zepina, kale, spinach, Chinese cabbage, callaloo?</p>	1	2	8	DARK GREEN, LEAFY VEGETABLES
<p>[F] Any other vegetables, such as cucumber, tomato, christophene, cauliflower, broccoli or lettuce?</p>	1	2	8	OTHER VEGETABLES
<p>[G] Ripe mangoes, ripe papayas, watermelon, wax apple or cantaloupe?</p>	1	2	8	RIPE MANGO, RIPE PAPAYA
<p>[H] Any other fruits such as, ripe bananas, ripe cherries, ripe golden apple, guavas, citrus fruits?</p>	1	2	8	OTHER FRUITS
<p>[I] Liver, kidney, heart, tripe or tongue?</p>	1	2	8	ORGAN MEATS
<p>[J] Sausages, hot dogs, ham, bacon, salami or canned meat?</p>	1	2	8	PROCESSED MEATS
<p>[K] Any other meat, such as beef, pork, lamb, goat, chicken, duck, or mincemeat made from these meats?</p>	1	2	8	OTHER MEATS
<p>[L] Eggs?</p>	1	2	8	EGGS
<p>[M] Fresh fish, dried fish, or shellfish?</p>	1	2	8	FRESH OR DRIED FISH
<p>[N] Beans, peas, lentils, nuts, seeds, split peas, peanut butter or any foods made from these?</p>	1	2	8	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.

[O] Hard or soft cheese such as Cream Cheese, Goat Cheese, Cheddar Cheese, Parmesan Cheese, Ricotta Cheese, Mozzarella Cheese or American Cheese (cheddar cheese)?	CHEESE	1	2	8
[P] Sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream or popsicles?	SWEET FOODS	1	2	8
[Q] Chips, crisps, puffs, French fries, fried dough, instant noodles (Ramen)?	SALTY FOODS	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 ∅ BD9	8 ∅ BD9
[X1] <i>Record all other foods mentioned. Recode if possible.</i>	(specify) _____			
<b>BD9.</b> Yesterday during the day or at night, how many times did ( <b><i>name</i></b> ) eat any solid, semi-solid, or soft foods?  <i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i>  <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES ..... ____  DK..... 8			



IMMUNISATION										IM
<b>IM1.</b> Check UB2: Child's age?		AGE 0, 1, OR 2..... 1 AGE 3 OR 4..... 2						2 ⇒ End		
<b>IM2.</b> Do you have a Child Vaccination Record/Health Card, Vaccination Records from a private health provider or any other document where ( <i>name</i> )'s vaccinations are written down?		YES, HAS ONLY CARD(S)..... 1 YES, HAS ONLY OTHER DOCUMENT..... 2 YES, HAS CARD(S) AND OTHER DOCUMENT..... 3 NO, HAS NO CARD AND NO OTHER DOCUMENT..... 4						1 ⇒ IM5  3 ⇒ IM5		
<b>IM3.</b> Did you ever have a Child Vaccination Record/Health Card or Vaccination Records from a private health provider for ( <i>name</i> )?		YES..... 1 NO..... 2								
<b>IM4.</b> Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2..... 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4..... 2						2 ⇒ IM11		
<b>IM5.</b> May I see the card(s) (and/or) other document?		YES, ONLY CARD(S) SEEN..... 1 YES, ONLY OTHER DOCUMENT SEEN..... 2 YES, CARD(S) AND OTHER DOCUMENT SEEN..... 3 NO CARD AND NO OTHER DOCUMENT SEEN..... 4						4 ⇒ IM11		
<b>IM5A.</b> Record date of birth from the card and/or other document.  Record '98' for any missing or illegible information.		DATE OF BIRTH DAY .....  MONTH.....  YEAR..... 2 0								
<b>IM6.</b> (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		DATE OF IMMUNISATION								
		DAY		MONTH		YEAR				
HepB (at Birth)						2	0			
BCG BCG						2	0			
Pentavalent (DPTHibHepB) 1 Penta1						2	0			
Polio (IPV) 1 IPV1						2	0			
Pentavalent (DPTHibHepB) 2 Penta2						2	0			
Polio (IPV) 2 IPV2						2	0			
Polio (OPV) 1 OPV1						2	0			
Pentavalent (DPTHibHepB) 3 Penta3						2	0			
Polio (OPV) 2 OPV2						2	0			
MMR/MR 1 MMR/MR1						2	0			

Diphtheria/Pertussis/Tetanus (Booster Dose)	DPT					2	0			
MMR/MR 2	MMR/MR2					2	0			
Polio (OPV) 3	OPV3					2	0			
<b>IM7. Check IM6: Are all vaccines (BCG to Polio IPV Booster) recorded?</b>		YES..... 1 NO..... 2								1 ⇒End
<b>IM8. Did (<i>name</i>) participate in the following campaign?</b>  [A] National Immunisation Campaign that took place during April and May 2023 and 2024.		Y N DK  NATIONAL IMMUNIZATION CAMPAIGN ..... 1 2 8								
<b>IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the National Immunisation Campaign just mentioned?</b>		YES..... 1 NO..... 2  DK..... 8								2 ⇒End  8 ⇒End
<b>IM10. Go back to IM6 and probe for these vaccinations.</b>  <i>Record '66' in the corresponding day column for each additional vaccine received. For each vaccination <u>not</u> received record '00' in day column.</i>  <i>When <u>finished</u>, go to next module.</i>										⇒End
<b>IM11. Did (<i>name</i>) ever receive any vaccinations to prevent (<i>him/her</i>) from getting diseases, including vaccinations received in a National Immunisation Campaign?</b>		YES..... 1 NO..... 2  DK..... 8								
<b>IM12. Did (<i>name</i>) participate in the following National Immunisation Campaign?</b>  [A] National Immunisation Campaign that took place during April and May 2023 and 2024.		Y N DK  NATIONAL IMMUNIZATION CAMPAIGN ..... 1 2 8								
<b>IM13. Check IM11 and IM12[A-B]:</b>		ALL NO OR DK..... 1 AT LEAST ONE YES ..... 2								1 ⇒End
<b>IM14. Has (<i>name</i>) ever received a BCG vaccination against tuberculosis, that is, an injection received on the left arm that usually causes a scar?</b>		YES..... 1 NO..... 2  DK..... 8								

<b>IM15.</b> At or soon after birth, did <i>(name)</i> receive a Hepatitis B vaccination, that is, an injection on the outside of the thigh to prevent Hepatitis B?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ IM16  8 ⇒ IM16
<b>IM15A.</b> Did <i>(name)</i> receive it within 24 hours of birth?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>IM16.</b> Has <i>(name)</i> ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?  <i>Probe by indicating that this vaccine is often called OPV, and that the first dose can be given at the same time as injections to prevent other diseases.</i>	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ IM19  8 ⇒ IM19
<b>IM18.</b> How many times was the oral polio vaccine received?	NUMBER OF TIMES .....  DK ..... 8	
<b>IM19.</b> Has <i>(name)</i> ever received an injected polio vaccine, that is, an injection in the arm to protect against polio?  <i>Probe by indicating that this vaccine is often called IPV, and that the injection can be given at the same time as the pentavalent vaccine.</i>	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ IM20  8 ⇒ IM20
<b>IM19A.</b> How many times was the injected polio vaccine received?	NUMBER OF TIMES .....  DK ..... 8	
<b>IM20.</b> Has <i>(name)</i> ever received a Pentavalent vaccination, that is, an injection in the thigh to prevent <i>(him/her)</i> from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus Influenzae Type B?  <i>Probe by indicating that the Pentavalent vaccination is sometimes given at the same time as the polio drops or polio injection.</i>	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ IM26  8 ⇒ IM26
<b>IM21.</b> How many times was the Pentavalent vaccine received?	NUMBER OF TIMES .....  DK ..... 8	
<b>IM26.</b> Has <i>(name)</i> ever received a MMR vaccine, that is, an injection in the arm to prevent <i>(him/her)</i> from getting measles, mumps, and rubella?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ IM27A  8 ⇒ IM27A
<b>IM26A.</b> How many times was the MMR vaccine received?	NUMBER OF TIMES .....  DK ..... 8	

<p><b>IM27A.</b> Has (<i>name</i>) ever received the DPT Booster, that is, an injection in the thigh at the age of 1 year or older, to boost (<i>his/her</i>) immunity against diphtheria and tetanus?</p> <p><i>Probe by indicating that the first <b>DPT</b> booster is sometimes given at the same time as the second MMR dose.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	

CARE-SEEKING AND TREATMENT OF DIARRHOEA		DA
<b>DA1.</b> In the last two weeks, has <i>(name)</i> had diarrhoea?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ End 8 ⇒ End
<b>DA1A.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3, OR 4 ..... 2	2 ⇒ DA3A
<b>DA2.</b> Check BD2 and BD3: Is child no longer breastfeeding?	NOT BREASTFEEDING, BD2=2 OR BD3=2 ..... 1 BREASTFEEDING, BD3=1 ..... 2 UNKNOWN, BD2=8 OR BD3=8 ..... 3	1 ⇒ DA3B 2 ⇒ DA3A 3 ⇒ DA3A
<b>DA3A.</b> I would like to know how much <i>(name)</i> was given to drink during the diarrhoea, including breastmilk. Was <i>(he/she)</i> given less than usual to drink, about the same amount, or more than usual to drink?  <i>If 'less', probe:</i> Was <i>(he/she)</i> given much less than usual to drink, or somewhat less?  <b>DA3B.</b> I would like to know how much <i>(name)</i> was given to drink during the diarrhoea. Was <i>(he/she)</i> given less than usual to drink, about the same amount, or more than usual to drink?  <i>If 'less', probe:</i> Was <i>(he/she)</i> given much less than usual to drink, or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DK ..... 8	
<b>DA4.</b> During the time <i>(name)</i> had diarrhoea, was <i>(he/she)</i> given less than usual to eat, about the same amount, more than usual, or nothing to eat?  <i>If 'less', probe:</i> Was <i>(he/she)</i> given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 7 DK ..... 8	
<b>DA5.</b> Did you seek any advice or treatment for the diarrhoea from any source?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ DA9 8 ⇒ DA9

<p><b>DA6.</b> Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i><u>If unable to determine whether public, private, or NGO</u>, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE/POLYCLINIC ..... B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>OTHER PUBLIC MEDICAL (specify) _____ G</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC ..... H</p> <p>PRIVATE PHYSICIAN.....I</p> <p>PRIVATE PHARMACY .....J</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ..... K</p> <p>OTHER PRIVATE MEDICAL (specify) _____ N</p> <p>DK PUBLIC, PRIVATE, OR NGO..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... S</p> <p>SHOP / MARKET / STREET .....T</p> <p>TRADITIONAL PRACTITIONER ..... U</p> <p>OTHER (specify)_____ X</p> <p>DK / DON'T REMEMBER.....Z</p>	
<p><b>DA7.</b> Check DA6: More than one source recorded?</p>	<p>YES, MULTIPLE SOURCES RECORDED ... 1</p> <p>NO, ONLY ONE SOURCE RECORDED ..... 2</p>	<p>2 ⇒ DA9</p>

<p><b>DA8.</b> Where did you <u>first</u> seek advice or treatment?</p> <p><i>If unable to determine whether public, private, or NGO in DA6, temporarily record '76' until you learn the appropriate category for the response.</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... 11</p> <p>GOVERNMENT HEALTH CENTRE/POLYCLINIC ..... 12</p> <p>COMMUNITY HEALTH WORKER..... 14</p> <p>OTHER PUBLIC MEDICAL (specify) ..... 16</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC ..... 21</p> <p>PRIVATE PHYSICIAN..... 22</p> <p>PRIVATE PHARMACY ..... 23</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ..... 24</p> <p>OTHER PRIVATE MEDICAL (specify) ..... 26</p> <p>DK PUBLIC, PRIVATE, OR NGO..... 76</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... 61</p> <p>SHOP / MARKET / STREET ..... 62</p> <p>TRADITIONAL PRACTITIONER..... 63</p> <p>OTHER (specify)..... 96</p> <p>DK / DON'T REMEMBER ..... 98</p>	
<p><b>DA9.</b> Was (<i>name</i>) given any of the following at any time since (he/she) started having diarrhoea:</p> <p>[A] A fluid made from a special packet called ORS packet solution?</p> <p>[B] Pedialyte or other pre-packaged ORS liquid?</p> <p>[C] Zinc tablets or syrup?</p>	<p style="text-align: right;">Y N DK</p> <p>ORS PACKET ..... 1 2 8</p> <p>PEDIALYTE..... 1 2 8</p> <p>ZINC TABLETS OR SYRUP ..... 1 2 8</p>	
<p><b>DA10.</b> Was anything else given to treat the diarrhoea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ End</p> <p>8 ⇒ End</p>

<p><b>DA11.</b> What else was given to treat the diarrhoea?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC..... A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) ... B</p> <p>OTHER PILL OR SYRUP..... G</p> <p>UNKNOWN PILL OR SYRUP ..... H</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC.....L</p> <p>NON-ANTIBIOTIC .....M</p> <p>UNKNOWN INJECTION ..... N</p> <p>INTRAVENOUS (IV) ..... O</p> <p>HOME REMEDY / HERBAL MEDICINE ..... Q</p> <p>OTHER (<i>specify</i>)_____ X</p>	
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CARE-SEEKING AND TREATMENT OF SYMPTOMS OF ARI		AR
<b>AR1.</b> At any time in the last two weeks, has ( <i>name</i> ) had an illness with a cough?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>AR2.</b> At any time in the last two weeks, has ( <i>name</i> ) had fast, short, rapid breaths or difficulty breathing?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ End  8 ⇒ End
<b>AR3.</b> Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY ..... 1 BLOCKED OR RUNNY NOSE ONLY ..... 2  BOTH ..... 3  OTHER ( <i>specify</i> ) ..... 6 DK ..... 8	
<b>AR4.</b> Did you seek any advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ AR9  8 ⇒ AR9

<p><b>AR5.</b> Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine whether public, private or NGO, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE/POLYCLINIC ..... B</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>OTHER PUBLIC MEDICAL (specify) _____ G</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC ..... H</p> <p>PRIVATE PHYSICIAN..... I</p> <p>PRIVATE PHARMACY ..... J</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ..... K</p> <p>OTHER PRIVATE MEDICAL (specify) _____ N</p> <p>DK PUBLIC, PRIVATE, OR NGO..... W</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... S</p> <p>SHOP / MARKET / STREET ..... T</p> <p>TRADITIONAL PRACTITIONER..... U</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER..... Z</p>	
<p><b>AR6.</b> Check AR5: More than one source recorded?</p>	<p>YES, MULTIPLE SOURCES RECORDED ..... 1</p> <p>NO, ONLY ONE SOURCE RECORDED ..... 2</p>	<p>2 ⇒ AR8</p>

<p><b>AR7.</b> Where did you <u>first</u> seek advice or treatment?</p> <p><i>If unable to determine whether public, private or NGO in AR5, temporarily record '76' until you learn the appropriate category for the response.</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL..... 11</p> <p>GOVERNMENT HEALTH CENTRE/POLYCLINIC ..... 12</p> <p>COMMUNITY HEALTH WORKER..... 14</p> <p>OTHER PUBLIC MEDICAL (specify) _____ 16</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL / CLINIC ..... 21</p> <p>PRIVATE PHYSICIAN..... 22</p> <p>PRIVATE PHARMACY ..... 23</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) ..... 24</p> <p>OTHER PRIVATE MEDICAL (specify) _____ 26</p> <p>DK PUBLIC, PRIVATE, OR NGO..... 76</p> <p><b>OTHER SOURCE</b></p> <p>RELATIVE / FRIEND..... 61</p> <p>SHOP / MARKET / STREET ..... 62</p> <p>TRADITIONAL PRACTITIONER..... 63</p> <p>OTHER (specify)_____ 96</p> <p>DK / DON'T REMEMBER ..... 98</p>	
<p><b>AR8.</b> How many days after the illness began did you first seek advice or treatment for (<b>name</b>)?</p> <p><i>If immediately or same day, record '00'. Record '01' if next day, otherwise record the number of days. Record '95' if 95 or more days, or more than three months, after the illness began.</i></p>	<p>SAME DAY .....00</p> <p>NEXT DAY .....01</p> <p>NUMBER OF DAYS..... ____</p> <p>DK.....98</p>	
<p><b>AR9.</b> At any time during the illness, did (<b>name</b>) take any medicine for the illness?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ End</p> <p>8 ⇒ End</p>

<p><b>AR10.</b> What medicine did (<i>name</i>) take?</p> <p><i>Probe:</i> Any other medicine?</p> <p><i>Record all medicines given.</i></p> <p><i>If unable to determine type of medicine, write the brand name(s) and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of brand</i>)</p> <p>_____</p> <p style="text-align: center;">(<i>Name of brand</i>)</p>	<p><b>ANTIBIOTICS</b></p> <p>AMOXICILLIN ..... L</p> <p>OTHER ANTIBIOTIC</p> <p>PILL/SYRUP ..... N</p> <p>OTHER ANTIBIOTIC</p> <p>INJECTION/IV ..... O</p> <p><b>OTHER MEDICATIONS</b></p> <p>PARACETAMOL/PANADOL/</p> <p>ACETAMINOPHEN ..... R</p> <p>IBUPROFEN ..... T</p> <p>ONLY BRAND NAME(S) RECORDED..... W</p> <p>OTHER (<i>specify</i>)_____ X</p> <p>DK / DON'T REMEMBER.....Z</p>
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<b>UF11.</b> <i>Record the time.</i>	HOURS AND MINUTES ..... __ __ : __ __	
<b>UF12.</b> <i>Language of the Questionnaire.</i>	ENGLISH ..... 1	
<b>UF13.</b> <i>Language of the Interview.</i>	ENGLISH ..... 1 CREOLE ..... 2  OTHER LANGUAGE (specify) ..... 6	
<b>UF13A.</b> <i>Was this interview observed?</i>	YES ..... 1 NO ..... 2	
<b>UF14.</b> <i>Native language of the Respondent.</i>	ENGLISH ..... 1 CREOLE ..... 2  OTHER LANGUAGE (specify) ..... 6	
<b>UF15.</b> <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE ..... 1 YES, PARTS OF THE QUESTIONNAIRE ..... 2 NO, NOT USED ..... 3	
<b>UF15A.</b> <i>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Respondent's age is 15-17 years?</i>	AGE 15-17 ..... 1 AGE 18 OR ABOVE ..... 2	1 ⇒ UF16
<b>UF15B.</b> <i>Check the respondent's line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?</i>	YES, RESPONDENT IS THE SAME, UF4=HH47 ..... 1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 ..... 2	1 ⇒ UF16
<b>UF15C.</b> <i>Has this respondent already been interviewed with any individual questionnaires?</i>	YES, ALREADY INTERVIEWED ..... 1 NO, NOT ALREADY INTERVIEWED ..... 2	1 ⇒ UF16
<b>UF15D.</b> <i>Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household have a mobile phone?</i>	YES, HC7[A]=1 OR HC12=1 ..... 1 NO, HC7[A]=2 AND HC12=2 ..... 2	2 ⇒ UF15F
<b>UF15E.</b> Thank you for your participation. The Central Statistical Office will be conducting a phone survey about the situation of children, families, and households in the future. We may call a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team. Would you like to participate?	YES ..... 1 NO ..... 2	1 ⇒ UF15H 2 ⇒ UF16

<b>UF15F.</b> Thank you for your participation. The Central Statistical Office will be conducting a follow-up survey about the situation of children, families, and households in the future. We may contact you a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. All the information you share during these interviews will not be shared with anyone outside our team. Would you like to participate?	YES..... 1 NO..... 2	2 ⇒ UF16
<b>UF15G.</b> You have told me that there are no phones in your household. Just to confirm, do you have a personal telephone number or is there a phone number for the household?	YES..... 1 NO..... 2	1 ⇒ UF15I 2 ⇒ UF16
<b>UF15H.</b> Do you have a personal phone number or is there a phone number for the household?	YES..... 1 NO..... 2	2 ⇒ UF16

**UF15I.** You may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call.

	[P1] BEST NUMBER	[P2] 2 <sup>ND</sup> NUMBER	[P3] 3 <sup>RD</sup> NUMBER
<b>UF15J.</b> Ask for and record phone number.	_____	_____	_____
<b>UF15K.</b> Just to confirm, the number is <i>(number recorded in UF15J)?</i>  If no, return to UF15J and correct entry.	YES..... 1  NO ..... 2 ⇄ UF15J	YES ..... 1  NO ..... 2 ⇄ UF15J	YES..... 1  NO ..... 2 ⇄ UF15J
<b>UF15L.</b> Remember, you may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Do you have another personal or shared phone number where you can be reached?	YES..... 1 ⇄ [P2]  NO ..... 2 ⇄ UF16	YES ..... 1 ⇄ [P3]  NO ..... 2 ⇄ UF16	YES..... 1 ⇄ [P4]  NO ..... 2 ⇄ UF16
			Tick here if additional questionnaire used:..... <input type="checkbox"/>

**UF16.** Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the *ANTHROPOMETRIC MEASUREMENTS FORM* for this child and complete the *ANTHROPOMETRIC MEASUREMENTS FORM INFORMATION PANEL* on that Form.

Check columns HL10 and HL20 in *LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE*: Is the respondent the mother or caregiver of another child age 0-4 living in this household?



- ☐ Yes ⇒ Go to UF17 on the *UNDER-FIVE INFORMATION PANEL* and record '01'. Then go to the next *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to be administered to the same respondent.
- ☐ No ⇒ Check HL6 and column HL20 in *LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE*: Is the respondent the mother or caregiver of a child age 5-17 selected for *QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17* in this household?
  - ☐ Yes ⇒ Go to UF17 on the *UNDER-FIVE INFORMATION PANEL* and record '01'. Then go to the *QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17* to be administered to the same respondent.
  - ☐ No ⇒ Go to UF17 on the *UNDER-FIVE INFORMATION PANEL* and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.

**UF17.** Result of interview for children under 5

Codes refer to mother/caregiver.  
Discuss any result not completed with Supervisor.

COMPLETED.....	01
NOT AT HOME .....	02
REFUSED .....	03
PARTLY COMPLETED .....	04
INCAPACITATED (specify) .....	05
NO ADULT CONSENT FOR MOTHER/ CAREGIVER AGE 15-17.....	06
OTHER (specify).....	96

### INTERVIEWER'S OBSERVATIONS

**SUPERVISOR'S OBSERVATIONS**



<b>AN1. Cluster number:</b> _____	<b>AN2. Household number:</b> _____
<b>AN3. Child's name and line number:</b>  NAME _____	<b>AN4. Child's age from UB2:</b>  AGE (IN COMPLETED YEARS) .....
<b>AN5. Mother's / Caregiver's name and line number:</b>  NAME _____	<b>AN6. Interviewer's name and number:</b>  NAME _____

<b>AN7. Measurer's name and number:</b>	NAME _____	
<b>AN8. Record the result of weight measurement as read out by the Measurer:</b>  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>  <i>Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.</i>	KILOGRAMS (KG) .....  CHILD NOT PRESENT AFTER REVISITS... 99.3 CHILD REFUSED ..... 99.4 RESPONDENT REFUSED..... 99.5  OTHER (specify) ..... 99.6	99.3 ⇨ AN14 99.4 ⇨ AN10 99.5 ⇨ AN10  99.6 ⇨ AN10
<b>AN9. Was the child undressed to the minimum, that is, no more than very light clothing or undergarments only?</b>	YES..... 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM..... 2	
<b>AN10. Check AN4: Child's age?</b>	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇨ AN11A 2 ⇨ AN11B
<b>AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer:</b>  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>  <i>Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.</i>	LENGTH / HEIGHT (CM).....  CHILD REFUSED ..... 999.4 RESPONDENT REFUSED..... 999.5  OTHER (specify) ..... 999.6	999.4 ⇨ AN14 999.5 ⇨ AN14 999.6 ⇨ AN14
<b>AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer:</b>  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>  <i>Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.</i>		
<b>AN12. How was the child actually measured? Lying down or standing up?</b>	LYING DOWN ..... 1 STANDING UP ..... 2	

<b>AN13.</b> <i>Was the recorded measurement interfered with by braided or ornamented hair?</i>	YES, HAIR INTERFERED WITH MEASUREMENT ..... 1 NO ..... 2	
<b>AN14.</b> <i>Day / Month / Year of measurement:</i> _____ / _____ / <u>2</u> <u>0</u> <u>2</u> <u>5</u>		
<b>AN16.</b> <i>Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.</i>		

<b>INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRIC MEASUREMENTS FORM</b>
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<b>MEASURER'S OBSERVATIONS FOR ANTHROPOMETRIC MEASUREMENTS FORM</b>
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<b>SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRIC MEASUREMENTS FORM</b>
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