



**MULTIPLE INDICATORS CLUSTERS SURVEY- MICS 5
QUESTIONNAIRE FOR CHILDREN UNDER FIVE**

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or guardians/caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster sequential number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's/Guardian's/Caretaker's name: Name _____	UF6. Mother's/Guardian's /Caretaker's line number: _____	
UF7. Interviewer's name and code: Name _____	UF8. Day/Month/Year of interview: _____ / _____ / 2014	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE NATIONAL INSTITUTE OF STATISTICS. 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. THE INTERVIEW WILL TAKE ABOUT 15 TO 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 TO 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your team leader.</p>	

UF9. Result of interview for children under 5 <i>Codes refer to mother/guardian/caretaker</i>	Completed.....01 Not at home.....02 Refused.....03 Partly completed.....04 Incapacitated.....05 Other (<i>specify</i>) _____ 96
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UF10. Controller's name and code: Name _____	UF11. Data entry clerk's name and code: Name _____
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UF12. <i>Record the time.</i>	Hour and minutes..... _ _ : _ _	
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AGE	AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day _ _</p> <p>DK day 98</p> <p>Month _ _</p> <p>Year 20 _ _</p>
<p>AG2. HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years)..... _</p>

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen..... 2	
	No..... 3	
	DK..... 8	
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES I.E. IN A COUNCIL OR A SPECIALIZED CIVIL STATUS CENTRE?	Yes..... 1	1⇒Next Module
	No..... 2	
	DK..... 8	
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes..... 1	
	No..... 2	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None.....00</p> <p>Number of children's books.....0 __</p> <p>Ten or more books10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i></p>	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys.....	1	2	8	Toys from a shop	1	2	8	Household objects or outside objects.....	1	2	8	
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<p>EC3. 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.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'.</i></p>	<p>Number of days left alone for more than an hour.....__</p> <p>Number of days left with other child for more than an hour</p>																	
<p>EC4. Check AG2: Age of child.</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5.</p>																		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>																	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Mother</th> <th style="width: 10%; text-align: center;">Father</th> <th style="width: 10%; text-align: center;">Other</th> <th style="width: 10%; text-align: center;">No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Told stories</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Sang songs</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Took outside</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Played with</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> <tr> <td>Named/counted</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF <i>(name)</i>'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>																																				

EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes1 No.....2 DK8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No.....2 DK8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No.....2 DK8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes1 No.....2 DK8	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2. <input type="checkbox"/> Child age 3 or 4 ⇒ Go to care of illness Module.		
BD2. HAS (name) EVER BEEN BREASTFED?	Yes1 No.....2 DK8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes1 No.....2 DK8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE OR FROM A FEEDING BOTTLE?	Yes1 No.....2 DK8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No.....2 DK8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No.....2 DK8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes No DK
[A] PLAIN WATER?	Plain water	1 2 8
[B] FRUIT JUICE OR FRUIT BASED DRINKS?	Fruit juice or fruit based drinks	1 2 8
[C] CLEAR SOUP OF VEGETABLE/MEAT/ FISH WITHOUT PIECES?	Clear Soup	1 2 8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk	__
[E] INFANT FORMULA?	Infant formula	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula.....	__
[F] ANY OTHER LIQUIDS? Specify _____	Other liquids	1 2 8

<p>BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>				
		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i></p>		Number of times drank/ate yogurt.....__		
[B] ANY KIND OF BABY CEREAL SUCH AS, CERELAC, BLELILAC, PHOSPHATINE, ETC.?	Baby cereal	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] IRISH POTATOES, YAMS, CASSAVA, COCOYAMS, WHITE SWEET POTATOES OR ANY OTHER FOODS MADE FROM ROOTS/TUBERS?	Irish potatoes, yams, , cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS, MELONS APRICOTS, RED GUAVAS ?	Ripe mangoes/papayas, etc.	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH/SEAFOOD (CRAYFISH, CRABS, SEA SNAILS, ETC.)?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, PEANUTS/GROUNDNUTS OR OTHER NUTS?	Foods made from beans, peas, etc.	1	2	8
[P] EDIBLE INSECTS SUCH AS GRASSHOPPERS, LOCUSTS, CRICKETS, LAND SNAILS, TERMITES, CATERPILLARS, COCKCHAFERS, OR LARVAS?	Comestible insects	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (Specify)_____	Other solid, semi-solid, or soft food	1	2	8
<p>BD9. Check BD8 (Categories "A" through "O").</p> <p><input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11.</p> <p><input type="checkbox"/> Else ⇒ Continue with BD10.</p>				
<p>BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night.</p> <p><input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module.</p> <p><input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11.</p>				
<p>BD11. HOW MANY TIMES DID (<i>name</i>) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? <i>If 7 or more times, record '7'.</i></p>	<p>Number of times.....__</p> <p>DK..... 8</p>			

IMMUNIZATION

IM

If an immunization card/booklet is available, copy the dates in IM3 for each immunization and Vitamin A recorded in the card/booklet. IM6-IM17 will only be asked if a card/booklet is not available.

IM1. DO YOU HAVE A CARD/BOOKLET WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? If yes: MAY I SEE IT PLEASE?	Yes, seen.....1	1⇒IM3 2⇒IM6
	Yes, not seen2	
	No card/booklet3	

IM2. DID YOU EVER HAVE A VACCINATION CARD/BOOKLET FOR (name)?	Yes.....1	1⇒IM6 2⇒IM6
	No.....2	

IM3. (a) Copy dates for each vaccination from the card/booklet. (b) Write '44' in day column if card/booklet shows that vaccination was given but no date recorded.	Date of Immunization					
	Day	Month		Year		

		Day	Month	Year	Year	Year	Year
BCG AT BIRTH	BCG						
POLIO AT BIRTH (OR VPO-0)	POLIO-0						
POLIO 1 (OR VPO-1)	POLIO 1						
POLIO 2 (OR VPO-2)	POLIO 2						
POLIO 3 (OR VPO-3)	POLIO 3						
PENTAVALENT 1 (DTC-HEP B1+HIB1 OR PENTA 1)	PENTA 1						
PENTAVALENT 2 (DTC-HEP B2+HIB2 OR PENTA 2)	PENTA 2						
PENTAVALENT 3 (DTC-HEP B3+HIB3 OR PENTA 3)	PENTA 3						
PNEUMO1 (OR PCV1)	PNEUMO 1						
PNEUMO2 (OR PCV2)	PNEUMO2						
PNEUMO3 (OR PCV3)	PNEUMO3						
MEASLES (VAR OR MMR OR MR)	MEASLES.						
YELLOW FEVER (Y.F.)	VAA						
VITAMINE A (MOST RECENT DOSE)	VITA1						
VITAMINE A (2ND MOST RECENT DOSE)	VITA2						

IM4. Check IM3.

Are all vaccines (BCG to VAA/Yellow Fever) recorded?

Yes ⇒ Go to IM19.

No ⇒ Continue with IM5.

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD OR BOOKLET, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED DURING IMMUNIZATION CAMPAIGNS OR DAYS?</p> <p><input type="checkbox"/> <i>Yes</i> ⇒ Go back to IM3 and probe for these vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. When finished, skip to IM19.</p> <p><input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM19</p>		
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED DURING IMMUNIZATION CAMPAIGNS OR DAYS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM19</p> <p>8⇒IM19</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM11</p> <p>8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED? <i>Record 7 if 7 times or more</i></p>	<p>Number of times _</p> <p>DK 8</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DTC-HEPB +HIB VACCINE ALSO CALLED PENTAVALENT – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B AND HAEMOPHILUS INFLUENZAE INFECTIONS TYPE B (HIB)? <i>Probe by indicating that this vaccination is sometimes given at the same time with that of Polio.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM16A</p> <p>8⇒IM16A</p>
<p>IM12. HOW MANY TIMES WAS THE DTC-HEP B +HIB VACCINE ALSO CALLED PENTAVALENT RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16A. HAS (<i>name</i>) EVER RECEIVED A PNEUMO VACCINE – THAT IS, AN INJECTION IN THE THIGH OR IN THE BUTTOCKS TO PREVENT HIM/HER FROM GETTING PNEUMOCOCCUS INFECTION? <i>Probe by indicating that the PNEUMO vaccine is sometimes given at the same time with Polio and DTC-HEP B +HIB vaccines.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM16B. HOW MANY TIMES WAS THE PNEUMO VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR)– THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM17. HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? <i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the measles vaccine.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	

IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS:	Y	N	DK
[A] NATIONAL IMMUNIZATION DAYS (NID) AGAINST POLIO IN MAY 2014	NID 05 14 (POLIO)	1 2	8
[B] NATIONAL IMMUNIZATION DAYS (NID) AGAINST POLIO IN APRIL 2014	NID 04 14 (POLIO)	1 2	8
[C] NATIONAL IMMUNIZATION DAYS (NID) AGAINST POLIO IN MARCH 2014	NID 03 14 (POLIO)	1 2	8
[D] NATIONAL IMMUNIZATION DAYS (NID) AGAINST POLIO IN FEBRUARY 2014	NID 02 14 (POLIO)	1 2	8
[E] NATIONAL IMMUNIZATION DAYS (NID) AGAINST POLIO IN JANUARY 2014	NID 01 14 (POLIO)	1 2	8
[F] OTHER NATIONAL IMMUNIZATION DAYS (NID) AGAINST POLIO IN 2013	NID 2013 (POLIO)	1 2	8
[G] IMMUNIZATION CAMPAIGN AGAINST MEASLES	Measles Campaign	1 2	8
[H] IMMUNIZATION CAMPAIGN AGAINST YELLOW FEVER	YF Campaign	1 2	8
[I] OTHER VACCINATION CAMPAIGN (AGAINST MENINGITIS, ETC)	Other campaign	1 2	8
<p>IM20. HAS (<i>name</i>) EVER RECEIVED VITAMIN A SUPPLEMENTS WITHIN THE LAST 6 MONTHS ?</p> <p><i>Probe by showing a sample of Vitamin A capsules/tablets to the respondent. Also indicate that Vitamin A is sometimes given at the same time with Polio during some vaccination campaigns.</i></p>	Yes	1	
	No	2	
	DK	8	

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p>	Yes 1 No 2 DK 8	2⇒CA6A 8⇒CA6A
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK).</p> <p>DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same..... 3 More 4 Nothing to drink..... 5 DK 8	
<p>CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?</p> <p><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same..... 3 More 4 Stopped food 5 Never gave food 6 DK 8	
<p>CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	Yes 1 No 2 DK 8	2⇒CA4 8⇒CA4
<p>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	Public sector Government Hospital..... A Government Health Centre(CSI/CS, Dispensary/PMI)..... B Sub divisional Medical Centre (CMA) F Other Government medical (<i>specify</i>) ___ H Private medical sector Lay private hospital/private clinic G Private confessional hospital I Health personnel out of a health structure/ Health personnel's advice from telephone. J Private pharmacy.. K Medical cabinet/Consultation room M Confessional health centre /Dispensary N Other private medical (<i>specify</i>) _____ O Other sources Relative / friend P Shop Q Traditional healer R Health CIG/NGO S Informal medicine seller T Health community worker U Already had it at home V Other(<i>specify</i>) _____ X	

<p>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN THE FOLLOWING PRODUCTS TO DRINK:</p> <p>[A] A LIQUID MADE FROM A SPECIAL SACHET CALLED ORS (FOR EXAMPLE ORASEL)?</p> <p>[B] A PRE-PACKAGED ORS LIQUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Y N DK</p> <p>ORS Liquid sachet 1 2 8</p> <p>Pre-packaged ORS liquid..... 1 2 8</p>	
<p>CA4A. Check CA4: ORS.</p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled 'A' or 'B' in CA4) ⇒ Continue with CA4B.</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA4C.</p>		
<p>CA4B. WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Sub divisional Medical Centre (CMA) ... 10</p> <p>Government Hospital 11</p> <p>Government Health Centre(CSI/CS/Dispensary/PMI)..... 12</p> <p>Other Government medical (specify) _____ 16</p> <p>Private medical sector</p> <p>Lay private hospital/private clinic 20</p> <p>Private confessional hospital 21</p> <p>Health personnel out of a health structure..... 22</p> <p>Private pharmacy 23</p> <p>Confessional health centre/ Dispensary 25</p> <p>Medical cabinet/Consultation room 27</p> <p>Other private medical (specify) _____ 26</p> <p>Other sources</p> <p>Relative / friend 31</p> <p>Shop 32</p> <p>Traditional healer 33</p> <p>Health CIG/NGO 34</p> <p>Informal medicine seller 35</p> <p>Health community worker 36</p> <p>Already had at home 40</p> <p>Other (specify) _____ 96</p>	
<p>CA4C. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p> <p>[C] ORS COMBINED WITH ZINC (ZINC ORA) ?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets 1 2 8</p> <p>Zinc syrup 1 2 8</p> <p>ORS with Zinc 1 2 8</p>	
<p>CA4D. Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA4F.</p>		

<p>CA4E. WHERE DID YOU GET THE ZINC?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Public sector</p> <p>Sub divisional Medical Centre (CMA) ... 10</p> <p>Government Hospital..... 11</p> <p>Government Health Centre(CSI/CS/Dispensary/PMI)..... 12</p> <p>Other Government medical (specify) _____ 16</p> <p>Private medical sector</p> <p>Lay private hospital/private clinic 20</p> <p>Private confessional hospital 21</p> <p>Health personnel out of a health structure 22</p> <p>Private pharmacy 23</p> <p>Confessional/Mission health centre/Dispensary 25</p> <p>Medical cabinet/Consultation room 27</p> <p>Other private medical (specify) _____ 26</p> <p>Other sources</p> <p>Relative / friend 31</p> <p>Shop 32</p> <p>Traditional healer 33</p> <p>Health CIG/NGO 34</p> <p>Informal medicine seller 35</p> <p>Health community worker 36</p> <p>Already had at home 40</p> <p>Other(specify) _____ 96</p>	
<p>CA4F. DURING THE TIME (NAME) HAD DIARRHOEA, WAS (NAME) GIVEN TO DRINK ANY OF THE FOLLOWING PRODUCTS:</p> <p><i>Read each item aloud and record response before proceeding to the next item</i></p> <p>[A] SALTY SUGAR WATER</p> <p>[B] RICE WATER</p>	<p style="text-align: right;">Y N DK</p> <p>Salty sugar water 1 2 8</p> <p>Rice water..... 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>

<p>CA6.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)</i></p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility/against diarrhoea..... B</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic..... M</p> <p>Unknown injection N</p> <p>Intravenous..... O</p> <p>Home remedy/Herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
<p>CA6B. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA9A</p> <p>8⇒CA9A</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY IN BREATHING?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only..... 1</p> <p>Blocked or runny nose only 2</p> <p>Both..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK 8</p>	<p>1⇒CA10</p> <p>2⇒CA10</p> <p>3⇒CA10</p> <p>6⇒CA10</p> <p>8⇒CA10</p>
<p>CA9A. Check CA6A: Had fever?</p> <p><input type="checkbox"/> Child had fever ⇒ Continue with CA10.</p> <p><input type="checkbox"/> Child did not have fever ⇒ Go to CA14.</p>		
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>

<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do not prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government Hospital..... A</p> <p>Government Health Centre(CSI/CS, Dispensary/PMI)..... B</p> <p>Sub divisional Medical Centre (CMA) F</p> <p>Other Government medical (specify) _____ H</p> <p>Private medical sector</p> <p>Lay private hospital/private clinic G</p> <p>Private confessional hospitalI</p> <p>Health personnel out of a health structure/ Health personnel's advice from TelephoneJ</p> <p>Private pharmacy.. K</p> <p>Medical cabinet/Consultation roomM</p> <p>Confessional health centre /Dispensary N</p> <p>Other private medical (specify) _____ O</p> <p>Other sources</p> <p>Relative / friend P</p> <p>ShopQ</p> <p>Traditional healer R</p> <p>Health CIG/NGO S</p> <p>Informal medicine seller T</p> <p>Health community worker U</p> <p>Already had it at home V</p> <p>Other (specify)_____ X</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes1</p> <p>No.....2</p> <p>DK8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Names of medicines)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar A</p> <p>Chloroquine B</p> <p>Amodiaquine..... C</p> <p>Quinine D</p> <p>Combination with Artemisinin E</p> <p>Other anti-malarial (specify) _____ H</p> <p>Antibiotics:</p> <p>Pill / Syrup.....I</p> <p>InjectionJ</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen . P</p> <p>Aspirin..... Q</p> <p>Ibuprofen..... R</p> <p>Other (specify) _____ X</p> <p>DK Z</p>	
<p>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13B.</p> <p><input type="checkbox"/> No ⇒ Go to CA13C.</p>		

<p>CA13B. WHERE DID YOU GET THE (<i>name of medicine from CA13</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public sector</p> <p>Sub divisional Medical Centre (CMA) 10</p> <p>Government Hospital..... 11</p> <p>Government Health Centre(CSI/CS/Dispensary/PMI)..... 12</p> <p>Other Government medical (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Lay private hospital/private clinic 20</p> <p>Private confessional hospital 21</p> <p>Health personnel out of a health structure .22</p> <p>Private pharmacy 23</p> <p>Confessional health centre /Dispensary 25</p> <p>Medical cabinet 27</p> <p>Other private medical (<i>specify</i>)_____ 26</p> <p>Other sources</p> <p>Relative / friend 31</p> <p>Shop 32</p> <p>Traditional healer 33</p> <p>Health CIG/NGO 34</p> <p>Informal medicine seller 35</p> <p>Health community worker 36</p> <p>Already had at home 40</p> <p>Other(<i>specify</i>) _____ 96</p>	
<p>CA13C. Check CA13: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13D.</p> <p><input type="checkbox"/> No ⇒ Go to CA14.</p>		
<p>CA13D. WHERE DID YOU GET THE (<i>name of medicine from CA13</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public sector</p> <p>Sub divisional Medical Centre (CMA) 10</p> <p>Government Hospital..... 11</p> <p>Government Health Centre(CSI/CS/Dispensary/PMI)..... 12</p> <p>Other Government medical (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Lay private hospital/private clinic 20</p> <p>Private confessional hospital 21</p> <p>Health personnel out of a health structure .22</p> <p>Private pharmacy 23</p> <p>Confessional health centre /Dispensary 25</p> <p>Medical cabinet 27</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other sources</p> <p>Relative / friend 31</p> <p>Shop 32</p> <p>Traditional healer 33</p> <p>Health CIG/NGO 34</p> <p>Informal medicine seller 35</p> <p>Health community worker 36</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) _____ 96</p>	

<p>CA13E. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from CA13)?</p> <p>If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.</p>	<p>Same day0 Next day1 2 days after the fever2 3 days after the fever3 4 or more days after the fever4 DK8</p>	
<p>CA14. Check AG2: Age of child.</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13.</p>		
<p>CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine01 Put / Rinsed into toilet or latrine.....02 Put / Rinsed into drain or ditch03 Thrown into garbage (solid waste).....04 Buried.....05 Left in the open06 Other (specify) _____ 96 DK98</p>	

<p>UF13. Record the time.</p>	<p>Hour and minutes :</p>	
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<p>UF14. Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or guardian/caretaker of another child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household.</p> <p>Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.</p>

ANTHROPOMETRY
AN

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.

AN1. Measurer's name and number:	Name _____	
AN2. Result of height/length and weight measurement:	Either or both measured 1	
	Child not present 2	2⇒AN6
	Child or mother/caretaker refused 3	3⇒AN6
	Other (specify) _____ 6	6⇒AN6
AN3. Child's weight:	Kilograms (kg) _____ . _____	
	Weight not measured..... 99.9	
AN3A. Was the child undressed to the minimum? <input type="checkbox"/> Yes. <input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B. Check age of child in AG2: <input type="checkbox"/> Child under 2 years old or length less than 87 cm ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years or height more than 87 cm ⇒ Measure height (standing up).		
AN4. Child's length or height:	Length / Height (cm) _____ . _____	
	Length/ Height not measured 999.9	⇒AN4B
AN4A. How was the child actually measured? Lying down or standing up?	Lying down 1	
	Standing up 2	
AN4B. Check age of child in AG2: <input type="checkbox"/> Child under 6 months old ⇒ Go to AN6. <input type="checkbox"/> Child age 6 months or more ⇒ Continue to AN4C.		
AN4C. Rapid Screening of the presence of bilateral oedemas (on the two legs) :	Presence of bilateral oedemas 1	
	Absence of bilateral oedemas 2	
	Child not screened 8	

AN6. Is there another child in the household who is eligible for measurement?

- Yes ⇒ Record measurements for next child.
- No ⇒ Check if there are any other individual questionnaires to be completed in the household.

Interviewer's observations

Controller's observations

Team leader's Observations

Measurer's Observations

Supervisor's Observations