

UNDER-FIVE INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Date of interview (Year / Month / Day): 2 0 1 8 / ____ / ____	UF8. Record the time:	HOUR : 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) 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 ⇒UF10B
	NO, FIRST INTERVIEW	2 ⇒UF10A
UF10A. Hello, my name is (your name). We are from National Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (child's name from UF3)'s health and well-being. This interview will take about 20 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	UF10B. Now I would like to talk to you about (child's name from UF3)'s health and well-being in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES	1 ⇒UNDER FIVE'S BACKGROUND Module	
NO / NOT ASKED	2 ⇒UF17	

UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	COMPLETED	01
	NOT AT HOME	02
	REFUSED	03
	PARTLY COMPLETED	04
	INCAPACITATED (specify) _____	05
	NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17.....	06
	OTHER (specify) _____	96

UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (<i>name</i>)'s <i>Birth Certificate, Mother and child health booklet (pink book), and Child Vaccination Record card</i> ? We will need to refer to those documents.		
UB1. On what year, month and day was (<i>name</i>) born? <i>Probe:</i> What is (his/her) birthday? <i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i> <i>Year and month <u>must</u> be recorded.</i>	DATE OF BIRTH YEAR 2 0 1 _ MONTH..... _ _ DAY _ _ DK DAY98	
UB2. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) at (his/her) 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 YEAS)..... _	
UB3. Check UB2: Child's age?	AGE 0, OR 11 AGE 2, 3 OR 4.....2	1 ⇨End
UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	RESPONDENT IS THE SAME, UF4=HH471 RESPONDENT IS NOT THE SAME, UF4≠HH472	2 ⇨UB6
UB5. Check ED10 in the Education module in the HOUSEHOLD QUESTIONNAIRE. If child is attending ECE in the current school year?	YES, ED10=01 NO, ED10≠0 OR BLANK.....2	1 ⇨UB8B 2 ⇨End
UB6. Has (<i>name</i>) ever attended kindergarten or any alternative ECE programme?	YES1 NO.....2	2 ⇨End
UB7. Since September, 2018 has (<i>name</i>) attended the programme mentioned in (kindergarten or any alternative ECE programme) at any time?	YES1 NO.....2	1 ⇨UB8A 2 ⇨End
UB8A. Does (<i>name</i>) currently attend (kindergarten or any alternative ECE programme)?	YES1 NO.....2	
UB8B. You have mentioned that (<i>name</i>) has attended the ECE programme this school year. Does (<i>name</i>) currently attend kindergarten or any alternative ECE programme?		

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

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. Do you have children's books or picture books for (<i>name</i>)?</p> <p><i>If answer is "Do have" ask to clarify: Then how many children's and picture book do you have for (name)?</i></p>	<p>NONE00</p> <p>NUMBER OF CHILDREN'S BOOKS <u>0</u> ..</p> <p>TEN OR MORE BOOKS 10</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 (<i>name</i>) 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>[D] Smart phone, tablet, computer?</p>	<p style="text-align: right;">Y N DK</p> <p>HOMEMADE TOYS..... 1 2 8</p> <p>TOYS FROM A SHOP 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8</p> <p>SMART PHONE, TABLET, COMPUTER..... 1 2 8</p>	
<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 one 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' record '0'. If 'Don't know' record '8'.</i></p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN ONE HOUR..... _</p> <p>NUMBER OF DAYS LEFT WITH CHILD YOUNGER THAN TEN FOR MORE THAN AN HOUR _</p>	
<p>EC4. Check UB2: Child's age?</p>	<p>AGE 0 OR 1..... 1</p> <p>AGE 2, 3 OR 4..... 2</p>	1 ⇒End

<p>EC5. 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: Who engaged in this activity with (name)?</i></p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with <i>(name)</i>?</p> <p>[B] Told stories to <i>(name)</i>?</p> <p>[C] Sang songs to or with <i>(name)</i>, including lullabies?</p> <p>[D] Took <i>(name)</i> outside the home?</p> <p>[E] Played with <i>(name)</i>?</p> <p>[F] Named, counted, or drew things for or with <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>NAMED</td> <td>A</td> <td>B</td> <td>X</td> <td>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	A	B	X	Y	
	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	A	B	X	Y																																	
<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 21</p> <p>AGE 3 OR 4.....2</p>	<p>1 ⇒End</p>																																			
<p>EC5H. Now I will ask a few questions about the health and development of <i>(name)</i>. Children are not same in their learning and development. For example, some start walking earlier than the others. These questions are about <i>(name)</i>'s development.</p> <p>Can <i>(Name)</i> recognize and differentiate colors?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>																																				
<p>EC5I. Can <i>(Name)</i> recognize simple forms like, triangle, square, round?</p>	<p>YES.....1</p> <p>NO2</p> <p>DK.....8</p>																																				
<p>EC6. Can <i>(name)</i> identify or name at least 10 letters of the alphabet?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>																																				
<p>EC7. Can <i>(Name)</i> read at least four simple, popular words?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>																																				
<p>EC7A. Can <i>(Name)</i> count?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>																																				

EC8. Does (<i>name</i>) know the name and recognize the symbol of all numbers from 1 to 10?	YES.....1 NO.....2 DK.....8	
EC9. Can (<i>name</i>) pick up a small object with two fingers, like a stick or a rock from the ground?	YES.....1 NO.....2 DK.....8	
EC9A. Can (<i>name</i>) hold objects with his/her thumb, index finger or middle finger, like a spoon, fork or pen?	YES.....1 NO.....2 DK.....8	
EC10. Is (<i>name</i>) sometimes too sick to play?	YES.....1 NO.....2 DK.....8	
EC11. Does (<i>name</i>) follow simple directions on how to do something correctly?	YES.....1 NO.....2 DK.....8	
EC12. When given something to do, is (<i>name</i>) able to do it independently?	YES.....1 NO.....2 DK.....8	
EC13. Does (<i>name</i>) get along well with other children?	YES.....1 NO.....2 DK.....8	
EC14. Does (<i>name</i>) kick, bite, or hit other children or adults?	YES.....1 NO.....2 DK.....8	
EC15. Does (<i>name</i>) get distracted easily?	YES.....1 NO.....2 DK.....8	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0..... 1 AGE 1, 2, 3 OR 4 2	1 ⇨ End
UCD2. 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 you or any other adult in your household has used this method with (<i>name</i>) in the past month.		YES NO
[A] Took away privileges, forbade something (<i>name</i>) liked or did not allow (him/her) to leave the house.	TOOK AWAY PRIVILEGES.....1	2
[B] Explained why (<i>name</i>)'s behaviour was wrong.	EXPLAINED WRONG BEHAVIOR1	2
[C] Shook (him/her)?	SHOOK HIM/HER1	2
[D] Shouted, yelled at or screamed at (him/her).	SHOUTED, YELLED, SCREAMED1	2
[E] Gave (him/her) something else to do.	GAVE SOMETHING ELSE TO DO1	2
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND1	2
[G] Hit (him/her) 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 OBJECT1	2
[H] Called (him/her) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME1	2
[I] Hit or slapped (him/her) on the face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS1	2
[J] Hit or slapped (him/her) on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG1	2
[K] Beat (him/her) up, that is hit him/her over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD1	2
UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?	YES 1 NO 2	2 ⇨UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES 1 NO 2	1 ⇨ End
UCD5. 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
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End
UCF2. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear eyeglasses?	YES..... 1 NO 2	
UCF3. Does (<i>name</i>) use a hearing aid?	YES..... 1 NO 2	
UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES..... 1 NO 2	
UCF5. 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?		
UCF6. Check UCF2: Child wears eyeglasses?	YES, UCF2=1 1 NO, UCF2=2 2	1 ⇒ UCF7A 2 ⇒ UCF7B
UCF7A. When wearing (his/her) eyeglasses, does (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1 ⇒ UCF9A 2 ⇒ UCF9B
UCF9A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing? For example, hearing people's voices, talking or music? UCF9B. Does (<i>name</i>) have difficulty hearing? For example, hearing people's voices, talking or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	1 ⇒ UCF11 2 ⇒ UCF13
UCF11. 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	
UCF12. With (<i>name's</i>) equipment or assistance, does (<i>he/she</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
UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	

<p>UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT PICK UP AT ALL4</p>	
<p>UCF15. Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL.....4</p>	
<p>UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL.....4</p>	
<p>UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT LEARN THINGS AT ALL.....4</p>	
<p>UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL4</p>	
<p>UCF19. The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does (<i>name</i>) kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL1 LESS2 THE SAME3 MORE.....4 A LOT MORE5</p>	

BREASTFEEDING AND DIETARY INTAKE		BD		
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	2 ⇒ End		
BD2. Does (<i>name</i>) ever breastfed?	YES 1 NO 2 DK 8	2 ⇒ BD3A 8 ⇒ BD3A		
BD3. Is (<i>name</i>) being breastfed now?	YES 1 NO 2 DK 8			
BD3A. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2 2	2 ⇒ End		
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES 1 NO 2 DK 8			
BD5. Did (<i>name</i>) drink <u>Oral Rehydration Salt Solution (ORS)</u> yesterday?	YES 1 NO 2 DK 8			
BD6. Did (<i>name</i>) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES 1 NO 2 DK 8			
BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night. It could be any liquid (<i>name</i>) had with meal or drank separately. It can also include liquids consumed outside of your home. Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or night?		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8
[C] Broth?	CLEAR BROTH	1	2	8
[D] Infant formula such as Hai Hai, Nan, Humana, Milasan, Nutrilon etc.?	INFANT FORMULA	1	2 ∅ BD7[E]	8 ∅ BD7[E]
[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES FED BY INFANT FORMULA	_____		
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 ∅ BD7[X]	8 ∅ BD7[X]
[E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES DRANK MILK	_____		
[X] Any other liquids?	LIQUID EXCEPT THE ABOVE MENTIONED ONES	1	2 ∅ BD8	8 ∅ BD8
[X1] Record all other liquids mentioned.	(Specify) _____			

<p>BD8. Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (<i>name</i>) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (<i>name</i>) ate at that time. Probe: Anything else? Record answers using the food groups below.</i></p> <p>- What did (<i>name</i>) do after that? Did (he/she) eat anything at that time? <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p>				
<p><i>For each food group not mentioned after completing the above ask:</i></p>				
<p>Just to make sure, did (<i>name</i>) eat (<i>food group items</i>) yesterday during the day or the night?</p>				
		YES	NO	DK
[A] Yogurt made from animal milk? <i>Please pay attention, that depending on the milk content, liquid yougurt should be recorded in question BD7[E] or BD7[X].</i>	YOGURT	1	2 ² _{BD8[B]}	8 ² _{BD8[B]}
[A1] How many times did (<i>name</i>) eat yogurt? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	TIMES			___
[B] Any baby food, such as Gerber, Humana, Wakodo, Fruto Nyanya, Agusha?	FORTIFIED CHILD FOOD	1	2	8
[C] Bread, rice, noodles, porridge, or other foods made from grains?	BREAD, RICE, PORRIDGE, NOODLES ETC. FOODS MADE FROM GRAIN	1	2	8
[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	CARROTS, PUMPKIN, SWEET POTATO, YELLOW MASHED FOOD	1	2	8
[E] White and red radish or any other white color vegetables?	WHITE RADDISH, RED RADISH, AND OTHER WHITE VEGETABLES	1	2	8
[F] Any dark green, leafy vegetables, such as broccoli, spinach?	BROCCOLI, SPINACH ETC. GREEN, LEAFY VEGETABLES	1	2	8
[G] Watermelon, orange and ripe mango?	WATERMELON, ORGANGE, MANGO	1	2	8
[H] Any other fruits, vegetable other than the mentioned above?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Intestines (liver, kidney, heart, other organ meats)?	INTESTINE	1	2	8
[J] Any other meat, such as pork, beef, poultry, lamb, goat or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas or nuts, including food products made from these?	PRODUCTS FROM BEANS, PEAS, NUTS	1	2	8
[N] Cheese, curds and other diary product?	CHEESE, CURDS AN OTHER DIARY PRODUCTS	1	2	8
[X] Other solid, semi-solid or soft food?	OTHER SOLID, SEMI-SOLID OR SOFT FOOD	1	2 ² _{BD9}	8 ² _{BD9}
[X1] <i>Record any other solid, semi-solid, or soft food that are not reflected in the above food types.</i>	(Specify) _____			

<p>BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p><i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES _</p> <p>DK 8</p>	
---	--	--

IMMUNISATION								IM
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2 1 AGE 3 OR 4 2						2 ⇒ End
IM2. Do you have a Mother and child health book (pink book) or Vaccination Card or any other document where that (<i>name</i>) vaccinations are written down?		YES, HAVE VACCINATION CARD OR A MOTHER AND CHILD HEALTH BOOK ONLY 1 YES, HAVE OTHER DOCUMENT ONLY 2 YES, HAVE MORE THAN ONE DOCUMENT (INCLUDING VACCINATION CARD OR A MOTHER AND CHILD HEALTH BOOK) 3 NO, DO NOT HAVE ANY DOCUMENT 4						1 ⇒ IM5 3 ⇒ IM5
IM3. Did you ever have a Mother and Child Health handbook or Vaccination Card from a private health provider for (<i>name</i>)?		YES 1 NO 2						
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 2						2 ⇒ IM11
IM5. May I see the (<i>name</i>)'s Mother and Child Health handbook, vaccination card or any other document?		YES, ONLY CARD(S) SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD(S) AND OTHER DOCUMENT SEEN. 3 NO CARDS AND NO OTHER DOCUMENT SEEN 4						4 ⇒ IM11
IM6. a) Copy the dates for each type of immunization dose recorded on the Immunization card/ maternal and child health handbook: b) If the card/ maternal and child health handbook shows that a vaccination was administered but the date is not recorded, record '4444' in the "year" column.		DATE OF IMMUNISATION						
		YEAR		MONTH		DAY		
BCG	BCG							
HepB (at birth)	HepB0							
Polio (OPV) (at birth)	OPV0							
Polio (OPV) 1	OPV1							
Polio (OPV) 2	OPV2							
Polio (OPV) 3	OPV3							
Pentavalent (DPTHibHepB) 1	Penta1							
Pentavalent (DPTHibHepB) 2	Penta2							
Pentavalent (DPTHibHepB) 3	Penta3							
MMR 1	MMR1							
MMR 2	MMR2							
HepA 1	HepA1							
HepA 2	HepA2							
IM7. Check IM6: Are all vaccines BCG to HepA2 recorded?		YES 1 NO 2						1 ⇒ End

<p>IM8. Did (<i>Name</i>) participate in 10 days Vaccination Campaign? For example:</p> <p>[A] Vaccination Days in May</p> <p>[B] Vaccination Days in October</p>	<p style="text-align: right;">Y N DK</p> <p>MAY VACCINATION DAYS 1 2 8</p> <p>OCTOBER VACCINATION DAYS 1 2 8</p>	
<p>IM9. If (<i>name</i>) received any other vaccines including vaccinations received during the vaccination days just mentioned except those recorded in the document?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ End</p> <p>8 ⇒ End</p>
<p>IM10. Go back to IM6 and probe for these vaccinations.</p> <p>Record '6666' in the corresponding year column for each vaccine received.</p> <p>For vaccinations <u>not</u> received record '0000'.</p> <p>When <u>finished</u>, go to End of module.</p>		<p>⇒ End</p>
<p>IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunisation day or Child Health Day?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM12. Did (<i>Name</i>) participate in any 10 days Vaccination Campaign? For example:</p> <p>[A] Vaccination Days in May</p> <p>[B] Vaccination Days in October</p>	<p style="text-align: right;">Y N DK</p> <p>MAY VACCINATION DAYS 1 2 8</p> <p>OCTOBER VACCINATION DAYS 1 2 8</p>	
<p>IM13. Check IM11 and IM12:</p>	<p>ALL NO OR DK 1</p> <p>AT LEAST ONE YES 2</p>	<p>1 ⇒ End</p>
<p>IM14. 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>IM15. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?</p>	<p>YES WITHIN 24 HOURS 1</p> <p>YES, BUT NOT WITHIN 24 HOURS 2</p> <p>NO 3</p> <p>DK 8</p>	
<p>IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio?</p> <p>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ IM20</p> <p>8 ⇒ IM20</p>
<p>IM17. Were the first polio drops received in the first two weeks after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>IM18. How many times were the polio drops received?</p>	<p>TIMES _</p> <p>DK 8</p>	
<p>IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ IM26</p> <p>8 ⇒ IM26</p>

<i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i>		
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES__ DK8	
IM26. Has (<i>name</i>) ever received a MMR vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles, mumps and rubella?	YES1 NO2 DK8	2 ⇨IM28A 8 ⇨IM28A
IM26A. How many times was the measles, mumps and rubella vaccine received?	NUMBER OF TIMES__ DK8	
IM28A. Has (<i>name</i>) received HepA vaccine that is a shot in the arm at the age of 14 months and older to prevent from hepatitis A (infectious hepatitis)?	YES1 NO2 DK8	2 ⇨IM28 8 ⇨IM28
IM28B. How many times was the vaccine HepA received?	TIMES__ DK8	
IM28. Issue a <i>QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that Questionnaire		

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES 1 NO 2 DK 8	2 ⇨ CA14 8 ⇨ CA14
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK 1 NO OR DK, BD3=2 OR 8 2	1 ⇨ CA3A 2 ⇨ CA3B
CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine. 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? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less? CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine. 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? <i>If 'less', probe:</i> Was (he/she) 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	
CA4. 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? <i>If 'less', probe:</i> Was (he/she) 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	
CA5. Did you seek any advice or treatment for the diarrhea from any source?	YES 1 NO 2 DK 8	2 ⇨ CA7 8 ⇨ CA7

<p>CA6. 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 if public or private sector, 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD, MOTHER AND CHILD HEALTH CENTER).....A</p> <p>SECONDARY LEVEL HOSPITAL (AIMAG/ DISTRICT HOSPITAL)..... B</p> <p>SOUM LEVEL HOSPITAL/FAMILY HEALTH CENTER..... D</p> <p>AMBULANCE.....F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL..... I</p> <p>DOCTOR J</p> <p>PHARMACY K</p> <p>DK PUBLIC OR PRIVATE..... W</p> <p>OTHERS</p> <p>RELATIVE/FRIENDP</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (<i>specify</i>) _____ X</p>	
<p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] Packed ORS such as khrosol or oralit?</p> <p>[B] Pre-packed ORS (fluid)?</p> <p>[C] Zinc preparation (tablet or syrup)?</p> <p>[D] Home made oral rehydration fluid, light broth, rice-water, yogurt, milk with water, boiled water?</p>	<p style="text-align: right;">YES NO DK</p> <p>PACKED ORS1 2 8</p> <p>PRE-PACKED ORS.....1 2 8</p> <p>ZINC TABLETS OR SYRUP.....1 2 8</p> <p>LIGHT BROTH, RICE-WATER, YOGURT, MILK WITH WATER.....1 2 8</p>	
<p>CA8. Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, 'YES' IN CA7[A] OR CA7[B]..... 1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B].....2</p>	<p>2 ⇒ CA10</p>
<p>CA9. Where did you get the (<i>mentioned in CA7[A] and/or CA7[B]</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD, MOTHER AND CHILD HEALTH CENTER).....A</p> <p>SECONDARY LEVEL HOSPITAL (AIMAG/ DISTRICT HOSPITAL)..... B</p> <p>SOUM LEVEL HOSPITAL/FAMILY HEALTH CENTER..... D</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL..... I</p> <p>DOCTOR J</p> <p>PHARMACY K</p> <p>DK PUBLIC OR PRIVATE..... W</p> <p>OTHER</p> <p>RELATIVE / FRIENDP</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONAR..... R</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK / DON'T REMEMBER _____ Z</p>	

CA10. Check CA7[C]: Was child given any zinc?	YES, CA7[C]=1 1 NO, CA7[C] ≠1 2	2 ⇨ CA12
CA11. Where did you get the zinc? <i>Probe to identify the type of source.</i> <i>If 'Already had at home', probe to learn if the source is known.</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> <hr style="width: 30%; margin-left: auto; margin-right: auto;"/> <p style="text-align: center;">(Name of place)</p>	PUBLIC MEDICAL SECTOR TERTIARY LEVEL HOSPITAL (1 ST , 2 ND , 3 RD , MOTHER AND CHILD HEALTH CENTER)..... A SECONDARY LEVEL HOSPITAL (AIMAG/ DISTRICT HOSPITAL) B SOUM LEVEL HOSPITAL/FAMILY HEALTH CENTER..... D PRIVATE MEDICAL SECTOR HOSPITAL..... I DOCTOR J PHARMACY K DK PUBLIC OR PRIVATE..... W OTHER RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONAR R OTHER (<i>specify</i>) X DK / DON'T REMEMBER Z	
CA12. When (<i>Name</i>) was having diarrhea, did he/she given anything else to treat diarrhea?	YES 1 NO 2 DK 8	2 ⇨ CA14 8 ⇨ CA14
CA13. What else was given to treat the diarrhoea? <i>Probe:</i> Anything else? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> <hr style="width: 30%; margin-left: auto; margin-right: auto;"/> <p style="text-align: center;">(Name of brand)</p> <hr style="width: 30%; margin-left: auto; margin-right: auto;"/> <p style="text-align: center;">(Name of brand)</p>	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY (ANTI-DIARRHOEA) B OTHER PILL OR SYRUP G UNKNOWN PILL OR SYRUP H INJECTION ANTIBIOTIC L NON-ANTIBIOTIC M UNKNOWN INJECTION..... N INTRAVENOUS (IV)..... O INTESTINAL MICROFLORA (LINEKS, PROBOVISION)..... R HOME REMEDY / HERBAL MEDICINE..... Q OTHER (<i>specify</i>) X	
CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?	YES 1 NO 2 DK 8	
CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	YES 1 NO 2 DK 8	

CA17. 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 ⇨ CA19 8 ⇨ CA19
CA18. 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	1 ⇨ CA20 2 ⇨ CA20 3 ⇨ CA20 6 ⇨ CA20 8 ⇨ CA20
CA19. Check CA14: Did child have fever?	YES, CA14=1 1 NO OR DK, CA14=2 OR 8 2	2 ⇨ CA30
CA20. When (<i>name</i>) was sick did you seek any advice or treatment for the illness from hospital or any other source?	YES 1 NO 2 DK 8	2 ⇨ CA22 8 ⇨ CA22
CA21. From where did you seek advice or treatment? <i>Probe: Anywhere else?</i> <i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i> <i>Probe to identify each type of provider.</i> <i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> _____ (<i>Name of place</i>)	PUBLIC SECTOR TERTIARY LEVEL HOSPITAL (1 ST , 2 ND , 3 RD , MOTHER AND CHILD HEALTH CENTER) A SECONDARY LEVEL HOSPITAL (AIMAG/ DISTRICT HOSPITAL) B SOUM LEVEL HOSPITAL/FAMILY HEALTH CENTER D AMBULANCE F PRIVATE SECTOR HOSPITAL I DOCTOR J PHARMACY K DK PUBLIC OR PRIVATE W OTHER RELATIVE/ FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONAR R OTHER (<i>specify</i>) X	
CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?	YES 1 NO 2 DK 8	2 ⇨ CA30 8 ⇨ CA30

<p>CA23. What medicine was (<i>name</i>) given?</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 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>ANTIBIOTIC</p> <p>AMOXICILINE/ FLEMOXIN SOLUTAB L COTRIMAXOZOLE..... M OTHER KIND OF ANTIBIOTICS PILL/SYRUP..... N OTHER KIND OF ANTIBIOTICS INJECTION..... O</p> <p>DK PUBLIC OR PRIVATE..... W</p> <p>OTHER MEDICINE</p> <p>PARACETAMOL / PANADOL / ACETOMENAPHTHANE R ASPIRIN S IBUPROFEN (NUROFEN) T ANTIVIRAL DRUG (VIFERON, ANAFERON, ERGOFERON) U ANTIFUNGAL DRUG V INTESTINAL MICROFLORA (LINEKS, PROBOVISION) P ALLERGY DRUG (KETOTOFEN, CETIRIZINE, CHLORPHENIRAMINE).... Q</p> <p>VITAMINS (C, D, MULTI)..... I</p> <p>DK TYPE OF MEDICINE (ONLY KNOW BRAND NAME OF MEDICINE) W</p> <p>OTHER (<i>specify</i>)..... X DK Z</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-O..... 1 NO, ANTIBIOTICS NOT MENTIONED 2</p>	<p>2 ⇒ CA30</p>
<p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, 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 style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD, MOTHER AND CHILD HEALTH CENTER)..... A SECONDARY LEVEL HOSPITAL (AIMAG/ DISTRICT HOSPITAL) B SOUM LEVEL HOSPITAL/FAMILY HEALTH CENTER..... D</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL..... I DOCTOR J PHARMACY K</p> <p>DK PUBLIC OR PRIVATE..... W</p> <p>OTHER</p> <p>RELATIVE /FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R</p> <p>OTHER (<i>specify</i>)..... X DK / DON'T REMEMBER Z</p>	
<p>CA30. Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2 1 AGE 3 OR 4 2</p>	<p>2 ⇒ End</p>

CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?	CHILD USED TOILET / LATRINE01	
	PUT / RINSED INTO TOILET OR LATRINE02	
	PUT / RINSED INTO DRAIN OR DITCH03	
	THROWN INTO GARBAGE (SOLID WASTE).....04	
	BURIED05	
	LEFT IN THE OPEN06	
	OTHER (<i>specify</i>)..... 96	
DK.....98		

UF11. Record the time.	HOURS AND MINUTES__ : __	
UF12. Language of the Questionnaire.	MONGOLIAN..... 1 KAZAKH2	
UF13. Language of the Interview.	MONGOLIAN..... 1 KAZAKH2	
UF14. Native language of the Respondent.	MONGOLIAN..... 1 KAZAKH2 TUVA3 OTHER (<i>specify</i>)..... 6	
UF15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE..... 2 NO, NOT USED..... 3	

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 ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker 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 caretaker of a child age 5-17 selected for Questionnaire for Children 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 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.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS)	
AN5. Mother's/ caretaker's name, line number: NAME _____	AN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRY		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG) _____ . _____ CHILD NOT PRESENT 99.3 CHILD REFUSED 99.4 RESPONDENT REFUSED 99.5 OTHER (specify) 99.6	99.3 ⇨ AN13 99.4 ⇨ AN10 99.5 ⇨ AN10 99.6 ⇨ AN10
AN9. Was the child undressed to the minimum?	YES 1 NO, THE CHILD COULD NOT BE UNDERESSED TO THE MINIMUM 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨ AN11A 2 ⇨ AN11B
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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH /HEIGHT (CM)..... _____ . _____ CHILD REFUSED 999.4 RESPONDENT REFUSED 999.5 OTHER (specify) 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13
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: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP 2	
AN13. Today's date (Year / Month / Day): <u> 2 0 1 8 </u> / _____ / _____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES 1 NO 2	1 ⇨ Next child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE