



QUESTIONNAIRE FOR CHILD UNDER 5
Mongolia

1. UNDER-5 CHILD INFORMATION PANEL		UF
<i>This questionnaire is to be administered to all mothers/ caretakers in the household (see column HL9 in household listing form) who care for a child that lives with them and is under age of 5 years. A separate questionnaire should be used for each eligible child.</i>		
UF1. Cluster number □ □ □	UF5. Mother caretaker name _____	
UF2. Household number □ □	UF6. Mother/ caretaker line number □ □	
UF3. Child name _____	UF7. Interviewer name and number — □ □	
UF4. Child line number □ □	UF8. Date of interview (year/month/day) □ □ □ □ / □ □ / □ □	

If greeting has not already been read to this mother/ caretaker, then read the following:

If greeting has already been read to this mother/ caretaker, then read the following:

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT (name)'S HEALTH AND WELL-BEING NEARLY 40 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL" AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU (name)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL" AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

SHALL WE START THE INTERVIEW?

- Yes, permission is given → Go to UF12. Record the time and then begin the interview.
- No, permission is not given → Fill in UF9. Discuss the result with the supervisor.

UF9. Result of interview <i>Codes refer to the mother/ caretaker of the eligible child.</i>	Completed..... 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
UF10. Field editor name and number	— □ □
UF11. Data entry clerk name and number	— □ □

UF12	Interview started at	Hour, minute <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
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2. AGE		AG	
Nº	QUESTION	RESPONSE CODE	STEP
AG1	<p>I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT <i>(name)</i>.</p> <p>PLEASE TELL ME <i>(name)</i>'S DATE OF BIRTH?</p> <p><i>Birth year and month of the child must be recorded.</i></p> <p><i>If the mother/ caretaker knows the exact day of birth, enter the day. Otherwise, circle 98 for Day.</i></p>	<p>Birth</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month <input type="text"/> <input type="text"/></p> <p>Day <input type="text"/> <input type="text"/></p> <p>Don't know 98</p>	
AG2	<p>HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i></p> <p>HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?</p> <p><i>Always check if AG1 and AG2 are consistent.</i></p>	<p>Age (in completed years) <input type="text"/></p>	

3. BIRTH REGISTRATION		BR	
Nº	QUESTION	RESPONSE CODE	STEP
BR1	<p>DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE??</p> <p><i>If yes, ask:</i></p> <p>PLEASE SHOW IT TO ME.</p>	<p>Yes, seen 1</p> <p>Yes, not seen 2</p> <p>No 3</p> <p>Don't know 8</p>	<p>➤ Module EC</p> <p>➤ Module EC</p>
BR2	<p>HAS <i>(name)</i>'S BIRTH BEEN REGISTERED WITH THE CIVIL REGISTRATION AUTHORITIES?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p>	<p>➤ Module EC</p>
BR3	<p>DO YOU KNOW HOW TO REGISTER A CHILD'S BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>	

4. EARLY CHILDHOOD DEVELOPMENT			EC																				
N ^o	QUESTION	RESPONSE CODE	STEP																				
EC1	IN YOUR HOUSEHOLD, HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS HAVE FOR (<i>name</i>)?	None 00 Number of books 0 <input type="checkbox"/> 10 or more books 10																					
EC2	I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (<i>name</i>) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES (<i>name</i>) PLAY WITH THE FOLLOWING THINGS? [A] HANDMADE TOYS [B] MANUFACTURED TOYS [D] HOUSEHOLD OBJECTS SUCH AS CUPS, POTS, ETC. [E] OBJECTS FOUND OUTSIDE SUCH AS STICKS, STONES, ETC. <i>Probe to learn specifically what the child plays with to ascertain the response.</i>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>1] Handmade toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>3] Manufactured toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>2] Household objects such as cups, pots, etc.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>4] Objects found outside such as sticks, stones, etc.</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	Don't know	1] Handmade toys	1	2	8	3] Manufactured toys	1	2	8	2] Household objects such as cups, pots, etc.	1	2	8	4] Objects found outside such as sticks, stones, etc.	1	2	8	
	Yes	No	Don't know																				
1] Handmade toys	1	2	8																				
3] Manufactured toys	1	2	8																				
2] Household objects such as cups, pots, etc.	1	2	8																				
4] Objects found outside such as sticks, stones, etc.	1	2	8																				
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 THE CHILDREN BY THEMSELVES OR HAVE OLDER CHILDREN WATCH THE YOUNGER ONES. ON HOW MANY DAYS DURING THE LAST 7 DAYS, WAS (<i>name</i>) [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? <i>If none, enter 0. If don't know, enter 8.</i>	[A] Alone for more than an hour <input type="checkbox"/> [B] In the care of another child, that is, someone less than 10 years old, for more than an hour <input type="checkbox"/>																					
EC4	<p>Check AG2 to see if the child is aged 3-4 years.</p> <p><input type="checkbox"/> Yes, the child is aged 3-4 years → Continue with EC5.</p> <p><input type="checkbox"/> No, the child is aged 0-2 years → Go to Module BF.</p>																						
EC5	DURING THE SCHOOL YEAR OF 2010/2011 , IS (<i>name</i>) ATTENDING A PRE-SCHOOL OR ANY OTHER ALTERNATIVE FORMS FOR EARLY CHILDHOOD EDUCATION?	Yes..... 1 No 2 Don't know 8	2 → EC7 8 → EC7																				

№	QUESTION	RESPONSE CODE	STEP
EC6	DURING THE LAST 7 DAYS, HOW MANY HOURS DID (<i>name</i>) ATTEND A PRE-SCHOOL OR ANY OTHER ALTERNATIVE FORMS FOR EARLY CHILDHOOD EDUCATION?	Total hours..... <input type="text"/> <input type="text"/> Summer holiday of school/ pre-school 95	
EC7	<p>DURING THE LAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN THE FOLLOWING ACTIVITIES WITH (<i>name</i>)?</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY?</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 WITH (<i>name</i>) OR LULLABIES TO (<i>name</i>)</p> <p>[D] TOOK (<i>name</i>) OUTSIDE</p> <p>[E] PLAYED WITH (<i>name</i>)</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</i>)</p> <p><i>Record all that apply.</i></p>	<p style="text-align: right;">fo-ther 'a-ther Other No one</p> <p>] Read books or looked at picture books with A B X Y</p> <hr/> <p>] Told stories to A B X Y</p> <hr/> <p>] Sang songs with or lullabies to A B X Y</p> <hr/> <p>] Took outside A B X Y</p> <hr/> <p>] Played with A B X Y</p> <hr/> <p>] Named, counted or drew things to or with A B X Y</p> <hr/>	
EC7A	<p>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. THE FOLLOWING QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY SOME COLOURS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	
EC7B	CAN (<i>name</i>) IDENTIFY SIMPLE SHAPES SUCH AS TRIANGLE, SQUARE, CIRCLE, ETC.?	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	
EC8	CAN (<i>name</i>) NAME AT LEAST 10 LETTERS OF THE ALPHABET?	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	
EC9	CAN (<i>name</i>) READ AT LEAST 4 SIMPLE WORDS?	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	
EC9A	CAN (<i>name</i>) COUNT?	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	

№	QUESTION	RESPONSE CODE	STEP
EC10	CAN (<i>name</i>) NAME THE NUMBERS UNTIL 10?	Yes..... 1 No 2 Don't know 8	
EC11	CAN (<i>name</i>) PICK UP A SMALL OBJECT PINCHING WITH TWO FINGERS FROM THE GROUND?	Yes..... 1 No 2 Don't know 8	
EC11A	CAN (<i>name</i>) HOLD A SPOON, A FORK OR A PENCIL WITH THE THUMB, INDEX FINGER AND MIDDLE FINGER?	Yes..... 1 No 2 Don't know 8	
EC12	DOES (<i>name</i>) GET SOMETIMES TOO WEAK TO PLAY?	Yes..... 1 No 2 Don't know 8	
EC13	DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes..... 1 No 2 Don't know 8	
EC14	WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes..... 1 No 2 Don't know 8	
EC15	DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes..... 1 No 2 Don't know 8	
EC16	DOES (<i>name</i>) KICK, BITE OR HIT OTHER CHILDREN OR ADULTS?	Yes..... 1 No 2 Don't know 8	
EC17	COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes..... 1 No 2 Don't know 8	

5. BREASTFEEDING

BF

Nº	QUESTION	RESPONSE CODE	STEP
BF1	HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No..... 2 Don't know..... 8	2 → BF3 8 → BF3
BF2	IS (<i>name</i>) STILL BEING BREASTFED?	Yes 1 No..... 2 Don't know..... 8	
BF3	I WOULD LIKE TO ASK YOU ABOUT WHAT LIQUID AND FOOD ITEMS (<i>name</i>) HAD DURING THE LAST DAY AND NIGHT. DID (<i>name</i>) DRINK PLAIN WATER DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	
BF4	DID (<i>name</i>) DRINK INFANT FORMULA DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	2 → BF6 8 → BF6
BF5	HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA DURING THE LAST DAY AND NIGHT?	Number of times..... <input type="text"/> <input type="text"/>	
BF6	DID (<i>name</i>) DRINK MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	2 → BF7A 8 → BF7A
BF7	HOW MANY TIMES DID (<i>name</i>) DRINK MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK DURING THE LAST DAY AND NIGHT?	Number of times..... <input type="text"/> <input type="text"/>	
BF7A	DID (<i>name</i>) DRINK TEA DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	
BF8	DID (<i>name</i>) DRINK JUICE OR JUICE DRINKS DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	
BF9	DID (<i>name</i>) DRINK MEAT SOUP DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	
BF10	DID (<i>name</i>) DRINK VITAMIN, MINERAL SUPPLEMENTS OR ANY MEDICINES DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	
BF11	DID (<i>name</i>) DRINK ORAL REHYDRATION SOLUTION DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	

№	QUESTION	RESPONSE CODE	STEP
BF12	DID (<i>name</i>) DRINK ANY OTHER LIQUIDS DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	
BF12A	DID (<i>name</i>) EAT FRUIT OR VEGETABLE PUREE DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	2→ BF13 8→ BF13
BF12B	HOW MANY TIMES DID (<i>name</i>) EAT FRUIT OR VEGETABLE PUREE DURING THE LAST DAY AND NIGHT?	Number of times..... <input type="checkbox"/> <input type="checkbox"/>	
BF13	DID (<i>name</i>) DRINK YOGURT DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	2→ BF15 8→ BF15
BF14	HOW MANY TIMES DID (<i>name</i>) DRINK YOGURT DURING THE LAST DAY AND NIGHT?	Number of times..... <input type="checkbox"/> <input type="checkbox"/>	
BF15	DID (<i>name</i>) EAT THIN PORRIDGE DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	2→ BF16 8→ BF16
BF15A	HOW MANY TIMES DID (<i>name</i>) EAT THIN PORRIDGE DURING THE LAST DAY AND NIGHT?	Number of times..... <input type="checkbox"/> <input type="checkbox"/>	
BF16	DID (<i>name</i>) EAT SOLID OR SEMI-SOLID FOOD SUCH AS SOUP THICKENED WITH FLOUR, FOOD FOR ADULTS DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	2→ BF18 8→ BF18
BF17	HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID FOOD SUCH AS SOUP THICKENED WITH FLOUR, FOOD FOR ADULTS DURING THE LAST DAY AND NIGHT?	Number of times..... <input type="checkbox"/> <input type="checkbox"/>	
BF18	DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH NIPPLE DURING THE LAST DAY AND NIGHT?	Yes 1 No..... 2 Don't know..... 8	

6. CARE OF ILLNESS			CA
N ^o	QUESTION	RESPONSE CODE	STEP
CA1	DURING THE LAST 14 DAYS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No..... 2 Don't know 8	2 → CA7 8 → CA7
CA2	I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK BREAST MILK OR ANY OTHER LIQUIDS AND TO EAT ANY FOOD DURING THE TIME HE/SHE HAD DIARRHOEA. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/ SHE GIVEN LESS THAN USUAL TO DRINK OR MORE THAN USUAL? <i>If less than usual, probe:</i> MUCH LESS THAN USUAL OR SOMEWHAT LESS THAN USUAL?	Much less 1 Somewhat less..... 2 As usual..... 3 More 4 Given nothing to drink 5 Don't know 8	
CA3	DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/ SHE GIVEN LESS THAN USUAL TO EAT OR MORE THAN USUAL? <i>If less than usual, probe:</i> MUCH LESS THAN USUAL OR SOMEWHAT LESS THAN USUAL?	Much less 1 Somewhat less..... 2 As usual..... 3 More 4 Given nothing to eat 5 Never gave food 6 Don't know 8	
CA4	DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/ SHE GIVEN THE FOLLOWING TYPES OF ORAL REHYDRATION SOLUTIONS TO DRINK? [A] FLUID FROM ORS PACKET [F] HOME PREPARED ORAL REHYDRATION SOLUTION	Yes No Don't know] Fluid from oral rehydration solution packet 1 2 8 Home prepared oral rehydration solution 1 2 8	
CA5	DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/ SHE GIVEN ANY (OTHER) TREATMENT?	Yes 1 No..... 2 Don't know 8	2 → CA7 8 → CA7

№	QUESTION	RESPONSE CODE	STEP
CA6	<p>WHAT TREATMENT WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER TREATMENT?</p> <p><i>Record all that apply.</i></p>	<p>Pill or syrup</p> <p>Antibiotic (levomcitin, cotrimexazol, ciprofloxacin)..... A</p> <p>Antimotility (imodium, lomotil) B</p> <p>Zinc C</p> <p>Other (<i>specify</i>) _____ G</p> <p>Unknown..... H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic (<i>specify</i>) _____ M</p> <p>Unknown..... N</p> <p>Intravenous..... O</p> <p>Home remedy, traditional herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
CA6A	WHO RECOMMENDED THIS TREATMENT?	<p>Health professional..... 1</p> <p>Pharmacist..... 2</p> <p>Mother/ caretaker herself 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>Don't know 8</p>	
CA7	DURING THE LAST 14 DAYS, HAS (<i>name</i>) HAD AN ILLNESS WITH COUGH?	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know 8</p>	<p>2 → CA14</p> <p>8 → CA14</p>
CA8	DURING THE TIME (<i>name</i>) HAD AN ILLNESS WITH COUGH, DID HE/ SHE BREATHE FASTER THAN USUAL WITH SHORT OR RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know 8</p>	<p>2 → CA14</p> <p>8 → CA14</p>
CA9	WHAT WAS THE REASON FOR THE FAST OR DIFFICULTY BREATHING? WAS IT DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	<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>Don't know 8</p>	<p>2 → CA14</p> <p>6 → CA14</p>
CA10	DID YOU SEEK ANY ADVICE OR TREATMENT FOR (<i>name</i>)'S ILLNESS FROM ANY SOURCE?	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know 8</p>	<p>2 → CA12</p> <p>8 → CA12</p>

№	QUESTION	RESPONSE CODE	STEP
CA11	<p>FROM WHERE OR WHOM DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE OR ANYONE ELSE?</p> <p><i>Probe to identify each type of source.</i></p> <p><i>Do not prompt with any suggestions.</i></p> <p><i>Record all that apply.</i></p>	<p>Public</p> <p>Government hospital A</p> <p>Government health center B</p> <p>Family clinic C</p> <p>Soum/ bag doctor, nurse D</p> <p>Mobile clinic E</p> <p>Private</p> <p>Hospital, clinic I</p> <p>Physician J</p> <p>Pharmacist..... K</p> <p>Mobile clinic L</p> <p>Other</p> <p>Relative, friend..... P</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) _____ X</p>	
CA12	<p>WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT HIS/ HER ILLNESS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know 8</p>	<p>2 → CA14</p> <p>8 → CA14</p>
CA13	<p>WHAT MEDICINE WAS (<i>name</i>) GIVEN TO TREAT HIS/ HER ILLNESS?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Record all that apply.</i></p>	<p>Antibiotic (levomcitin, cotrimexazol, ciprofloxacin)</p> <p>Pill, syrup A</p> <p>Injection B</p> <p>Paracetamol (panadol, acetaminophen)..... P</p> <p>Aspirin..... Q</p> <p>Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X</p> <p>Don't know Z</p>	
CA14	<p><i>Check AG2 to see if the child is aged 0-2 years.</i></p> <p><input type="checkbox"/> <i>Yes, the child is aged 0-2 years → Continue with CA15.</i></p> <p><input type="checkbox"/> <i>No, the child is 3-4 years → Go to Module IM.</i></p>		
CA15	<p>WHEN THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE THE STOOLS?</p>	<p>Child used toilet/ latrine 01</p> <p>Disposed in toilet/ latrine 02</p> <p>Disposed in drain/ ditch 03</p> <p>Thrown into garbage 04</p> <p>Buried..... 05</p> <p>Left in the open 06</p> <p>Other (<i>specify</i>) _____ 96</p> <p>Don't know 98</p>	

7. IMMUNIZATION

IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card.

№	QUESTION	RESPONSE CODE	STEP	
IM1	DOES (name) HAVE AN IMMUNIZATION CARD? <i>If yes, ask: PLEASE SHOW IT TO ME.</i>	Yes, seen 1 Yes, not seen in the household 2 No..... 3	1 → IM3 2 → IM6	
IM2	DID (name) EVER HAVE AN IMMUNIZATION CARD?	Yes 1 No..... 2	1 → IM6 2 → IM6	
IM3	(a) Copy dates for each vaccination from the card. (b) Record 4444 in the corresponding year column if the card shows that a vaccination was given, but no date recorded.	Vaccination date		
		Year	Month	Day
	BCG			
	Polio at birth			
	Polio 1			
	Polio 2			
	Polio 3			
	DPT or Pentavalent 1			
	DPT or Pentavalent 2			
	DPT or Pentavalent 3			
	Diphtheria-tetanus			
	Hepatitis B at birth			
	Hepatitis B 1			
	Hepatitis B 2			
	Hepatitis B 3			
	MMR 1			
	MMR 2			
	Vitamin A			
IM3A	Was the information in IM3 filled out from the immunization card that was available at the health facility? <input type="checkbox"/> Yes, filled out from the immunization card that was available at the health facility → End the questionnaire. <input type="checkbox"/> No, filled out from the immunization card that was available in the household → Continue with IM4.			
IM4	Check IM3 to see if all vaccinations are recorded. <input type="checkbox"/> Yes, all vaccinations are recorded → Go to IM18. <input type="checkbox"/> No, not all vaccinations are recorded → Continue with IM5.			
IM5	IN ADDITION TO WHAT IS RECORDED ON THIS IMMUNIZATION CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? <i>Record 1 only if the mother/ caretaker mentions vaccinations shown in IM3.</i>	Yes 1 (Probe for vaccinations and record 6666 in the corresponding year column for each vaccination mentioned. Then go to IM18.) No..... 2 Don't know..... 8	1 → IM3 2 → IM18 8 → IM18	

№	QUESTION	RESPONSE CODE	STEP
IM6	HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS?	Yes 1 No..... 2 Don't know..... 8	2→IM18 8→IM18
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?	Yes 1 No..... 2 Don't know..... 8	2→IM8 8→IM8
IM7A	WAS THE BCG VACCINATION RECEIVED WITHIN 48 HOURS AFTER BIRTH?	Yes 1 No..... 2 Don't know..... 8	
IM8	HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PREVENT POLIO?	Yes 1 No..... 2 Don't know..... 8	2→IM11 8→IM11
IM9	WAS THE FIRST POLIO VACCINATION RECEIVED WITHIN 48 HOURS AFTER BIRTH?	Yes 1 No..... 2 Don't know..... 8	
IM10	HOW MANY TIMES WAS THE POLIO VACCINATION RECEIVED?	Number of times..... <input type="checkbox"/> Received as many times as supposed..... 7 Don't know..... 8	
IM11	HAS (<i>name</i>) EVER RECEIVED A DPT OR PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS? DPT IS A VACCINATION AGAINST TETANUS, WHOOPING COUGH, AND DIPHTHERIA. PENTAVALENT IS A VACCINATION AGAINST TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B, AND HEMOPHILIC INFLUENZA B. <i>Probe by indicating that DPT or pentavalent vaccinations are sometimes given at the same time as polio vaccination.</i>	Yes 1 No..... 2 Don't know..... 8	2→IM13 8→IM13
IM12	HOW MANY TIMES WAS THE DPT OR PENTAVALENT VACCINATION RECEIVED?	Number of times..... <input type="checkbox"/> Received as many times as supposed..... 7 Don't know..... 8	
IM13	HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS? <i>Probe by indicating that hepatitis B vaccination is sometimes given at the same time as BCG and polio vaccinations.</i>	Yes 1 No..... 2 Don't know..... 8	2→IM16 8→IM16

№	QUESTION	RESPONSE CODE	STEP
IM14	WAS THE FIRST HEPATITIS B VACCINATION RECEIVED WITHIN 48 HOURS AFTER BIRTH?	Yes 1 No..... 2 Don't know..... 8	
IM15	HOW MANY TIMES WAS THE HEPATITIS B VACCINATION RECEIVED?	Number of times..... <input type="checkbox"/> Received as many times as supposed..... 7 Don't know..... 8	
IM16	HAS (<i>name</i>) EVER RECEIVED A MMR VACCINATION AGAINST MEASLES – THAT IS, AN INJECTION IN THE ARM AT THE AGE OF 8 MONTHS?	Yes 1 No..... 2 Don't know..... 8	2→IM18B 8→IM18B
IM16A	HOW MANY TIMES WAS THE MMR VACCINATION RECEIVED?	Number of times..... <input type="checkbox"/> Received as many times as supposed..... 7 Don't know..... 8	
IM18	HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE WITHIN THE LAST 6 MONTHS?	Yes 1 No..... 2 Don't know..... 8	
IM18A	WHAT KIND OF A VITAMIN A DOSE (COLOR OF PACKAGE) HAS RECEIVED WITHIN THE LAST 6 MONTHS?	Red A Blue B White..... C Don't know..... Y	
IM18B	HAS RECEIVED A VITAMIN D DOSE WITHIN THE LAST 6 MONTHS?	Yes 1 No..... 2 Don't know..... 8	2→IM18D 8→IM18D
IM18C	WHAT KIND OF A VITAMIN D DOSE HAS RECEIVED WITHIN THE LAST 6 MONTHS?	Pill (50,000)..... A Capsule (50,000)..... B Syrup (drop injection) C Other (<i>specify</i>)..... X Don't know..... Y	
IM18D	HAS RECEIVED AN IRON SUPPLEMENT WITHIN THE LAST 6 MONTHS?	Yes 1 No..... 2 Don't know..... 8	2→IM19 8→IM19
IM18E	WHAT KIND OF AN IRON SUPPLEMENT HAS RECEIVED WITHIN THE LAST 6 MONTHS?	Pill A Syrup B Other (<i>specify</i>)..... X Don't know..... Y	

IM19	HAS (<i>name</i>) PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS? [A] IMMUNIZATION DAYS IN MAY [B] IMMUNIZATION DAYS IN OCTOBER	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 20%; text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>] May immunization days</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td colspan="4" style="text-align: right;">-----</td> </tr> <tr> <td>] October immunization days</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td colspan="4" style="text-align: right;">-----</td> </tr> </tbody> </table>		Yes	No	Don't know] May immunization days	1	2	8	-----] October immunization days	1	2	8	-----				
	Yes	No	Don't know																				
] May immunization days	1	2	8																				

] October immunization days	1	2	8																				

IM20	HAS RECEIVED A MICRO-NUTRIENT SUPPLEMENT WITHIN THE LAST 6 MONTHS?	Yes 1 No 2 Don't know 8	2 → UF13 8 → UF13																				
IM21	HOW MANY PACKAGES OF MULTI-NUTRIENT SUPPLEMENT ARE RECEIVED WITHIN THE LAST 6 MONTHS?	Package <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Don't know 998																					
IM22	HOW ARE THE MULTI-NUTRIENT ADDED INTO THE MEALS?	While cooking the meal 1 Just after the meal is cooked 2 Into the hot meal in a bowl..... 3 Into the warm meal in a bowl..... 4 Into the cold meal in a bowl..... 5 Other (<i>specify</i>)..... 6 Don't know 8																					
IM23	WHERE THE INFORMATION ABOUT MULTI-NUTRIENT SUPPLEMENTS IS RECEIVED FROM?	Medical establishment Soum/ household's..... A Other B Mass media Television C Radio, FM D Newspaper, journal E Volunteer F Relative, friend G Other (<i>specify</i>)..... X Don't know Y																					

UF13	Interview completed at	Hour, minute..... <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>
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UF14	<p><i>Check if the mother/ caretaker is the mother/ caretaker of another child under age of 5 years in this household.</i></p> <p><input type="checkbox"/> <i>Yes → Explain that you will need to measure the weight and height of the child later when you complete all interviews.</i></p> <p style="text-align: center;"><i>Go to the next "Questionnaire for Child under 5" to be administered to the same mother/ caretaker.</i></p> <p><input type="checkbox"/> <i>No → End the interview with the mother/ caretaker 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 and prepare for the measurement.</i></p>
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8. ANTHROPOMETRY

AN

Weights and heights of all eligible children under age of 5 years in the household will be measured after all "Questionnaire for Child under 5" are completed. Be careful to record the results of the measurements correctly on the respected questionnaires by checking the name and line number of each eligible child in the Module HL.

Nº	QUESTION	RESPONSE CODE	STEP
AN1	Measurer name and number	— <input type="checkbox"/> <input type="checkbox"/>	
AN2	Result of measurement	Weight and/ or height measured 1 Child not at home 2 Child or mother/ caretaker refused 3 Other (specify) 6	2 → AN6 3 → AN6 6 → AN6
AN3	Child weight	Kilograms (kg)..... <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> Weight not measured 999	
AN4	Child length/ height <i>Check age of the child in AG2.</i> <input type="checkbox"/> <i>The child is under age of 2 years</i> ▼ <i>Measure length by having the child lie down.</i> <input type="checkbox"/> <i>The child is aged 2 or more years</i> ▼ <i>Measure height by having the child stand up.</i>	Length (cm) Lying down 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> Height (cm) Standing up..... 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> Length/ height not measured 9999	

AN6	<p>Check if there is another child under age of 5 years in the household who is eligible for measurement.</p> <p><input type="checkbox"/> Yes → Measure the weight and height of the next eligible child.</p> <p><input type="checkbox"/> No → End the interview with this household by thanking all participants for their cooperation.</p> <p>Gather together all questionnaires for this household and check that all identifying information is entered on each page.</p> <p>Complete the total number of household members, number of eligible women, children, and men, who completed the individual questionnaires in the "Household Questionnaire".</p>
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Interviewer's notes

Field editor's notes

Supervisor's notes