

## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

### 1. UF. UNDER-FIVE CHILD INFORMATION PANEL

| No.                                                                                                                                | Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Answers' code                                                                                                                                                                                                                                                                | step   |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|                                                                                                                                    | This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) <i>who care a child that lives with them and is under the age of 5 years (see household listing, column HL5).</i><br>A separate questionnaire should be used for each eligible child<br>Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date. |                                                                                                                                                                                                                                                                              |        |
| UF1                                                                                                                                | Cluster number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ..... <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                                                                         |        |
| UF2                                                                                                                                | Household number:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ..... <input type="text"/> <input type="text"/>                                                                                                                                                                                                                              |        |
| UF3                                                                                                                                | Child's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | .....                                                                                                                                                                                                                                                                        |        |
| UF4                                                                                                                                | Child's Line Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ..... <input type="text"/> <input type="text"/>                                                                                                                                                                                                                              |        |
| UF5                                                                                                                                | Mother's/Caretaker's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                      | .....                                                                                                                                                                                                                                                                        |        |
| UF6                                                                                                                                | Mother's/Caretaker's Line Number:                                                                                                                                                                                                                                                                                                                                                                                                                                               | ..... <input type="text"/> <input type="text"/>                                                                                                                                                                                                                              |        |
| UF7                                                                                                                                | Interviewer name and number:                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ..... <input type="text"/> <input type="text"/>                                                                                                                                                                                                                              |        |
| UF8                                                                                                                                | Day/Month/Year of interview:                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ..... / ..... / ..... /Year/Month/Date/.....                                                                                                                                                                                                                                 |        |
| UF9                                                                                                                                | Result of interview for children under 5<br>(Codes refer to mother/caretaker.)                                                                                                                                                                                                                                                                                                                                                                                                  | Completed ..... 1<br>Not at home ..... 2<br>Refused ..... 3<br>Partly completed ..... 4<br>Incapacitated ..... 5<br>Other (specify) ..... 6                                                                                                                                  |        |
| Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |        |
| UF10                                                                                                                               | In what month and year was ( <i>name</i> ) born?<br><br>If the mother/caretaker knows the exact birth date also enter the day; otherwise, circle 98 for day.                                                                                                                                                                                                                                                                                                                    | Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DK year ..... 9998<br>Month ..... <input type="text"/> <input type="text"/><br>DK month ..... 98<br>Day ..... <input type="text"/> <input type="text"/><br>DK day ..... 98 | → UF11 |
| UF11                                                                                                                               | How old was ( <i>name</i> ) at his/her last birthday?                                                                                                                                                                                                                                                                                                                                                                                                                           | Age in completed years ..... <input type="text"/> <input type="text"/>                                                                                                                                                                                                       |        |

### 2. BR. BIRTH REGISTRATION AND EARLY LEARNING MODULE

|     |                                                                                                |                                                                                                                                                                                                                                        |                |
|-----|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| BR1 | Does ( <i>name</i> ) have a birth certificate?<br>May I see it?                                | Yes, seen ..... 1<br>Yes, not seen ..... 2<br>No ..... 3<br>DK ..... 8                                                                                                                                                                 | → BR5          |
| BR2 | Has ( <i>name's</i> ) birth been registered with the civil registraion and information office? | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                | → BR5<br>→ BR4 |
| BR3 | Why is ( <i>name's</i> ) birth not registered?                                                 | Costs too much ..... 1<br>Must travel too far ..... 2<br>Did not know it should be registered ..... 3<br>Did not want to pay fine ..... 4<br>Does not know where to register ..... 5<br>Other ( <i>specify</i> ) ..... 6<br>DK ..... 8 |                |

## 2. BR. BIRTH REGISTRATION AND EARLY LEARNING MODULE

| No.             | Questions                                                                                                                                                                   | Answers' code                                                                                                                                                                                                                                                                                                                                                                                                                                                        | step  |        |        |       |        |                 |   |   |   |   |  |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|--------|-------|--------|-----------------|---|---|---|---|--|
| BR4             | Do you know how to register your child's birth?                                                                                                                             | Yes ..... 1<br>No ..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |        |        |       |        |                 |   |   |   |   |  |
| BR5             | Check age of child in UF11: Child is 3 or 4 years old?                                                                                                                      | Yes ..... 1<br>No ..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                            | BR8   |        |        |       |        |                 |   |   |   |   |  |
| BR6             | Does (name) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care? | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                                                                                                                                                                                                                                              | BR8   |        |        |       |        |                 |   |   |   |   |  |
| BR7             | Within the last seven days, about how many hours did (name) attend?                                                                                                         | No. of hours <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>                                                                                                                                                                                                                                                                                                                                         |       |        |        |       |        |                 |   |   |   |   |  |
| BR8             | In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (name): Circle all that apply.                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |        |        |       |        |                 |   |   |   |   |  |
| BR8a            | Read books or look at picture books with (name)?                                                                                                                            | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td>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> </table>           |       | Mother | Father | Other | No one | Books           | A | B | X | Y |  |
|                 | Mother                                                                                                                                                                      | Father                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other | No one |        |       |        |                 |   |   |   |   |  |
| Books           | A                                                                                                                                                                           | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X     | Y      |        |       |        |                 |   |   |   |   |  |
| BR8b            | Tell stories to (name)?                                                                                                                                                     | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td>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> </table>         |       | Mother | Father | Other | No one | Stories         | A | B | X | Y |  |
|                 | Mother                                                                                                                                                                      | Father                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other | No one |        |       |        |                 |   |   |   |   |  |
| Stories         | A                                                                                                                                                                           | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X     | Y      |        |       |        |                 |   |   |   |   |  |
| BR8c            | Sing songs with (name)?                                                                                                                                                     | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td>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> </table>           |       | Mother | Father | Other | No one | Songs           | A | B | X | Y |  |
|                 | Mother                                                                                                                                                                      | Father                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other | No one |        |       |        |                 |   |   |   |   |  |
| Songs           | A                                                                                                                                                                           | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X     | Y      |        |       |        |                 |   |   |   |   |  |
| BR8d            | Take (name) outside the home, compound, yard or enclosure?                                                                                                                  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td>Take 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> </table>    |       | Mother | Father | Other | No one | Take outside    | A | B | X | Y |  |
|                 | Mother                                                                                                                                                                      | Father                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other | No one |        |       |        |                 |   |   |   |   |  |
| Take outside    | A                                                                                                                                                                           | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X     | Y      |        |       |        |                 |   |   |   |   |  |
| BR8e            | Play with (name)?                                                                                                                                                           | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td>Play 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> </table>       |       | Mother | Father | Other | No one | Play with       | A | B | X | Y |  |
|                 | Mother                                                                                                                                                                      | Father                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other | No one |        |       |        |                 |   |   |   |   |  |
| Play with       | A                                                                                                                                                                           | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X     | Y      |        |       |        |                 |   |   |   |   |  |
| BR8f            | Spend time with (name) naming, counting, and/or drawing things?                                                                                                             | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Mother</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">Other</td> <td style="text-align: center;">No one</td> </tr> <tr> <td>Spend time 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> </table> |       | Mother | Father | Other | No one | Spend time with | A | B | X | Y |  |
|                 | Mother                                                                                                                                                                      | Father                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other | No one |        |       |        |                 |   |   |   |   |  |
| Spend time with | A                                                                                                                                                                           | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X     | Y      |        |       |        |                 |   |   |   |   |  |

### 3. CE. CHILD DEVELOPMENT

| No. | Questions                                                                                                                                                                                                                                                                                                                   | Answers' code                                                                                                                                                                                                                                                                                                            | step |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
|     | Question CE1 is to be administered only once to each caretaker                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                          |      |
| CE1 | How many books are there in the household?<br>Please include schoolbooks, but not other books meant for children, such as picture books<br>If 'none' enter 00                                                                                                                                                               | Number of non-children's books<br>Less than 10 ..... 0<br>Ten or more non-children's books ..... 10                                                                                                                                                                                                                      |      |
| CE2 | How many children's books or picture books do you have for (name)?<br>If 'none' enter 00                                                                                                                                                                                                                                    | Number of children's books<br>Less than 10 ..... 0<br>Ten or more books ..... 10                                                                                                                                                                                                                                         |      |
| CE3 | What does (name) play with when he/she is at home?                                                                                                                                                                                                                                                                          | Household objects<br>(bowls, plates, cups, pots) ..... A<br>Objects and materials found outside the living quarters<br>(sticks, rocks, animals, shells, leaves) ..... B<br>Homemade toys (dolls, cars and other toys made at home) ..... C<br>Toys that came from a store ..... D<br><br>No playthings mentioned ..... Y |      |
| CE4 | 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 with others. since last (day of the week) how many times was (name) left in the care of another child (that is, someone less than 10 years old)?<br>If 'none' enter 00 | Number of times ..... <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                          |      |
| CE5 | In the past week, how many times was (name) left alone?<br>If 'none' enter 00                                                                                                                                                                                                                                               | Number of times ..... <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                          |      |

### 4. VA. VITAMIN A MODULE

|     |                                                                                                                                                                                                                |                                                                                                                                                                                                          |              |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| VA1 | Has (name) ever received a vitamin A capsule (supplement) like this one?<br>Show capsule or dispenser for different doses –<br>100,000 IU for those 6-11 months old,<br>200,000 IU for those 12-59 months old. | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                  | Module<br>BF |
| VA2 | How many months ago did (name) take the last dose?                                                                                                                                                             | Months ago ..... <input type="text"/> <input type="text"/><br>DK ..... 98                                                                                                                                |              |
| VA3 | Where did (name) get this last dose?                                                                                                                                                                           | On routine visit to health facility ..... 1<br>Sick child visit to health facility ..... 2<br>National Immunization Day campaign ..... 3<br>At home ..... 4<br><br>Other (specify) ..... 6<br>DK ..... 8 |              |

### 5. BF. BREASTFEEDING MODULE

| No. | Questions                                                                                                                                                     | Answers' code                                                                                                                                                                                                                                                                                    | step      |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| BF1 | Has (name) ever been breastfed?                                                                                                                               | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                                                                          | BF3       |
| BF2 | Is he/she still being breastfed?                                                                                                                              | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                                                                          |           |
| BF3 | Since this time yesterday, did he/she receive any of the following:<br><br><i>Read each item aloud and record response before proceeding to the next item</i> | Yes No DK<br>A. Vitamin supplements ..... 1 2 8<br>B. Plain water ..... 1 2 8<br>C. Sweetened water or juice ..... 1 2 8<br>D. ORS ..... 1 2 8<br>E. Infant formula ..... 1 2 8<br>F. Milk, milk products ..... 1 2 8<br>G. Other liquids ..... 1 2 8<br>H. Solid or semi-solid food ..... 1 2 8 |           |
| BF4 | Check BF3H: Child received solid or semi-solid (mushy) food?                                                                                                  | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                                                                          | Module CA |
| BF5 | Since this time yesterday, how many times did (name) eat solid, semisolid, or soft foods other than liquids?<br>If 7 or more times, record '7'.               | No. of times ..... <input style="width: 40px; height: 15px;" type="text"/><br>DK ..... 8                                                                                                                                                                                                         |           |

### 6. CA. CARE OF ILLNESS MODULE

|     |                                                                                                                                                                                                                                                            |                                                                                                                    |      |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------|
| CA1 | Has (name) had diarrhoea in the last two weeks, that is, since (day of the week) of the week before last?<br><br><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool</i> | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                            | CA 5 |
| CA2 | During this last episode of diarrhoea, did (name) drink any of the following:<br><br><i>Read each item aloud and record response before proceeding to the next item.</i>                                                                                   | Yes No DK<br>A. Fluid from ORS packet ..... 1 2 8<br>B. Recommended homemade fluid ..... 1 2 8                     |      |
| CA3 | During (name's) illness, did he/she drink much less, about the same, or more than usual?                                                                                                                                                                   | Much less or none ..... 1<br>About the same (or somewhat less) ..... 2<br>More ..... 3<br>DK ..... 8               |      |
| CA4 | During (name's) illness, did he/she eat less, about the same, or more food than usual?<br><br><i>If "less", probe:<br/>                     much less or a little less?</i>                                                                                | None ..... 1<br>Much less ..... 2<br>Somewhat less ..... 3<br>About the same ..... 4<br>More ..... 5<br>DK ..... 8 |      |

**6. CA. CARE OF ILLNESS MODULE, continue**

| No.  | Questions                                                                                                                             | Answers' code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | step         |
|------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| CA4A | Check CA2A: ORS packet used?                                                                                                          | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CA5          |
| CA4B | Where did you get the (local name for ORS packet from CA2A)?                                                                          | Public sector<br>Govt. hospital ..... 11<br>Govt. health centre ..... 12<br>Family clinic ..... 13<br>Soum/bagh health worker ..... 14<br>Mobile clinic ..... 15<br>Other public (specify) ..... 16<br>Private medical sector<br>Private hospital/clinic ..... 21<br>Private physician ..... 22<br>Private pharmacy ..... 23<br>Mobile clinic ..... 24<br>Other (specify) ..... 26<br>Other source<br>Relative or friend ..... 31<br>Traditional practitioner ..... 33<br>Other (specify) ..... 96<br>DK ..... 98 |              |
| CA4C | How much did you pay for the (local name for ORS packet from CA2A)?                                                                   | Tugrug ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Free ..... 9996<br>DK ..... 9998                                                                                                                                                                                                                                                                                                                                                                              |              |
| CA5  | Has (name) had an illness with a cough at any time in the last two weeks, that is since (day of the week) of the week before last?    | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CA12         |
| CA6  | When (name) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing? | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CA12         |
| CA7  | Were the symptoms due to a problem in the chest or a blocked nose?                                                                    | Problem in chest ..... 1<br>Blocked nose ..... 2<br>Both ..... 3<br>Other (specify) ..... 6<br>DK ..... 8                                                                                                                                                                                                                                                                                                                                                                                                         | CA12<br>CA12 |
| CA8  | Did you seek advice or treatment for the illness outside the home?                                                                    | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CA10         |
| CA9  | From where did you seek care?<br>Anywhere else?<br><br>Circle all providers mentioned                                                 | Public sector<br>Govt. hospital ..... A<br>Govt. health centre ..... B<br>Family clinic ..... C<br>Soum/bagh health worker ..... D<br>Mobile clinic ..... E<br>Other public (specify) ..... H<br>Private medical sector<br>Private hospital/clinic ..... I<br>Private physician ..... J<br>Private pharmacy ..... K<br>Mobile clinic ..... L<br>Other private ..... O<br>Other source<br>Relative or friend ..... P<br>Traditional practitioner ..... Q<br>Other (specify) ..... X                                |              |

**6. CA. CARE OF ILLNESS MODULE, continue**

| No.                                                             | Questions                                                                                                                                                                                                                                                                                                                                                                        | Answers' code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | step |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| CA10                                                            | Was ( <i>name</i> ) given medicine to treat this illness?                                                                                                                                                                                                                                                                                                                        | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CA12 |
| CA11                                                            | What medicine was ( <i>name</i> ) given?<br>Circle all medicines given.                                                                                                                                                                                                                                                                                                          | Antibiotic ..... A<br>Paracetamol/Panadol/Acetaminophen ..... P<br>Aspirin ..... Q<br>Ibuprofen ..... R<br><br>Other ( <i>specify</i> ) ..... X<br>DK ..... Z                                                                                                                                                                                                                                                                                                                                                                                            |      |
| CA11A                                                           | Check CA11: Antibiotic given?                                                                                                                                                                                                                                                                                                                                                    | Yes ..... 1<br>No ..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CA12 |
| CA11B                                                           | Where did you get the antibiotic?                                                                                                                                                                                                                                                                                                                                                | Public sector<br>Govt. hospital ..... 11<br>Govt. health centre ..... 12<br>Family clinic ..... 13<br>Soum/bagh health worker ..... 14<br>Mobile clinic ..... 15<br>Other public ( <i>specify</i> ) ..... 16<br>Private medical sector<br>Private hospital/clinic ..... 21<br>Private physician ..... 22<br>Private pharmacy ..... 23<br>Mobile clinic ..... 24<br>Other private ( <i>specify</i> ) ..... 26<br>Other source<br>Relative or friend ..... 31<br>Traditional practitioner ..... 33<br><br>Other ( <i>specify</i> ) ..... 96<br>DK ..... 98 |      |
| CA11C                                                           | How much did you pay for the antibiotic?                                                                                                                                                                                                                                                                                                                                         | Tugrug ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Free ..... 99996<br>DK ..... 99998                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| CA12                                                            | Check UF11: Child aged under 3?                                                                                                                                                                                                                                                                                                                                                  | Yes ..... 1<br>No ..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CA14 |
| CA13                                                            | The last time ( <i>name</i> ) passed stools, what was done to dispose of the stools?                                                                                                                                                                                                                                                                                             | Child used toilet/latrine ..... 01<br>Put/rinsed into toilet or latrine ..... 02<br>Put/rinsed into drain or ditch ..... 03<br>Thrown into garbage (solid waste) ..... 04<br>Buried ..... 05<br>Left in the open ..... 06<br><br>Other ( <i>specify</i> ) ..... 96<br>DK ..... 98                                                                                                                                                                                                                                                                        |      |
| Ask the following question (CA14) only once for each caretaker. |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |
| CA14                                                            | Sometimes children have severe illnesses and should be taken immediately to a health facility.<br>What types of symptoms would cause you to take your child to a health facility right away?<br><br>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms<br>Circle all symptoms mentioned<br>But do NOT prompt with any suggestions. | Child not able to drink or breastfeed ..... A<br>Child becomes sicker ..... B<br>Child develops a fever ..... C<br>Child has fast breathing ..... D<br>Child has difficult breathing ..... E<br>Child has blood in stool ..... F<br>Child is drinking poorly ..... G<br><br>Other ( <i>specify</i> ) ..... X<br><br>Other ( <i>specify</i> ) ..... Y<br><br>Other ( <i>specify</i> ) ..... Z                                                                                                                                                             |      |



## 7. IM. IMMUNIZATION MODULE, continue

| No.  | Questions                                                                                                                                                                                                                                                                                                                                                                                           | Answers' code                                                                                    | step |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------|
| IM13 | How old was he/she when the first dose was given - just after birth (within two weeks) or later?                                                                                                                                                                                                                                                                                                    | Just after birth (within two weeks) ..... 1<br>Later ..... 2                                     |      |
| IM14 | How many times has he/she been given these drops?                                                                                                                                                                                                                                                                                                                                                   | No. of times <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |      |
| IM15 | Has (name) ever been given "DPT vaccination injections" -that is, an injection in the thigh or buttocks - to prevent him/her from getting tetanus whooping cough, diphtheria?<br>(sometimes given at the same time as polio)                                                                                                                                                                        | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                          | IM17 |
| IM16 | How many times?                                                                                                                                                                                                                                                                                                                                                                                     | No. of times <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |      |
| IM17 | Has (name) ever been given "Measles vaccination injections" - that is a shot in the arm at the age of 8 months or older - to prevent him/her from getting measles?                                                                                                                                                                                                                                  | Yes ..... 1<br>No ..... 2<br>DK ..... 8                                                          |      |
| IM19 | Please tell me if (name) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days:                                                                                                                                                                                                                                                      | Yes No DK<br>a. May immunization day ..... 1 2 8<br>b. October immunization day ..... 1 2 8      |      |
| IM20 | Does another eligible child reside in the household for whom this respondent is mother/caretaker?<br><br>1 Yes → End the current questionnaire and then<br>Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> to administer the questionnaire for the next eligible child<br><br>2 No → End the interview<br><br>If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE |                                                                                                  |      |

## 8. AN. ANTHROPOMETRY MODULE

|                                                                                                                                                                                                                          |                                                                                                                                                                                                |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <i>After questionnaires for all children are complete, the measurer weighs and measures each child.</i>                                                                                                                  |                                                                                                                                                                                                |                                                                                                   |
| 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 on the household listing before recording measurements |                                                                                                                                                                                                |                                                                                                   |
| AN1                                                                                                                                                                                                                      | Child's weight.                                                                                                                                                                                | Kilograms (kg) ..... ..                                                                           |
| AN2                                                                                                                                                                                                                      | Child's length or height.<br><br><i>Check age of child in UF11:</i><br>Child under 2 years old → Measure length (lying down).<br><br>Child age 2 or more years → Measure height (standing up). | Length (cm)<br>Lying down ..... ..<br><br>Height (cm)<br>Standing up ..... ..                     |
| AN3                                                                                                                                                                                                                      | Measurer's identification code                                                                                                                                                                 | Measurer code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |
| AN4                                                                                                                                                                                                                      | Result of measurement                                                                                                                                                                          | Measured ..... 1<br>Not present ..... 2<br>Refused ..... 3<br><br>Other (specify) ..... 6         |
| AN5                                                                                                                                                                                                                      | Is there another child in the household who is eligible for measurement?                                                                                                                       | Yes ..... 1<br>No ..... 2                                                                         |
|                                                                                                                                                                                                                          |                                                                                                                                                                                                | Record measurements for next child<br><br>The end                                                 |

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page.  
Tally on the Household Information Panel the number of interviews completed.  
The result of interview to be filled in UF9.