



**QUESTIONNAIRE FOR CHILDREN UNDER FIVE  
NIGERIA**

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caregivers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number	<input type="text"/>	UF2. Household number: _____
UF3. Child's name: Name _____		UF4. Child's line number: _____
UF5. Mother's / Caregiver's name: Name _____		UF6. Mother's / Caregiver's line number: _____
UF7. Interviewer's name and number: Name _____		UF8. Day / Month / Year of interview: _____ / _____ / _____

Repeat greeting if not already read to this respondent:

WE ARE FROM (**NATIONAL BUREAU OF STATISTICS**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

UF9. Result of interview for children under 5	Completed ..... 01
	Not at home ..... 02
	Refused ..... 03
	Partly completed ..... 04
	Incapacitated ..... 05
<i>Codes refer to mother/caregiver.</i>	Other ( <i>specify</i> ) _____ 96
UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____

UF12. <i>Record the time.</i>	Hour and minutes ..... ____ : ____	
-------------------------------	------------------------------------	--

<b>AGE</b>	<b>AG</b>
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caregiver knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... ____</p> <p>DK day ..... 98</p> <p>Month ..... ____</p> <p>Year ..... ____</p>
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ..... ____</p>

BIRTH REGISTRATION		BR
BR1. DOES ( <i>name</i> ) HAVE A BIRTH CERTIFICATE?  <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen.....1	1⇨BR3A
	Yes, not seen.....2	2⇨ BR3A
	No.....3	
	DK .....8	
BR2. HAS ( <i>name</i> )'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes .....1	1⇨ BR3A
	No.....2	
	DK .....8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes .....1	1⇨BR4
	No.....2	2⇨ BR4
BR3A. WITH WHICH AUTHORITY WAS (NAME)'S BIRTH REGISTERED?	NPopC.....1	} NEXT MODULE
	LGA .....2	
	Hospital/Private Clinic.....3	
	Church/Mosque .....4	
	Others )Specify) .....6	
BR4. WHY WAS (NAME)'S BIRTH NOT REGISTERED?	Costs too much.....1	
	Must travel too far .....2	
	Did not know it should be registered .....3	
	Did not consider it important .....4	
	Does not know where to register .....5	
	Other (specify) _____ 6	
DK .....8		

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None ..... 00 Number of children's books.....0 __ Ten 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 HE/SHE PLAY WITH:  [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?  [B] TOYS FROM A SHOP OR MANUFACTURED TOYS?  [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?  <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>	Y N DK Homemade toys ..... 1 2 8 Toys from a shop ..... 1 2 8 Household objects or outside objects ..... 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 YOUNG CHILDREN.  ON HOW MANY DAYS IN THE PAST WEEK 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>	Number of days left alone for more than an hour ..... __ Number of days left with other child for more than an hour ..... __	
EC4. Check AG2: Age of child <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5 <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module		
EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes..... 1 No ..... 2 DK..... 8	2⇒EC7 8⇒EC7
EC5 A. WHO ORGANISED THE LEARNING CENTRE?	Public ..... 1 Private..... 2	

EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?	Number of hours ..... _ _																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW OBJECTS TO OR WITH <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No One</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No One	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
	Mother	Father	Other	No One																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p><i>Can (NAME) identify or name at least ten letters of the alphabet?</i></p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																				

EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes..... 1 No ..... 2  DK..... 8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes..... 1 No ..... 2  DK..... 8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes..... 1 No ..... 2  DK..... 8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes..... 1 No ..... 2  DK..... 8	

BREASTFEEDING		BF
BF1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT ( <i>name</i> ) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER ( <i>name</i> ) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  DID ( <i>name</i> ) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF4. DID ( <i>name</i> ) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID ( <i>name</i> ) DRINK INFANT FORMULA?	Number of times ..... _ _	
BF6. DID ( <i>name</i> ) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID ( <i>name</i> ) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ..... _ _	
BF8. DID ( <i>name</i> ) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF9. DID ( <i>name</i> ) DRINK ( <i>vegetable/draw soup</i> ) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF10. DID ( <i>name</i> ) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF11. DID ( <i>name</i> ) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF12 8⇒BF12

BF 11A. WHY DID YOU GIVE ORS TO <i>(name)</i> ?	Diarrhoea.....1 Vomiting. ....2 Diarrhoea and vomiting ....3 Others .....6 DK/No reason.....8	
BF12. DID <i>(name)</i> DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No.....2  DK .....8	
BF13. DID <i>(name)</i> DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No.....2  DK .....8	2⇒BF15  8⇒BF15
BF14. HOW MANY TIMES DID <i>(name)</i> DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF15. DID <i>(name)</i> EAT THIN PORRIDGE OR SEMI-SOLID (SOFT) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No.....2  DK .....8	
BF16. DID <i>(name)</i> EAT SOLID FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No.....2  DK .....8	2⇒BF18  8⇒BF18
BF17. HOW MANY TIMES DID <i>(name)</i> EAT SOLID OR SEMI-SOLID (SOFT) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID <i>(name)</i> DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes.....1 No.....2  DK .....8	



CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes..... 1 No ..... 2  DK..... 8	2⇒CA7  8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less..... 1 Somewhat less..... 2 About the same..... 3 More..... 4 Nothing to drink..... 5  DK..... 8	
CA3. DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less..... 1 Somewhat less..... 2 About the same..... 3 More..... 4 Stopped food..... 5 Never gave food..... 6  DK..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS ( <i>name</i> ) GIVEN TO DRINK ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>		Y N DK
[A] A FLUID MADE FROM A SPECIAL PACKET CALLED <b>ORS packet?</b>	Fluid from ORS packet..... 1 2 8	
[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Pre-packaged ORS fluid ..... 1 2 8	
[C] SALT SUGAR SOLUTION	Salt sugar solution..... 1 2 8	
[D] COCONUT/RICE WATER	Coconut/Rice water ..... 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes..... 1 No ..... 2  DK..... 8	2⇒CA7  8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name)</i></p>	<p>Tablet/Capsule or Syrup</p> <p>Antibiotic..... A</p> <p>Antimotility (Imodium, lomotil, diastop) ... B</p> <p>Zinc (Mix mag) ..... C</p> <p>Other (Not antibiotic, antimotility or zinc) ..... G</p> <p>Unknown tablet/capsule or syrup ..... H</p> <p><b>Injection</b></p> <p>Antibiotic..... L</p> <p>Non-antibiotic ..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous ..... O</p> <p>Home remedy / Herbal medicine ..... Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only..... 1</p> <p>Blocked or runny nose ..... 2</p> <p>Both ..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Govt. hospital ..... A</p> <p>Govt. health centre ..... B</p> <p>Govt. health post ..... C</p> <p>Village health worker ..... D</p> <p>Mobile / Outreach clinic ..... E</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... I</p> <p>Private physician ..... J</p> <p>Private pharmacy ..... K</p> <p>Mobile clinic ..... L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend ..... P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Other (<i>specify</i>) _____ X</p>	

CA12. WAS ( <i>name</i> ) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes..... 1 No ..... 2 DK..... 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i>  _____ <i>(Names of medicines)</i>	Antibiotic Pill / Syrup ..... A Injection..... B  Anti-malarials ..... M  Paracetamol / Panadol / Acetaminophen ... P Aspirin ..... Q Ibuprofen..... R  Other ( <i>specify</i> ) _____ X DK..... Z	
CA14. Check AG2: Child aged under 3?  <input type="checkbox"/> Yes ⇒ Continue with CA15  <input type="checkbox"/> No ⇒ Go to Next Module		
CA15. THE LAST TIME ( <i>name</i> ) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine ..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open ..... 06  Other ( <i>specify</i> ) _____ 96 DK..... 98	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> BEEN ILL WITH A FEVER AT ANY TIME?	Yes..... 1 No ..... 2 DK..... 8	2⇒Next Module 8⇒Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID <i>(name)</i> HAVE BLOOD SAMPLE FOR TESTING?	Yes..... 1 No ..... 2 DK..... 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes..... 1 No ..... 2 DK..... 8	2⇒ML8 8⇒ML8
ML4. WAS <i>(name)</i> TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes..... 1 No ..... 2 DK..... 8	2⇒ML8 8⇒ML8
ML5. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes..... 1 No ..... 2 DK..... 8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS <i>(name)</i> GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i>  _____ <i>(Name)</i>	Anti-malarials: SP / Fansidar ..... A Chloroquine..... B Amodiaquine ..... C Quinine..... D Artemisinin Combination Therapy (ACT) E Other anti-malarial <i>(specify)</i> _____ H  Antibiotic drugs Tablet/Capsule/Syrup..... I Injection..... J  Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin ..... Q Ibuprofen..... R  Other <i>(specify)</i> _____ X DK..... Z	
ML7. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes..... 1 No ..... 2 DK..... 8	1⇒ML9 2⇒ML10 8⇒ML10
ML8. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..... 1 No ..... 2 DK..... 8	2⇒ML10 8⇒ML10

<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name)</i></p>	<p>Anti-malarials:</p> <p>SP / Fansidar ..... A</p> <p>Chloroquine..... B</p> <p>Amodiaquine ..... C</p> <p>Quinine..... D</p> <p>Artemisinin Combination Therapy (ACT) E</p> <p>Other anti-malarial (<i>specify</i>) _____ H</p> <p>Antibiotic drugs</p> <p>Tablet/Capsule/Syrup ..... I</p> <p>Injection..... J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol/ Acetaminophen . P</p> <p>Aspirin ..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK..... Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with ML11</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</i></p>	<p>Same day ..... 0</p> <p>Next day ..... 1</p> <p>2 days after the fever ..... 2</p> <p>3 days after the fever ..... 3</p> <p>4 or more days after the fever ..... 4</p> <p>DK..... 8</p>	

IMMUNIZATION		IM									
<p>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</p>											
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?  (If yes) MAY I SEE IT PLEASE?				Yes, seen ..... 1 Yes, not seen ..... 2 No card ..... 3				1⇒IM3 2⇒IM6			
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?				Yes..... 1 No ..... 2				1⇒IM6 2⇒IM6			
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.				Date of Immunization							
				Day		Month		Year			
BCG	BCG										
POLIO AT BIRTH	OPV0										
POLIO 1	OPV1										
POLIO 2	OPV2										
POLIO 3	OPV3										
DPT1	DPT1										
DPT2	DPT2										
DPT3	DPT3										
HEPB AT BIRTH	H0										
HEPB1	H1										
HEPB2	H2										
HEPB3	H3										
MEASLES (OR MMR)	MEASLES										
YELLOW FEVER	YF										
VITAMIN A (MOST RECENT)	VIT A										
IM4. Check IM3. Are all vaccines (BCG to Yellow Fever) recorded?											
<input type="checkbox"/> Yes ⇒ Go to IM18											
<input type="checkbox"/> No ⇒ Continue with IM5											

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p><i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i></p>	<p>Yes..... 1  <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</i></p> <p>No ..... 2  DK..... 8</p>	<p>2⇒IM18  8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes..... 1</p> <p>No ..... 2  DK..... 8</p>	<p>2⇒IM18  8⇒IM18</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes..... 1</p> <p>No ..... 2  DK..... 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes..... 1</p> <p>No ..... 2  DK..... 8</p>	<p>2⇒IM11  8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks ..... 1  Later..... 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes..... 1</p> <p>No ..... 2  DK..... 8</p>	<p>2⇒IM13  8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio, DPT vaccines and Vitamin A</i></p>	<p>Yes..... 1</p> <p>No ..... 2  DK..... 8</p>	<p>2⇒IM16  8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours ..... 1  Later..... 2</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes..... 1</p> <p>No ..... 2  DK..... 8</p>	

<p>IM17. HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER?</p> <p><i>Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine</i></p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p>IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?</p> <p><i>Show common types of ampules / capsules / syrups</i></p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p>IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:</p> <p>[A]. <b>NID APRIL 2010</b> (CAMPAIGN A)</p> <p>[B] <b>NID AUGUST 2010</b> (CAMPAIGN B)</p> <p>[C]. <b>NID NOVEMBER 2010</b> (CAMPAIGN C)</p>	<p style="text-align: right;">Y N DK</p> <p>Campaign A ..... 1 2 8</p> <p>Campaign B ..... 1 2 8</p> <p>Campaign C ..... 1 2 8</p>	

<p>UF13. <i>Record the time.</i></p>	<p>Hour and minutes..... ____ : ____</p>	
--------------------------------------	--	--

<p>UF14. <i>Is the respondent the mother or caregiver of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child</i></p> <p><i>Check to see if there are other woman's or under-5 questionnaires to be administered in this household.</i></p> <p><i>Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.</i></p>
--



ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured..... 1 Child not present ..... 2 Child or caregiver refused ..... 3 Other (specify) _____ 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg)..... Weight not measured ..... 99.9	
AN4. Child's length or height	Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down ..... 1 Height (cm) Standing up ..... 2 Length / Height not measured ..... 9999.9
AN5. Oedema(Body swelling)	Checked Present..... 1 Not present..... 2 Unsure ..... 3 Not checked (specify reason) _____ 7	

<p>AN6. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes ⇒ Record measurements for next 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 identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.</p>
--

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**