

UNDER-FIVE CHILD INFORMATION PANEL	UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (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>	
<p>UF1.. <u>Region</u> <u>District</u> <u>District-Type</u> <u>Sub-District</u> <u>EA NO.</u></p> <p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p>	<p>UF2. Household number: _____</p>
<p>UF3. Child's name: Name _____</p>	<p>UF4. Child's line number: _____</p>
<p>UF5. Mother's / Caretaker's name: Name _____</p>	<p>UF6. Mother's / Caretaker's line number: _____</p>
<p>UF7. Interviewer name and number: Name _____</p>	<p>UF8. Day / Month / Year of interview: ____ / ____ / ____</p>

Repeat greeting if not already read to this respondent:

WE ARE FROM GHANA STATISTICAL SERVICE. 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 20 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. If yes ask for child's immunization card, birth certificate, antenatal card, baptismal card and any other card on which the child's records are written.*
- 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 20 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.

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (<i>specify</i>) _____ 96</p>
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<p>UF10. Field edited by (Name and number): Name _____</p>	<p>UF11. Data entry clerk (Name and number): Name _____</p>
---------------------------------------------------------------------------	----------------------------------------------------------------------------

UF12. Record the time.	Hour and minutes..... ____ : ____	
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AGE		AG
<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/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day.....98</p> <p>Month..... ____</p> <p>Year ____</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 HAS (NAME'S) BIRTH BEEN REGISTERED WITH THE BIRTHS AND DEATHS REGISTRY?	Yes 1	2⇒BR3B 8⇒BR4
	No 2	
	DK 8	
BR2. DOES (NAME) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen 1	
	Yes, not seen 2	
	No 3	
	DK 8	
BR3A. WAS (NAME'S) BIRTH REGISTERED WITHIN THE FIRST YEAR OF BIRTH?	Yes 1	1⇒BR5 2⇒BR5 8⇒BR5
	No 2	
	DK 8	
BR3B. WHAT IS THE MAIN REASON WHY (NAME'S) BIRTH IS NOT REGISTERED?	Costs too much 1	6⇒BR5
	Must travel too far 2	
	Did not know it should be registered 3	
	Did not want to pay fine 4	
	Did not find important 5	
	Do not know where to register 6	
Other (<i>specify</i>) 7		
DK 8		
BR4. DO YOU KNOW WHERE TO REGISTER YOUR CHILD'S BIRTH?	Yes 1	
	No 2	
BR5. HOW MUCH DID IT COST YOU, OR HOW MUCH DO YOU THINK IT WOULD COST TO REGISTER YOUR CHILD WITH THE BIRTH AND DEATH REGISTRY IF THE CHILD IS UNDER 1 YEAR OLD?	Free 1	
	Less than GH¢5 2	
	Between GH¢5 and GH¢10 3	
	More than GH¢10 4	
	DK 8	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None00</p> <p>Number of children's books.....0 __</p> <p>Ten or more books 10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to any of the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
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<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour</p> <p>Number of days left with other child for more than an hour</p> <p>DK</p>																	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>																		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>																
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?</p>	<p>Number of hours.....__ __</p>																	

EARLY CHILDHOOD DEVELOPMENT

EC

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 *(name)*:

*If yes, ask:
WHO ENGAGED IN THIS ACTIVITY WITH *(name)*?*

Circle all that apply.

		Mother	Father	Other	No one
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i> ?	Read books	A	B	X	Y
[B] TOLD STORIES TO <i>(name)</i> ?	Told stories	A	B	X	Y
[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i> , INCLUDING LULLABIES?	Sang songs	A	B	X	Y
[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y
[E] PLAYED WITH <i>(name)</i> ?	Played with	A	B	X	Y
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i> ?	Named/counted	A	B	X	Y

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.

CAN *(name)* IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?

Yes1
No2
DK.....8

EC9. CAN *(name)* READ AT LEAST THREE SIMPLE, WORDS?

Yes1
No2
DK.....8

EC10. DOES *(name)* KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?

Yes1
No2
DK.....8

EC11. CAN *(name)* PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?

Yes1
No2
DK.....8

EC12. IS *(name)* SOMETIMES TOO SICK TO PLAY?

Yes1
No2
DK.....8

EC13. DOES *(name)* FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?

Yes1
No2
DK.....8

EARLY CHILDHOOD DEVELOPMENT		EC
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes1 No2 DK.....8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No2 DK.....8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No2 DK.....8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes1 No2 DK.....8	

BREASTFEEDING		BF
BF1. HAS (NAME) EVER BEEN BREASTFED?	Yes1 No2	2⇒BF3
BF2. IS (NAME) STILL BEING BREASTFED?	Yes1 No2	
. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (name) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.		
BF3. DID (name) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BF4. DID (name) <u>DRINK TEA OR COFFEE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BF5. DID (name) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	2⇒BF6 8⇒BF6
BF6. HOW MANY TIMES DID (name) DRINK INFANT FORMULA?	Number of times _ _	
BF7. DID (name) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	2⇒BF8 8⇒BF8
BF8. HOW MANY TIMES DID (name) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF9. DID (name) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BF10. DID (name) DRINK ANY LIGHT SOUP YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BF11. DID (name) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	

BREASTFEEDING		BF
BF12. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF13. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF14. DID (<i>name</i>) <u>EAT LIGHT PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF15. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF16 8⇒BF16
BF16. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF17. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes 1 No 2 DK..... 8	

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. 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 SACHET ORS?	Fluid from ORS sachet 1 2 8	2,8⇒CA4
[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Pre-packaged ORS fluid 1 2 8	
[C] COCONUT WATER?	Coconut Water 1 2 8	
[D] RICE WATER?	Rice Water..... 1 2 8	
[E] Mashed kenkey?	Mashed Kenkey..... 1 2 8	
CA2A IF ORS USED, WHERE DID YOU GET THE (ORS FROM?)	Public sector Govt. hospital/Polyclinic A Govt. health centre B Govt. health post C Community health worker..... D Mobile / Outreach clinic E Other public (<i>specify</i>) H Private medical sector Private hospital / clinic..... I Private physician J Private pharmacy/Chemical shop K Mobile clinic L Herbal Centre/Clinic M Other private medical (<i>specify</i>) O Other source Relative / Friend P Shop Q Traditional practitioner R Drug peddler..... S Other (<i>specify</i>) X	
CA2B HOW MUCH DID YOU PAY FOR THE ORS?		
CA3. 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	

CARE OF ILLNESS		CA
CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7

CARE OF ILLNESS		CA
<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>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Zinc C</p> <p>Other (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) 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 (name) 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 only 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>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital/Polyclinic A</p> <p>Govt. health centre B</p> <p>Govt. health post C</p> <p>Community 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/Chemical shop K</p> <p>Mobile clinic L</p> <p>Herbal Centre/Clinic M</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>Drug peddler S</p> <p>Other (<i>specify</i>) _____ X</p>	

CARE OF ILLNESS		CA
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	8⇒CA14 8⇒CA14
CA14. FROM WHERE DID YOU GET THE ANTIBIOTIC (PILL/SYRUP OR INJECTION)?	Public sector Govt. hospital/Polyclinic A Govt. health centre B Govt. health post C Community health worker..... D Mobile / Outreach clinic E Other public (<i>specify</i>) _____ H Private medical sector Private hospital / clinic..... I Private physician J Private pharmacy/Chemical shop K Mobile clinic L Herbal Centre/Clinic M Other private medical (<i>specify</i>) _____ O Other source Relative / Friend P Shop Q Traditional practitioner R Drug peddler..... S Other (<i>specify</i>) X	
CA15. Check AG2: Child aged under 3? <input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to Next Module		
CA16. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OFF 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 TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes 1 No 2 DK..... 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS (NAME) HAD FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML4 WHERE DID (NAME OF CHILD OR CHILDREN) GET TREATMENT	Public sector Govt. Hospital 11 Govt. Health center 12 Govt. Health post 13 Village health worker/CBA 14 Mobile/outreach clinic 15 Other specify Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other specify..... Other source Relative or friend 31 Chemical shop 32 Traditional practitioner 33 Drug peddlers 34 Others specify DK 8	31⇒ML8 32⇒ML8 33⇒ML8 34⇒ML8 8⇒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> _____ (Name)	Anti-malarials: SP / Fansidar/Malafan A Chloroquine B Amodiaquine/Camoquine C Quinine D Artemisinin based combination therapy . E ACTs with green leaf F Artesunate G Other anti-malarial (specify) _____ H Antibiotic drugs Pill / Syrup I Injection J	

MALARIA		ML
	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

MALARIA		ML
<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/Malafan..... A</p> <p>Chloroquine B</p> <p>Amodiaquine/Camoquine C</p> <p>Quinine D</p> <p>Artemisinin based combination therapy . E</p> <p>ACTs with green leaf F</p> <p>Artesunate G</p> <p>Other anti-malarial (<i>specify</i>) _____ H</p> <p>Antibiotic drugs</p> <p>Pill / 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? <i>(If yes) MAY I SEE IT PLEASE?</i>				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. <i>(a) Copy dates for each vaccination from the card.</i> <i>(b) Write '44' in day column if card shows that vaccination was given but no date recorded.</i>				Date of Immunization						
		Day		Month		Year				
BCG	BCG									
POLIO AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
DPT/HEP. B/INFL1	DPTH1									
DPT/HEP. B/INFL2	DPTH2									
DPT/HEP. B/INFL3	DPTH3									
MEASLES	MEASLES									
YELLOW FEVER	YF									
VITAMIN A (1) (MOST RECENT)	VITA1									
VITAMIN A (2) (2 ND MOST RECENT)	VITA2									
IM4. Check IM3. Are all vaccines (BCG to Vitamin A) recorded? <input type="checkbox"/> Yes ⇒ Go to IM19 <input type="checkbox"/> No ⇒ Continue with IM5										

IMMUNIZATION		IM
<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⇒IM19 8⇒IM19</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⇒IM19 8⇒IM19</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1</p> <p>No 2 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/HEP. B 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⇒IM16 8⇒IM16</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times __</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES 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 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 DK..... 8</p>	

IMMUNIZATION		IM
IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS OVER THE COURSE OF THE YEAR:		Y N DK
[A] POLIO IMMUNIZATION PHASE I (MARCH 2010)	POLIO IMMUNIZATION PHASE I.....	1 2 8
[B] POLIO IMMUNIZATION PHASE II (APRIL 2011)	POLIO IMMUNIZATION PHASE II....	1 2 8
[C] MEASLES VACCINATION (NOV. 3-6)	MEASLES VACCINATION (Nov 3-6).	1 2 8

UF13. Record the time.	Hour and minutes : ..	
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UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

Yes ⇒ *Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

No ⇒ *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*

Check to see if there are other woman's, or under-5 questionnaires to be administered in this household. Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

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	2⇒AN5
	Child or caretaker refused..... 3	3⇒AN5
	Other (<i>specify</i>) _____ 6	6⇒AN5
AN3. Child's weight	Kilograms (kg) ____ . ____	
	Weight not measured 99.9	
AN4. Child's length or height		
<p>Check age of child in AG2:</p>		
<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).	Length (cm) Lying down 1 ____ . ____	
<input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Height (cm) Standing up 2 ____ . ____	
	Length / Height not measured..... 999.9	

<p>AN5. 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>

ANAEMIA AND MALARIA TESTING FOR CHILDREN UNDER FIVE

AM

	CHECK COLUMN ** OF THE HOUSEHOLD SCHEDULE, WRITE THE LINE NUMBER AND NAME FOR ALL CHILDREN 0-5 YEARS IN AM1 IN ORDER BY LINE NUMBER. IF MORE THAN 6 CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). BE SURE TO FILL IN **AM8 AND AM10**		
		CHILD 1	
AM1	LINE NUMBER FROM COLUMN *8	LINE NUMBER _____ NAME _____	
AM2	WHAT IS (NAME'S) DATE OF BIRTH? COPY MONTH AND YEAR OF BIRTH FROM ** IN MOTHER'S BIRTH HISTORY AND ASK DAY FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR	DAY ____ MONTH____ YEAR ____	
AM3	CHECK AM2: CHILD BORN IN 2006 OR LATER?	Yes.....1 No.....2	(GO TO AM2 FOR NEXT CHILD OR IF NO MORE, GO TO AM13)
AM4	CHECK AM2: IS CHILD AGE 0-5 MONTHS I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS1 OLDER2	GO TO AM2 FOR NEXT CHILD OR IF NO MORE, GO TO AM11
AM5	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD, RECORD '00' IF NOT LISTED	LINE NUMBER _____	
AM6	READ ANAEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN	GRANTED1 _____ (SIGN) REFUSED2	
AM7	READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN	GRANTED1 _____ (SIGN) REFUSED2	
CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO AM6			
AM8	RECORD RESULT CODE OF ANAEMIA TEST	TESTED1 NOT PRESENT2 REFUSED3 OTHER4	2-3 – SKIP TO AM10
AM9	RECORD HEMOGLOBIN LEVEL HERE	G/DL _____	
AM10	RECORD RESULT CODE OF MALARIA TEST	TESTED1 NOT PRESENT2 REFUSED3 OTHER4	2-3 – SKIP TO AM13
AM11	RESULT OF MALARIA TEST	POSITIVE1 NEGATIVE2 OTHER8	SKIP TO AM13
AM12	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED	ACCEPTED MEDICINE.....1 _____ (SIGN) REFUSED2 ALREADY HAS ACT3 NOT ELIGIBLE4 OTHER5	
AM13		GO BACK TO AM2 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.	

CONSENT STATEMENT FOR ANEMIA TEST

As part of this survey, we are asking that children all over the country take an **anemia** test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia.

We request that all children born in 2006 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept confidential.

Do you have any questions about the anemia test?

You can say yes to the test or you can say no. It is up to you to decide.

WILL YOU ALLOW (NAME(S) OF CHILD(REN) TO PARTICIPATE IN THE **ANEMIA** TEST?

CONSENT STATEMENT FOR MALARIA TEST

As part of this survey, we are asking that children all over the country take a test to see if they have **malaria**. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.

We request that all children born in 2006 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test).

The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.

Do you have any questions about the malaria test?

You can say yes to the test or you can say no. It is up to you to decide.

WILL YOU ALLOW (NAME(S) OF CHILD(REN) TO PARTICIPATE IN THE **MALARIA** TEST?

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

IF MALARIA TEST IS POSITIVE: The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms.

BEFORE PROVIDING ACT, FIRST ASK IF THE CHILD IS ALREADY TAKING OTHER DRUGS AND IF SO, ASK TO SEE THEM.

IF CHILD IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT.

YOU DO NOT HAVE TO GIVE THE CHILD THE MEDICINE. THIS IS UP TO YOU. PLEASE TELL ME WHETHER YOU ACCEPT THE MEDICINE OR NOT.

TREATMENT WITH ACT		
WEIGHT (IN KG)	AMODIAQUINE (153 MG.)	ARTESUNATE (50 MG.)
LESS THAN 5 KGS.	NOTHING	NOTHING
5-7 KGS.	¼ TABLET ONCE A DAY FOR 3 DAYS	½ TABLET ONCE A DAY FOR 3 DAYS
8-10 KGS.	½ TABLET ONCE A DAY FOR 3 DAYS	½ TABLET ONCE A DAY FOR 3 DAYS
11-13 KGS.	¾ TABLET ONCE A DAY FOR 3 DAYS	1 TABLET ONCE A DAY FOR 3 DAYS
14-16 KGS.	1 TABLET ONCE A DAY FOR 3 DAYS	1 TABLET ONCE A DAY FOR 3 DAYS
17-19 KGS.	1 TABLET ONCE A DAY FOR 3 DAYS	1 ½ TABLETS ONCE A DAY FOR 3 DAYS

Amodiaquine and Artesunate (ACT) are to be taken together once a day for 3 days.
IF CHILD WEIGHS LESS THAN 5 KGS., DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations