















INTERVIEWER : _____	_____	CONFIDENTIAL	EA : 2 _____
EDITOR : _____	_____		HHID : _____
SUPERVISOR : _____	_____		ROUND : B _____
<div>SURVEY ON TOTAL SANITATION AND SANITATION MARKETING (TSSM)</div> <div>BOOK 2</div> <div>CHILDREN AND CAREGIVER BOOK – ENDLINE</div> <div>(CHILDREN THE AGE 0 TO UNDER 5 YEARS)</div> <div>MODULE : G14, G17,G19, G20, G21, G22, G24, G25, G33, G25B, G18, G32, CP</div>			
	B02. Major language in interview	_____ Other, _____	B02, B03 00. Indonesia 03. Batak 04. Minangkabau 05. Sundanese 06. Javanese 07. Maduranese 08. Balinese 09. Sasak 10. Sumba 11. Banjar 13. Makasar 15. Chinese 16. Minahasa 17. Osing 18. Mandar 91. Other _____ 96. NONE
	B03. Other language in interview (if any):	_____ Other, _____	

NUMVIS. Number of visits : \_\_\_\_\_

	INTERVIEW 1	INTERVIEW 2	INTERVIEW 3	INTERVIEW 4	INTERVIEW 5	INTERVIEW 5
DATE	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR
TIME START :	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE
TIME END :	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE
B04. RESULT OF INTERVIEW BOOK 2		B05. REASON FOR ANSWER "3 OR 2" IN B04		B06. CORRECTION BY EDITOR		B07. OBSERVATION BY SUPERVISOR
1. Completed → B06 2. Partly completed 3. Not completed		1. Respondent not at home/found 2. Respondent is sick 3. Respondent refuses 5. Other : _____		1. Data entered without mistake 2. Data entered and corrected 3. Data entered without being corrected, explain _____ 4. Manual edit without CAFE		Yes No a. Observed ..... 1 2 b. Check ..... 1 2

MODULE G14 (OBSERVATION OF CHILDREN)

ONLY FOR CHILDREN UNDER FIVE YEARS OR PANEL CHILD. DIRECT OBSERVATION

CHILD ID	G14.2	G14.3	G14.4	G14.5	G14.6	G14.7	G14.8	G14.9
	 IS [NAME] RELATIVELY CLEAN, WITH NO OFFENSIVE ODOR?  Yes.....1 No .....2  COULD NOT OBSERVE..... -99	 DOES [NAME] HAVE DIRTY HANDS?  Yes.....1 No .....2  COULD NOT OBSERVE.....-99	 DOES [NAME] HAVE SOIL OR MUD IN FINGER ?  Yes.....1 No.....2  COULD NOT OBSERVE .....-99	 IS [NAME]'S FACE DIRTY?  Yes.....1 No .....2  COULD NOT OBSERVE.....-99	 DOES [NAME] HAVE CLOTHES TO WEAR ?  Yes .....1 No.....2 ➔ G14.8 COULD NOT OBSERVE ..... -99 ➔ G14.8	 ARE [NAME]'S CLOTHES DIRTY?  Yes .....1 No .....2  COULD NOT OBSERVE.....-99	 DOES [NAME] HAVE A POT-BELLY?  Yes.....1 No.....2  COULD NOT OBSERVE ..... -99	 DOES [NAME] HAVE SHOES ON (IF OUTSIDE OR ON DIRT FLOOR) OR AVAILABLE TO WEAR?  (ASK IF NOT OBSERVABLE.)  Yes .....1 No.....2  COULD NOT OBSERVE.....-99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99➔ G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99➔ G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99➔ G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99➔ G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99➔ G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99➔ G14.8	1 2 -99	1 2 -99	1 2 -99

MODUL G17 (ALOKASI WAKTU PENGASUH)

Respondent: primary caregiver of children under 5

CHILD ID	G17.2		G17.3						
	COPY THE ID CODE AND NAME OF THE PRIMARY CAREGIVER FOR THIS CHILD FROM BLOCK G1 (G1.1 AND G1.10)		<div>In the last week, how much time did (CAREGIVER) spend primarily caring for or attending to (CHILD)? Please answer this question for each child you took care of even if you were caring for two children simultaneously.</div> <div>(Answer in terms of hours per week)</div> <div>(NOTE THIS DOES <b>NOT</b> INCLUDE TIME WHEN LOOKING AFTER THE CHILD WAS THE <b>SECONDARY</b> ACTIVITY. IT DOES INCLUDE TIME WHEN LOOKING AFTER THE CHILD WAS THE <b>PRIMARY</b> ACTIVITY, EVEN IF ENGAGING IN A SECONDARY ACTIVITY NOT DIRECTLY RELATED TO CARING FOR THE CHILD.)</div> <div>(NOTE: SAME DAY OF WEEK AS TODAY.) ↓</div>						
	CAREGIVER ID	CAREGIVER NAME							
<div>  </div>	<div>  </div>		a) Yesterday	b) Day Before Yesterday	c) 3 Days Ago	d) 4 Days Ago	e) 5 Days Ago	f) 6 Days Ago	g) 7 Days Ago
<div>  </div>	<div>  </div>		<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>
<div>  </div>	<div>  </div>		<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>
<div>  </div>	<div>  </div>		<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>
<div>  </div>	<div>  </div>		<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>
<div>  </div>	<div>  </div>		<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>
<div>  </div>	<div>  </div>		<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>	<div>  </div>

MODUL G17 (ALOKASI WAKTU PENGASUH)

CHILD ID	G17.4	G.17.4B	G.17.4C.
	Did you take any of the children to the toilet facility or a place for defecation yesterday?  Yes.....1 No.....2 →Module 19	How many times did you go to the toilet facility or place of defecation?  NUMBER OF TRIPS	IF YES, how long did you need to take, to wait and to take back from defecation?  MINUTES
<div></div>	2 →module 19 1→	<div> times</div>	<div> Minutes</div>
<div></div>	2 →module 19 1→	<div> times</div>	<div> Minutes</div>
<div></div>	2 →module 19 1→	<div> times</div>	<div> Minutes</div>
<div></div>	2 →module 19 1→	<div> times</div>	<div> Minutes</div>
<div></div>	2 →module 19 1→	<div> times</div>	<div> Minutes</div>
<div></div>	2 →module 19 1→	<div> times</div>	<div> Minutes</div>

**MODULE G19 (CHILD HEALTH CALENDAR)**




**Insert and Ask MODULE 19 (Children Health Calendar for children < 5 yr)  
for each children  
After it finished, attach MODULE 19 here**

**Number of Children Health Calender, children < 5 yr (MODULE 19) :**

MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART CHILD	B20.0	B20.1	B20.1a	B20.1b	B20.1c	B20.1d	B20.1e
	Was [...] given deworming drugs in the past 2 years?	When was the last time [CHILD] given worm treatment?  Month/year	Who did give the deworming drugs?  1. YOUR HOUSEHOLD 2. GOVERNMENT PROGRAM 3. NON GOVERNMENT PROGRAM	Was there any anti-worm promotion in this village?  YES..... 1 NO .....2→G20.2 DON'T KNOW -99→G20.2	If there was, what was the name of the program?	Who did carry out the program?  1 District government 2 Central government 3 NGO 4 Other 5 Don't know	Was this household given deworming drugs from this program?  Yes ..... 1 No ..... 2 Don't know -99
<div></div>	Yes ..... 1 No.....2→G20.1b	<div></div> / <div></div>	1    2    3	1 2 -99 → G20.2	Name of program: <div></div>	1   2   3   5 4 <div></div>	1    2    -99
<div></div>	Yes ..... 1 No.....2→G20.1b	<div></div> / <div></div>	1    2    3	1 2 -99 → G20.2	Name of program: <div></div>	1   2   3   5 4 <div></div>	1    2    -99
<div></div>	Yes ..... 1 No.....2→G20.1b	<div></div> / <div></div>	1    2    3	1 2 -99 → G20.2	Name of program: <div></div>	1   2   3   5 4 <div></div>	1    2    -99
<div></div>	Yes ..... 1 No.....2→G20.1b	<div></div> / <div></div>	1    2    3	1 2 -99 → G20.2	Name of program: <div></div>	1   2   3   5 4 <div></div>	1    2    -99
<div></div>	Yes ..... 1 No.....2→G20.1b	<div></div> / <div></div>	1    2    3	1 2 -99 → G20.2	Name of program: <div></div>	1   2   3   5 4 <div></div>	1    2    -99
<div></div>	Yes ..... 1 No.....2→G20.1b	<div></div> / <div></div>	1    2    3	1 2 -99 → G20.2	Name of program: <div></div>	1   2   3   5 4 <div></div>	1    2    -99

# MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART ANAK	G20.2	G20.3	G20.4	G20.5	G20.6	G20.7
	ANY "YES" TO COUGH, CONGESTION, WHEEZING, OR DIFFICULTY BREATHING (G.19.2. – G.19.4) FOR THIS CHILD?  YES ..... 1  NO ..... 2 → G20.6	 MEASURE THE NUMBER OF CHEST RISES FOR CHILD OVER 30 SECONDS.  COULD NOT OBSERVE.....-99  REFUSED.....-98  CHILD NOT PRESENT ..... -95 → G20.6   BREATHS / 30 SECONDS	 DO YOU OBSERVE LOWER CHEST WALL INDRAWING?  YES.....1  NO.....2  REFUSED TO BE OBSERVED....-98  COULD NOT OBSERVE.....-99	 DO YOU HEAR THE CHILD WHEEZING OR WHISTLING UPON INHALATION?  YES.....1  NO.....2  REFUSED TO BE OBSERVED....-98  COULD NOT OBSERVE.....-99	ANY "YES" TO DIARRHEA OR RESPIRATORY SYMPTOMS (G.19.1. – G.19.11.) FOR THIS CHILD?  Yes ..... 1 No ..... 2 → G20.10	In the past 7 days did you seek medical advice for [NAME]?  If so, what type?  No A → G20.10 Day visit to doctor B Overnight stay at Pharmacist D Traditional Healer E Herbalist F Community Health Center / Sub P Midwife/village midwife Q Integrated Service Post (Posyandu) R General hospital S Private Hospital T Private clinic U Other (specify) _____ V NOT APPLICABLE W DON'T KNOW Y
<input type="checkbox"/>	1 2 → G20.6	_____ -98 -99 -95 → G20.6	1 2 -98 -99	1 2 -98 -99	1 2 → G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
<input type="checkbox"/>	1 2 → G20.6	_____ -98 -99 -95 → G20.6	1 2 -98 -99	1 2 -98 -99	1 2 → G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
<input type="checkbox"/>	1 2 → G20.6	_____ -98 -99 -95 → G20.6	1 2 -98 -99	1 2 -98 -99	1 2 → G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
<input type="checkbox"/>	1 2 → G20.6	_____ -98 -99 -95 → G20.6	1 2 -98 -99	1 2 -98 -99	1 2 → G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
<input type="checkbox"/>	1 2 → G20.6	_____ -98 -99 -95 → G20.6	1 2 -98 -99	1 2 -98 -99	1 2 → G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
<input type="checkbox"/>	1 2 → G20.6	_____ -98 -99 -95 → G20.6	1 2 -98 -99	1 2 -98 -99	1 2 → G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y

MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

CHILD ID	G20.8B	G20.8C	G.20.8D	G20.8E	G20.8F	G20.8G
	How many visits did [NAME] go to the facility/place for medical advice?  VISITS _____ DON'T KNOW...-99	How many total hours were spent at the facility/place for medical advice?  HOURS _____ DON'T KNOW...-99	How did [NAME] travel to the facility/ place?  On foot (walk) .....A Bus (public transportation) ..... B Car (motor vehicle) or motorcycle .....C Other (Specify _____) .....V DON'T KNOW.....-99	How much time was spent in total one <b>travelling</b> to the facility/place for medical advice in one way?  HOURS _____ DON'T KNOW...-99	Did anyone accompany [NAME] to the facility/place for medical advice?  IF YES, how many persons?  Yes .....1 NUMBER OF PERSONS _____  No ..... 2	How much money was spent in total on <b>travel</b> to the facility/place for medical advice?  CURRENCY _____ DON'T KNOW...-99
	Visits	 1 . minutes 2.hours	1 2 3 4 _____ -99	 1 . minutes 2.hours	1 .  2	Rp
	Visits	 1 . minutes 2.hours	1 2 3 4 _____ -99	 1 . minutes 2.hours	1 .  2	Rp
	Visits	 1 . minutes 2.hours	1 2 3 4 _____ -99	 1 . minutes 2.hours	1 .  2	Rp
	Visits	 1 . minutes 2.hours	1 2 3 4 _____ -99	 1 . minutes 2.hours	1 .  2	Rp
	Visits	 1 . minutes 2.hours	1 2 3 4 _____ -99	 1 . minutes 2.hours	1 .  2	Rp
	Visits	 1 . minutes 2.hours	1 2 3 4 _____ -99	 1 . minutes 2.hours	1 .  2	Rp



MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART ANAK	<b>G20.10</b> <b>ANY "YES" TO COUGH, CONGESTION, COLD, ETC. (G19.2. –G19.4.)?</b> <b>TO ALL CHILDREN &lt; 5 YEARS OF AGE?</b>  Yes .....1 No .....2 ➔ G20.13	<b>G20.11</b> Did you do anything to treat [NAME]'s respiratory problems?  No treatment .....A ➔ G.20.13 Pill or syrup .....B Injection .....C Intravenous fluid (IV .....D Traditional remedies.....E Other (Specify.....)V DON'T KNOW.....Y  (ANSWER MAY BE MORE THAN ONE)	<b>G20.12</b> How much did you spend on treatments and advice for [NAME]?  Did not pay..... 0  DON'T KNOW..-99	<b>G20.13</b> <b>ANY "YES" TO STOMACH PROBLEMS OR DIARRHEA IN (G.19.5 – G.19.11)? TO ALL CHILDREN &lt; 5 YEARS OF AGE?</b>  Yes..... 1 No .....2 ➔ G20.16
	<div><div></div><div></div></div> 1 2➔ G20.13	A ➔ G.20.13 B C D E V_____Y	Rp. <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	1 2 ➔ G20.16
	<div><div></div><div></div></div> 1 2➔ G20.13	A ➔ G.20.13 B C D E V_____Y	Rp. <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	1 2 ➔ G20.16
	<div><div></div><div></div></div> 1 2➔ G20.13	A ➔ G.20.13 B C D E V_____Y	Rp. <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	1 2 ➔ G20.16
	<div><div></div><div></div></div> 1 2➔ G20.13	A ➔ G.20.13 B C D E V_____Y	Rp. <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	1 2 ➔ G20.16
	<div><div></div><div></div></div> 1 2➔ G20.13	A ➔ G.20.13 B C D E V_____Y	Rp. <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	1 2 ➔ G20.16
	<div><div></div><div></div></div> 1 2➔ G20.13	A ➔ G.20.13 B C D E V_____Y	Rp. <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	1 2 ➔ G20.16
	<div><div></div><div></div></div> 1 2➔ G20.13	A ➔ G.20.13 B C D E V_____Y	Rp. <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	1 2 ➔ G20.16

## MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART ANAK	G20.14	G20.15	G20.16							
	Did you do anything to treat [NAME]'s stomach or diarrhea symptoms  No treatment ..... A Pill or syrup ..... B Injection ..... C Intravenous fluid (IV) ..... D Traditional remedies ..... E Oral Rehydration Solution ..... F Homemade sugar/salt water ..... G Other (Specify ..... ) V DON'T KNOW ..... Y   (ANSWER MAY BE MORE THAN ONE)	How much did you spend on treatments and advice for [NAME]?  Did not pay ..... 0  DON'T KNOW ..99	In the <b>past 14 days</b> , how much time were household members unable to work or go to school because they were caring for [NAME]? Please estimate the number of days and the number of hours per day.  ENTER INFORMATION FOR THE TWO HOUSEHOLD MEMBERS WHO SPENT THE MOST TIME CARING FOR THIS CHILD.  PUT "0" HOURS IF THEY SPENT TIME CARING FOR THE CHILD WITHOUT MISSING ANY WORK OR SCHOOL.							
	NAME		PID	Number of Day	Number of Hour per Day	NAME		PID	Number of Day	Number of Hour per Day
<input type="checkbox"/>	<b>A ➔ G20.16</b> B C D E F G V _____ Y	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<b>A ➔ G20.16</b> B C D E F G V _____ Y	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<b>A ➔ G20.16</b> B C D E F G V _____ Y	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<b>A ➔ G20.16</b> B C D E F G V _____ Y	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<b>A ➔ G20.16</b> B C D E F G V _____ Y	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<b>A ➔ G20.16</b> B C D E F G V _____ Y	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART ANAK	G20.17.	G20.18.	G20.19.	G20.20.
	Does the [CHILD] or your household have health/medical insurance?  Yes .....1 No ..... 2 → module 24	How much do you pay per month for medical insurance?  MONTHLY PAYMENT  (LOCAL CURRENCY) DON'T KNOW.....-99	Does this medical insurance pay for G.20.12 and G.20.15 (concerning respiration and diarrhea/stomac ache)  1. Yes, all 2. Yes, some 3. No → next modul -97 No cost report	how much were you reimbursed?  REIMBURSEMENT _____ (LOCAL CURRENCY) DON'T KNOW.....-99
<div></div>	1 2→Module 24	Rp <div></div>	1 2→Module 24	Rp <div></div>
<div></div>	1 2→Module 24	Rp <div></div>	1 2→Module 24	Rp <div></div>
<div></div>	1 2→Module 24	Rp <div></div>	1 2→Module 24	Rp <div></div>
<div></div>	1 2→Module 24	Rp <div></div>	1 2→Module 24	Rp <div></div>
<div></div>	1 2→Module 24	Rp <div></div>	1 2→Module 24	Rp <div></div>
<div></div>	1 2→Module 24	Rp <div></div>	1 2→Module 24	Rp <div></div>

MODULE G24 (SUPPORT FOR LEARNING PROCESS/SUPORTING ENVIRONMENT)

I am interested in learning about the things that [CHILD] plays with when he/she is at home and the type of activities [CHILD] does. Please tell me if [CHILD] plays with:

NO ART ANAK	G24.4	G24.5	G24.6	G24.7
	Household objects such as bowls, baskets, spoons, plates, cups or pots?	Toys that came from a store that were bought or received as gifts?	About how many children's books or picture books do you have for [CHILD'S NAME]now?	Does [CHILD] attend any type of early child education program OR does a community worker come to your home to play with your child?
	Yes .....1 No.....2 DK ..... -99	Yes .....1 No .....2 DK.....-99	<div>           </div> IF NONE, ENTER..00	Yes..... 1 No ..... 2 DON'T KNOW ....-99
<div>        </div>	1      2      -99	1      2      -99	<div>        </div>	1      2      -99
<div>        </div>	1      2      -99	1      2      -99	<div>        </div>	1      2      -99
<div>        </div>	1      2      -99	1      2      -99	<div>        </div>	1      2      -99
<div>        </div>	1      2      -99	1      2      -99	<div>        </div>	1      2      -99
<div>        </div>	1      2      -99	1      2      -99	<div>        </div>	1      2      -99
<div>        </div>	1      2      -99	1      2      -99	<div>        </div>	1      2      -99

Comment [I1]: Deleted some text here/

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MODULE G24 (SUPPORT FOR LEARNING PROCESS/SUPORTING ENVIRONMENT)

		G.24.10.	G.24.12.	G.24.14.	G.24.18.	G.24.20.	G.24.22.
COPY NAME AND PID OF CHILDREN UNDER 5 YEAR OLD  ASK FROM G14.2 – G24.22 EACH ROWS		In the past 3 days, did you or any other household members who are more than 15 years old...					
NO ART ANAK	NAMA ANAK (G1.1)	...reading books or looking at book contents with [CHILD]?  (WITH PHOTO, ALBUM, BUT NOT MAGAZINES)  Yes..... 1 No..... 2 TT .....-99	...telling stories to [CHILD]? (without book).  MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD  Yes..... 1 No ..... 2 TT .....-99	...sing along with [CHILD]?  MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD  Yes ..... 1 No..... 2 TT ..... -99	...taking [CHILD] out of the house to yard, garden, or land inside the house fence?  (LIKE VISITING NEIGHBOR, SHPING, OR GO TO CLINIC) MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD  Yes ..... 1 No..... 2 TT ..... -99	...playing along with [CHILD]?  MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD  Yes..... 1 No ..... 2 TT ..... -99	...spending some times with [CHID] and mentioning objects, counting numbers, and/or drawing things?  MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD  Yes ..... 1 No..... 2 TT ..... -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99

MODULE G21 (BREASTFEEDING)

For children < 2 Tahun Respondent: primary caregiver of children under 2 years of age

B21.1x. Are there any children under 2 years in this household? 2. No → module 25 1. Yes → G21.1

G21.1	G21.4	G21.5		G21.6	G21.7	G21.9	G21.10	G21.11	G21.12	G21.13
CHILD ID	Was [CHILD] ever breastfed?  Yes.....1  No .....2 → G21.9  DON't KNOW... -99 → G21.9	How long after birth was the first time [CHILD] put to the breast?  IF LESS THAN ONE HOUR, RECORD "00" HOURS  IF MORE THAN 24 HOURS, RECORD NUMBER OF DAYS.  UNITS: Hours.....1 Days.....2		Is [CHILD] still being breastfed?  Yes .....1 → G21.9  No .....2  DON't KNOW -99	For how many months was [CHILD] breastfed?  IF LESS THAN ONE MONTH, RECORD "00" MONTHS  DON'T KNOW..... -99	In the first three days after delivery, did [CHILD]'s mother give [CHILD] the liquid that came from her breasts?  (THIS IS COLOSTRUM BEFORE MILK COMES IN.)  Yes.....1  No.....2  DON'T KNOW..... -99	In the first three days after delivery, was [CHILD] given anything to drink other than liquid from the breast?  Yes .....1  No .....2 → G21.12  DON't KNOW..... -99 → G21.12	In the first three days after delivery, what was [CHILD] given to drink other than breastmilk?  DO NOT READ THE LIST.  RECORD ALL MENTIONED BY CIRCLING NUMBER FOR EACH ONE MENTIONED.  FORMULA MILK.....A MILK (OTHER THAN BREASTFEED) .....B PLAIN WATER .....C SUGAR OR GLUCOSE WATER .....D GRIPE WATER .....E SUGAR-SALT WATER INFUSION ....F FRUIT JUICE.....G TEA/INFUSION .....H HONEY .....I OTHER (SPECIFY) .....V NONE.....Y	At what month (age) did you start giving [CHILD] solid or semi-solid food? (like banana, porridge, bread, etc)  IF THE RESPONSE IS LESS THAN ONE MONTH OF AGE, RECORD "00" MONTHS.  IF NEVER, ENTER "-97".	Did [CHILD] drink anything from a bottle with a nipple yesterday or last night?  Yes .....1  No .....2  DON'T KNOW.... -99
		TOTAL	UNIT		MONTH				MONTH	
<div><div></div><div></div></div>	2 -99→ G21.9 1	<div><div></div><div></div></div>	1 2	1 → G21.9 2 -99	<div><div></div><div></div></div>	1 2 -99	2 -99→ G21.12 1	A B C D E F G H I V Lainnya..... Y	<div><div></div><div></div></div>	1 2 -99
<div><div></div><div></div></div>	2 -99→ G21.9 1	<div><div></div><div></div></div>	1 2	1 → G21.9 2 -99	<div><div></div><div></div></div>	1 2 -99	2 -99→ G21.12 1	A B C D E F G H I V Lainnya..... Y	<div><div></div><div></div></div>	1 2 -99
<div><div></div><div></div></div>	2 -99→ G21.9 1	<div><div></div><div></div></div>	1 2	1 → G21.9 2 -99	<div><div></div><div></div></div>	1 2 -99	2 -99→ G21.12 1	A B C D E F G H I V Lainnya..... Y	<div><div></div><div></div></div>	1 2 -99
<div><div></div><div></div></div>	2 -99→ G21.9 1	<div><div></div><div></div></div>	1 2	1 → G21.9 2 -99	<div><div></div><div></div></div>	1 2 -99	2 -99→ G21.12 1	A B C D E F G H I V Lainnya..... Y	<div><div></div><div></div></div>	1 2 -99

MODULE G22 (INFANT/YOUNG CHILD FEEDING)  
Now we would ask about infant/young child under 2 years feeding

G22.1	G22.2	G22.3	G22.3B	G22.4	G22.5	G22.6
CHILD ID	<p>Did [...] consume any of these followings yesterday ?</p> <p><b>READ OUT EACH ITEM. RECORD ALL “YES” BY CIRCLING THEIR CODES</b></p> <p>Breast milk .....A Plain water .....B Commercially produced infant formula.....C Any fortified, commercially available infant and young child food (e.g. Cerelac)?.....D Any (other) porridge or gruel (home-made, not packaged without pulp such as starch water)?.....E Milk such as tinned, powdered, or fresh animal milk?.....F Fruit juice?.....G Tea or coffee? (liquids with caffeine)....H Any other liquids? (SPECIFY) _____ V1 (SPECIFY) _____ V2 (SPECIFY) _____ V3</p> <p>CIRCLE ALL THAT APPLY</p>	<p>Did [CHILD] eat any solid or semi-solid food yesterday, during the day or during the night yesterday?</p> <p>Yes ..... 1 No ..... 2 → G22.34</p> <p>DON'T KNOW...-99 →G22.34</p>	<p>How many times did [CHILD] eat solid or semi-solid food yesterday?</p> <p>WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED.</p> <p>LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID</p> <p>CIRCLE RESPONSE</p>	<p>Did [CHILD] eat any foods made from grains yesterday ?</p> <p>(GRAINS INCLUDE MILLET, SORGHUM, MAIZE, RICE, WHEAT, OR OTHER LOCAL GRAINS. THEN FOLLOW WITH BREAD, RICE, NOODLES, ETC.</p> <p>Yes .....1 No .....2 DON'T KNOW.....-99</p>	<p>Did [CHILD] eat any food made from carrots, red sweet potatoes, ripe mangoes, papayas, cantaloupe or green leafy vegetables yesterday?</p> <p>(INCLUDE ONLY VITAMIN A-RICH TUBERS, STARCHES, OR VITAMIN A-RICH RED, ORANGE, OR YELLOW VEGETABLES, OR GREEN LEAFY VEGETABLES THESE INCLUDE CASSAVA LEAVES, BEAN LEAVES, SPINACH, TARO LEAVES, OR OTHER DARK GREEN LEAFY VEGETABLES.)</p> <p>Yes ..... 1 No..... 2 DON'T KNOW ..... -99</p>	<p>Did [CHILD] eat any food made from roots or tubers (white potatoes, onions, beets, turnips, etc.) yesterday ?</p> <p>Yes.....1 No .....2 DON'T KNOW ..... -99</p>
	<p>A B C D E F G H</p> <p>V1 _____ V2 _____ V3 _____</p>	<p>2 -99→G22.34 1</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12</p>	<p>1 2 -99</p>	<p>1 2 -99</p>	<p>1 2 -99</p>
	<p>A B C D E F G H</p> <p>V1 _____ V2 _____ V3 _____</p>	<p>2 -99→G22.34 1</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12</p>	<p>1 2 -99</p>	<p>1 2 -99</p>	<p>1 2 -99</p>
	<p>A B C D E F G H</p> <p>V1 _____ V2 _____ V3 _____</p>	<p>2 -99→G22.34 1</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12</p>	<p>1 2 -99</p>	<p>1 2 -99</p>	<p>1 2 -99</p>
	<p>A B C D E F G H</p> <p>V1 _____ V2 _____ V3 _____</p>	<p>2 -99→G22.34 1</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12</p>	<p>1 2 -99</p>	<p>1 2 -99</p>	<p>1 2 -99</p>

## **MODULE G22 (INFANT/YOUNG CHILD FEEDING)**

G22.1	G22.10	G22.11	G22.15	G22.17	G22.21
CHILD ID	Did [CHILD] eat: any other fruits or vegetables yesterday	Did [CHILD] eat: any meat, fish, eggs, poultry, cheese or yogurt yesterday?	Did [CHILD] eat: any foods made from beans, peas, lentils, or nuts? (Including soy products, like soy milk, or tofu) yesterday?	Did [CHILD] eat: any oil, fats, or butter, or foods made with any of these yesterday?	Does [CHILD] typically feed self with utensils or with hands?
	Yes .....1 No .....2 DON't KNOW .....-99	Yes .....1 No .....2 DON't KNOW .....-99	Yes ..... 1 No ..... 2 DON't KNOW ..... -99	Yes .....1 No .....2 DON't KNOW ..... -99	Yes ..... 1 No ..... 2 DON't KNOW ..... -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99



MODULE G22 (INFANT/YOUNG CHILD FEEDING)					
G14.1 SEE MODUL G1 (G1.1, G1.5 AND G1.5X) COPY NAME AND IDRT OF CHILD UNDER 2 YEARS OLD		G22.34	G22.35	G22.36	G22.37
		In the last seven days, did [CHILD] take iron pills, sprinkles with iron, or iron syrup?	Has [CHILD] taken any drug for intestinal worms in the past 6 months?	Has [CHILD] ever received a vitamin A dose(tablet, syrup or injection)?	Did [CHILD] receive a vitamin A dose within the last 6 months?
CHILD ART G14.1	CHILLD'S NAME (G1.1)	Yes..... 1	Yes..... 1	Yes ..... 1	Yes ..... 1
		No..... 2	No ..... 2	NO .....2 ➔ MODUL 25	No .....2
		DK .... -99	DK..... -99	DK.....-99 ➔ MODUL 25	DK.....-99
		1    2    -99	1    2    -99	2    -99 ➔ MODUL 25 1	1    2    -99
		1    2    -99	1    2    -99	2    -99 ➔ MODUL 25 1	1    2    -99
		1    2    -99	1    2    -99	2    -99 ➔ MODUL 25 1	1    2    -99
		1    2    -99	1    2    -99	2    -99 ➔ MODUL 25 1	1    2    -99

FOR CHILDREN AGED 2 YEARS OLD OR CHILD PANEL  
Insert and Ask MODULE 25 (Ages and Stages of Questionnaires)

For each of the children  
After it finished, attach MODULE 25 here

Number of MODULE 25:

SCREENING MODULE 25

MODUL 25 KE  OF  CHILD NAME : \_\_\_\_\_ NO.ART:

G25.1B	G25.2	G25.3	G25.4				G25.5	G25.6			
Does [CHILD] have any sight,hearing,motoric problem?  Yes..... 1 → G25.6 No ..... 2 Don't Know -99	Was [CHILD] born earlier than it should be (premature)?  Yes..... 1 No ..... 2→ G.25.4 Don't know.. -99→ G.25.4	How many weeks earlier was [CHILD] born Don't know..... -99	COUNT HOW OLD IS THE CHILD EXACTLY				HOW OLD IS THE CHILD BASED ON THE CLOSEST MONTH?	CHOOSE AND COMPLETE THIS QUESTIONNAIRE BASED ON CHILDREN'S AGE LEVEL  FINISHED.....1 UNFINISHED, CHILD IS HANDICAPPED.....2 CHILD WAS BORN MORE THAN 3 WEEKS EARLIER.....3 NOT INCLUDING IN CHILD'S AGE LEVEL.....4 UNABLE TO RECOED (EXPLAIN).....-99 IF RESPONSE 2, 3, 4 or -99 → NEXT CHILD			
		EARLIER		Year	Month	Date	Month and Day				
1 →G25. 6 2 -99	2 -99 →G25. 4 1	<div><div><div></div><div></div><div></div></div><div>Unit: 1. Weeks 2. Days</div></div> IF MORE THAN 3 WEEKS, DO NOT QUESTION MODUL 25 → G.25.6	Interview				<div><div></div><div></div></div> <div>Month Day</div>	2 3 4 -99 → NEXT CHILD  1			
			Date of birth								
			Difference								
CIRCLE QUESTIONNAIRE TYPE	AGE		COMMUNICATION				MOTORIC ABILITY		SOCIAL ABILITY		
A.	4 – 6 MONTHS (3 MONTHS 16 DAYS – 6 MONTHS 15 DAYS)		25.7.1 THROUGH 25.7.13				25.8.1 THROUGH 25.8.14		25.9.1 THROUGH 25.9.11		
B.	7 – 9 MONTHS(6 MONTHS 16 DAYS – 9 MONTHS 15 DAYS)		25.7.6 THROUGH 25.7.16				25.8.7 THROUGH 25.8.17		25.9.6 THROUGH 25.9.16		
C.	10 – 11 MONTHS (9 MONTHS 16 DAYS – 11 MONTHS 15 DAYS)		25.7.12 THROUGH 25.7.19				25.8.13 THROUGH 25.8.18		25.9.12 THROUGH 25.9.20		
D.	12 – 13MONTHS (11 MONTHS 16 DAYS – 13 MONTHS 15 DAYS)		25.7.14 THROUGH 25.7.22				25.8.15 THROUGH 25.8.21		25.9.14 THROUGH 25.9.22		
E.	14 – 15 MONTHS (13 MONTHS 16 DAYS – 15 MONTHS 15 DAYS)		25.7.17 THROUGH 25.7.24				25.8.18 THROUGH 25.8.26		25.9.17 THROUGH 25.9.24		
F.	16 – 17 MONTHS (15 MONTHS 16 DAYS – 17 MONTHS 15 DAYS)		25.7.20 THROUGH 25.7.26.1				25.8.21 THROUGH 25.8.28		25.9.19 THROUGH 25.9.26		
G.	18 – 19 MONTHS (17 MONTHS 16 DAYS – 19 MONTHS 15 DAYS)		25.7.23 THROUGH 25.7.28				25.8.24 THROUGH 25.8.30		25.9.23 THROUGH 25.9.27		
H.	20 - 21 MONTHS (19 MONTHS 16 DAYS – 21 MONTHS 15 DAYS)		25.7.25 THROUGH 25.7.31				25.8.26 THROUGH 25.8.31		25.9.25 THROUGH 25.9.32		
I.	22 – 24 MONTHS (21 MONTHS 16 DAYS – 24 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.33.1				25.8.28 THROUGH 25.8.34		25.9.27 THROUGH 25.9.32		
J.	25 – 30 MONTHS (24 MONTHS 16 DAYS – 30 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.36				25.8.28 THROUGH 25.8.36		25.9.27 THROUGH 25.9.38		
K.	31 – 36 MONTHS (30 MONTHS 16 DAYS – 36 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.39				25.8.28 THROUGH 25.8.39		25.9.27 THROUGH 25.9.39		
L.	37 – 42 MONTHS (36 MONTHS 16 DAYS – 42 MONTHS 15 DAYS)		25.7.32 THROUGH 25.7.42				25.8.31 THROUGH 25.8.41		25.9.32 THROUGH 25.9.41		
M.	43 – 48 MONTHS (42 MONTHS 16 DAYS – 48 MONTHS 15 DAYS)		25.7.34 THROUGH 25.7.44				25.8.34 THROUGH 25.8.43		25.9.34 THROUGH 25.9.46		
N.	49 – 60 MONTHS (48 MONTHS 16 DAYS – 59 MONTHS 29 DAYS)		25.7.37 THROUGH 25.7.47				25.8.36 THROUGH 25.8.44		25.9.37 THROUGH 25.9.47		

SCREENING MODULE 25

MODUL 25 KE  OF  CHILD NAME : \_\_\_\_\_ NO.ART:

G25.1B	G25.2	G25.3	G25.4				G25.5	G25.6					
Does [CHILD] have any sight,hearing,motoric problem?  Yes..... 1 → G25.6 No ..... 2 Don't Know -99	Was [CHILD] born earlier than it should be (premature)?  Yes..... 1 No ..... 2 → G.25.4 Don't know.. -99 → G.25.4	How many weeks earlier was [CHILD] born Don't know..... -99	COUNT HOW OLD IS THE CHILD EXACTLY				HOW OLD IS THE CHILD BASED ON THE CLOSEST MONTH?	CHOOSE AND COMPLETE THIS QUESTIONNAIRE BASED ON CHILDREN'S AGE LEVEL  FINISHED.....1 UNFINISHED, CHILD IS HANDICAPPED.....2 CHILD WAS BORN MORE THAN 3 WEEKS EARLIER.....3 NOT INCLUDING IN CHILD'S AGE LEVEL.....4 UNABLE TO RECOED (EXPLAIN).....-99 IF RESPONSE 2, 3, 4 or -99 → NEXT CHILD					
		EARLIER		Year	Month	Date	Month and Day						
1 → G25. 6 2 -99	2 -99 → G25. 4 1	<div><div><div></div><div></div><div></div></div><div>Unit: 1. Weeks 2. Days</div></div> <div>IF MORE THAN 3 WEEKS, DO NOT QUESTION MODUL 25 → G.25.6</div>	Interview					Month	Day	2	3	4	-99 → NEXT CHILD
			Date of birth							1			
			Difference										
CIRCLE QUESTIONNAIRE TYPE	AGE		COMMUNICATION				MOTORIC ABILITY		SOCIAL ABILITY				
A.	4 – 6 MONTHS (3 MONTHS 16 DAYS – 6 MONTHS 15 DAYS)		25.7.1 THROUGH 25.7.13				25.8.1 THROUGH 25.8.14		25.9.1 THROUGH 25.9.11				
B.	7 – 9 MONTHS(6 MONTHS 16 DAYS – 9 MONTHS 15 DAYS)		25.7.6 THROUGH 25.7.16				25.8.7 THROUGH 25.8.17		25.9.6 THROUGH 25.9.16				
C.	10 – 11 MONTHS (9 MONTHS 16 DAYS – 11 MONTHS 15 DAYS)		25.7.12 THROUGH 25.7.19				25.8.13 THROUGH 25.8.18		25.9.12 THROUGH 25.9.20				
D.	12 – 13MONTHS (11 MONTHS 16 DAYS – 13 MONTHS 15 DAYS)		25.7.14 THROUGH 25.7.22				25.8.15 THROUGH 25.8.21		25.9.14 THROUGH 25.9.22				
E.	14 – 15 MONTHS (13 MONTHS 16 DAYS – 15 MONTHS 15 DAYS)		25.7.17 THROUGH 25.7.24				25.8.18 THROUGH 25.8.26		25.9.17 THROUGH 25.9.24				
F.	16 – 17 MONTHS (15 MONTHS 16 DAYS – 17 MONTHS 15 DAYS)		25.7.20 THROUGH 25.7.26.1				25.8.21 THROUGH 25.8.28		25.9.19 THROUGH 25.9.26				
G.	18 – 19 MONTHS (17 MONTHS 16 DAYS – 19 MONTHS 15 DAYS)		25.7.23 THROUGH 25.7.28				25.8.24 THROUGH 25.8.30		25.9.23 THROUGH 25.9.27				
H.	20 - 21 MONTHS (19 MONTHS 16 DAYS – 21 MONTHS 15 DAYS)		25.7.25 THROUGH 25.7.31				25.8.26 THROUGH 25.8.31		25.9.25 THROUGH 25.9.32				
I.	22 – 24 MONTHS (21 MONTHS 16 DAYS – 24 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.33.1				25.8.28 THROUGH 25.8.34		25.9.27 THROUGH 25.9.32				
J.	25 – 30 MONTHS (24 MONTHS 16 DAYS – 30 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.36				25.8.28 THROUGH 25.8.36		25.9.27 THROUGH 25.9.38				
K.	31 – 36 MONTHS (30 MONTHS 16 DAYS – 36 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.39				25.8.28 THROUGH 25.8.39		25.9.27 THROUGH 25.9.39				
L.	37 – 42 MONTHS (36 MONTHS 16 DAYS – 42 MONTHS 15 DAYS)		25.7.32 THROUGH 25.7.42				25.8.31 THROUGH 25.8.41		25.9.32 THROUGH 25.9.41				
M.	43 – 48 MONTHS (42 MONTHS 16 DAYS – 48 MONTHS 15 DAYS)		25.7.34 THROUGH 25.7.44				25.8.34 THROUGH 25.8.43		25.9.34 THROUGH 25.9.46				
N.	49 – 60 MONTHS (48 MONTHS 16 DAYS – 59 MONTHS 29 DAYS)		25.7.37 THROUGH 25.7.47				25.8.36 THROUGH 25.8.44		25.9.37 THROUGH 25.9.47				

MODULE G33 (ANTHROPOMETRY AND ANEMIA)

FOR CHILDREN UNDER 2 YEARS OR CHILD OF PANEL WHO HAS BEEN MEASURED IN BASELINE

G33.1	G33.2	G33.3	G33.4	G33.5	G33.6	G33.7
ID CODE	What was [NAME]'s weight at birth?  IF KNOWN, RECORD WEIGHT, AND SKIP TO ➔ G33.4  DON'T KNOW.....-99	Was [NAME] born with low weight?  Yes ..... 1  No, close to normal weight ..... 2	Is your child measured for weight and/or height at least 6 times per year at a clinic, at home, or somewhere else?  Yes, at clinic.....A  Yes, at home.....B  Yes, elsewhere...C  Yes, community Health center/sub ..... P  Yes, midwife / village midwife ..... Q  Yes, integrated Service Post ..... R  No.....W	WEIGH EACH CHILD.  IF CHILD CANNOT OR WILL NOT STAND ON SCALE, WEIGH IN MOTHER'S ARMS.  (TO NEAREST 0.1 KG)	WAS THE CHILD WEIGHED ALONE, OR IN MOTHER'S ARMS?  ALONE ..... 1 ➔ G.33.9  IN MOTHER'S ARMS ..... 2	IF WEIGHED IN MOTHER'S ARMS, RECORD THE WEIGHT OF THE MOTHER  (TO NEAREST 0.1 KG))
	Kg			Kg		Kg
		1 2	A B C P Q R W		1➔ G.33.9 2	
		1 2	A B C P Q R W		1➔ G.33.9 2	
		1 2	A B C P Q R W		1➔ G.33.9 2	
		1 2	A B C P Q R W		1➔ G.33.9 2	

MODULE G33 (ANTHROPOMETRY AND ANEMIA)

CONSENT STATEMENT FOR ANEMIA TEST FOR CHILDREN  
As part of this survey, we are asking members of household to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We request that all children 6 – 24 months child ever measured in 2008 participate in the anemia testing as 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?

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?

G33.1		G33.9	G33.10	G33.11	G33.12	G33.13	G33.15	G33.14
FROM MODULE 1, COPY NAME(S) AND NUMBER(S) OF HOUSEHOLD MEMBER OF ALL CHILDREN UNDER 2 YEARS OLD OR PANEL RESPONDENT  (SEE G1.1 AND G1.5)		MEASURE THE HEIGHT OR LENGTH OF EACH CHILDREN	MEASURE THE ARM CIRCUMFERENCE OF EACH CHILDREN	MEASURE THE HEAD CIRCUMFERENCE OF EACH CHILDREN	RESULT OF ANTHROPOMETRY MEASUREMENT  STANDING.....1  LYING DOWN.....2  REFUSED.....-98  NOT PRESENT ..... -95	FOR CHILDREN 6 – 23 MONTHS, 29 DAYS OF AGE: OR CHILDREN ABOVE >24 MONTHS OLD WHO HAS BEEN MEASURED IN BASELINE  READ CONSENT STATEMENT ABOVE FOR THE CHILD.  CIRCLE CODE AND SIGN YOUR NAME.  AGREE ..... 1 REFUSE ..... 2 CHILDREN < 6 MTH .....-97	RESULT OF HEMOGLOBIN MEASUREMENT  MEASURED.....1  REFUSED....-98↓  NOT PRESENT. ....-95↓	RECORD HEMOGLOBIN LEVEL HERE.  (TO NEAREST 0.1)
		TO THE NEAREST 0,1 CM				STANDING FOR CHILDREN ABOVE TO YEARS OLD PANEL RESPONDENT		
No	NAME OF CHILD	Cm	Cm	Cm				g / dl
		.	.	.	1 2 -98 -95	1 _____ 2 _____ ↓ -97 ↓	1 -98↓ -95↓	.
		.	.	.	1 2 -98 -95	1 _____ 2 _____ ↓ -97 ↓	1 -98↓ -95↓	.
		.	.	.	1 2 -98 -95	1 _____ 2 _____ ↓ -97 ↓	1 -98↓ -95↓	.
		.	.	.	1 2 -98 -95	1 _____ 2 _____ ↓ -97 ↓	1 -98↓ -95↓	.

MODULE 25B. Self-Reported Handwashing Behavior


EACH primary caregiver of children under 5 years old or panel child  
THIS SECTION MUST BE ADMINISTERED INDIVIDUALLY WITH EACH CAREGIVER. IF MORE THAN ONE PERSON IS PRESENT, PLEASE ASK ALL BUT ONE TO STEP OUT AND ALLOW THE CAREGIVER BEING INTERVIEWED PRIVACY IN ANSWERING THESE QUESTIONS. INTERVIEW EACH CAREGIVER IN TURN.

Comment [12]: New module. We dropped this for the baseline but now it is required for all countries.

INTERVIEWER NOTE: THERE ARE CHILDREN UNDER AGE 2 YEARS OR CHILD PANEL: 1. YES 2. NO → MODULE G16.0

COPY THE ID CODES AND NAMES OF ALL THE PRIMARY CAREGIVERS, ASK EACH CAREGIVER SEPARATELY (COPY FROM G17.2 IF ONE PERSON BECOME PRIMARY CAREGIVER FOR MORE THAN ONE CHILD, ENTER RESPONSE FROM PRIMARY CAREGIVER IN ONE COLUMN)		CAREGIVER NAME _____ PID	CAREGIVER NAME _____ PID	CAREGIVER NAME _____ PID
G.25B.2. IS THIS PERSON PRESENT, ALONE WITH THE INTERVIEWER, AND ANSWERING FOR SELF?	Yes ..... No .....	1 2 → next caregiver / next MODULE	1 2 → next caregiver / next MODULE	1 2 → next caregiver / next MODULE
G.25B.3. Have you used soap to wash your hands at least once since this time yesterday?	Yes..... Never..... DON'T KNOW... ..	1 2 →G.16.0 3 →G.16.0	1 2 →G.16.0 3 →G.16.0	1 2 →G.16.0 3 →G.16.0
G.25B.4. Under what circumstances did you <b>last</b> use soap to wash your hands?  SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.  IF "for washing my hands" OR "for washing my children's hands" IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC.  CIRCLE <b>ONLY ONE</b> ANSWER	BATHING A CHILD ..... BATHING ONESELF ..... USING TOILET ..... CLEANING BABY'S BOTTOM..... CLEANING LATRINE..... CLEANING TOILET ..... RETURNING HOME FROM OUTSIDE ..... PREPARING FOOD / COOKING ..... FEEDING CHILDREN ..... WASHING CHILD'S HANDS..... CLEANING DISHES ..... DOING LAUNDRY ..... BECAUSE THEY LOOK OR FEEL DIRTY ..... OTHER (SPECIFY _____) ..... DON'T KNOW .....	.....1 ..... .....2 ..... .....3 ..... .....4 ..... .....5 ..... .....6 ..... .....7 ..... .....8 ..... .....9 ..... .....10 ..... .....11 ..... .....12 ..... .....13 ..... .....-96 ..... .....-97→G.16.0.....	.....1 ..... .....2 ..... .....3 ..... .....4 ..... .....5 ..... .....6 ..... .....7 ..... .....8 ..... .....9 ..... .....10 ..... .....11 ..... .....12 ..... .....13 ..... .....-96 ..... .....-97→G.16.0.....	.....1 ..... .....2 ..... .....3 ..... .....4 ..... .....5 ..... .....6 ..... .....7 ..... .....8 ..... .....9 ..... .....10 ..... .....11 ..... .....12 ..... .....13 ..... .....-96 ..... .....-97→G.16.0.....
G.25B.5. Under what <b>other</b> circumstances did you use soap to wash your hands to wash soap since this time yesterday?  SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.  IF "for washing my hands" OR "for washing my children's hands" IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC.  CIRCLE <b>ALL THAT APPLY</b> .	BATHING A CHILD ..... BATHING ONESELF ..... USING TOILET ..... CLEANING BABY'S BOTTOM..... CLEANING LATRINE..... CLEANING TOILET ..... RETURNING HOME FROM OUTSIDE ..... PREPARING FOOD / COOKING ..... FEEDING CHILDREN ..... WASHING CHILD'S HANDS..... CLEANING DISHES ..... DOING LAUNDRY ..... BECAUSE THEY LOOK OR FEEL DIRTY ..... OTHER (SPECIFY _____) ..... DON'T KNOW ..... DON'T WASH HANDS WITH SOAP .....	.....1 ..... .....2 ..... .....3 ..... .....4 ..... .....5 ..... .....6 ..... .....7 ..... .....8 ..... .....9 ..... .....10 ..... .....11 ..... .....12 ..... .....13 ..... .....-96 ..... .....-99..... .....-97.....	.....1 ..... .....2 ..... .....3 ..... .....4 ..... .....5 ..... .....6 ..... .....7 ..... .....8 ..... .....9 ..... .....10 ..... .....11 ..... .....12 ..... .....13 ..... .....-96 ..... .....-99..... .....-97.....	.....1 ..... .....2 ..... .....3 ..... .....4 ..... .....5 ..... .....6 ..... .....7 ..... .....8 ..... .....9 ..... .....10 ..... .....11 ..... .....12 ..... .....13 ..... .....-96 ..... .....-99..... .....-97.....

Respondent : primary caregiver of children under 5 years of age or child panel

COPY THE ID CODES AND NAMES OF ALL THE PRIMARY CAREGIVERS, ASK EACH CAREGIVER SEPARATELY			CAREGIVER NAME _____ PID _____	CAREGIVER NAME _____ PID _____	CAREGIVER NAME _____ PID _____
(COPY FROM G17.2 IF ONE PERSON BECOME PRIMARY CAREGIVER FOR MORE THAN ONE CHILD, ENTER RESPONSE FROM PRIMARY CAREGIVER IN ONE COLUMN)					
G16.0	Is this person present?	Yes..... No .....	1 2 → next caregiver / next MODULE	1 2 → next caregiver / next MODULE	1 2 → next caregiver / next MODULE
G16.1	In your opinion, what are the symptoms/signs of diarrhea?  SPONTANEOUS RESPONSE.  DO NOT READ OUT THE ANSWERS.  AFTER RESPONDENT NAME SOME ANSWERS, ASK AGAIN FOR OTHER ANSWERS  CIRCLE ALL THAT APPLY..	LOOSE OR WATERY STOOL ..... BLOOD OR MUCUS IN STOOL..... FREQUENT STOOLS..... ABDOMINAL PAIN..... SOFT PART OF HEAD SUNKEN..... FEVER..... VOMITING ..... NAUSEA ..... WEAKNESS (LOSS OF WEIGHT, NOT EATING OR DRINKING WELL) DEHYDRATION (MARKED THIRST, DRIED LIPS, NO TEARS)..... LOSS OF SENSE (DIZZINESS, MENTAL STUPOR) ..... HEADACHE ..... CHILD IS TIRED / MOODY / CRIES A LOT ..... OTHER (SPECIFY) ..... DON'T KNOW .....	..... A ..... ..... B ..... ..... C ..... ..... D ..... ..... E ..... ..... F ..... ..... G ..... ..... H ..... ..... I ..... ..... J ..... ..... K ..... ..... L ..... ..... M ..... ..... V ..... ..... Y .....	..... A ..... ..... B ..... ..... C ..... ..... D ..... ..... E ..... ..... F ..... ..... G ..... ..... H ..... ..... I ..... ..... J ..... ..... K ..... ..... L ..... ..... M ..... ..... V ..... ..... Y .....	..... A ..... ..... B ..... ..... C ..... ..... D ..... ..... E ..... ..... F ..... ..... G ..... ..... H ..... ..... I ..... ..... J ..... ..... K ..... ..... L ..... ..... M ..... ..... V ..... ..... Y .....
G16.2	Does [.....] cause diarrhea?   READ EACH ANSWER ALOUD.	Eating stale foods..... Eating food from street vendors..... Eating food touched by flies..... Unclean / smelly food ..... Drinking dirty water..... Using dirty latrines ..... If other people defecating in river ..... If other people defecating in river or other open space (yard/rice field/beach/etc) ..... Not washing hands with water ..... Not washing hands with soap and water..... Bad weather / weather change ..... Exposure to sun ..... Teething / new teeth..... Some types of vaccines..... Dirty household ..... Unclean neighborhood / village .....	... Yes... No... DK..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99.....	... Yes... No... DK..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99.....	... Yes... No... DK..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99..... .....1.....2....-99.....
G16.3	Do you think that diarrhea can be prevented	Yes..... No .....	.....1..... .....2.....	.....1..... .....2.....	.....1..... .....2.....



MODULE G.18. Program Exposure (1/1)

EACH primary caregiver of children **under 5** (up to, but not after, the child’s fifth birthday). (The primary caregiver is the person the child spends the most time with. This is often the mother.)

NUMBER OF CAREGIVER :

(REPEAT FOR EACH PRIMARY CAREGIVER OF CHILDREN < 5 YEARS OLD)

CAREGIVER

G.18.0 PRIMAY CAREGIVER NAME:

No ART:

G.18.1 In the past 2 years do you remember seeing, hearing or reading anything about invitation/encouragement to stop open defecation and to use/build own toilet/latrine		
(READ ALL AND CIRCLE AL THAT APPLY)		
A. TV ads	1. Yes	2. No
B. Radio ads	1. Yes	2. No
C. Poster / Printed media / Wall calender/ Pocket calender/ Leaflet of Products/ Merchandise/Banner	1. Yes	2. No
D. Presentation Video	1. Yes	2. No
E. Shop name plate (Taxable)	1. Yes	2. No
F. Village announcement board	1. Yes	2. No
G. Health Officer (Midwife, officer from PUSKESMAS, Doctor, Triggering officers, Sanitarian)	1. Yes	2. No
H. Triggering officer	1. Yes	2. No
I. Sanitarian	1. Yes	2. No
J. Village midwife	1. Yes	2. No
K. Cadre POSYANDU/Cadre PKK	1. Yes	2. No
L. Village/sub-district staff	1. Yes	2. No
V. Other <input type="text"/>	1. Yes	2. No

G18.X INTERVIEWER NOTES.

IF ALL ANSWERS IN G18.1 ARE CIRCLED 2?

1. YES➡ B.18.17a

2. NO

MODULE G.18. Program Exposure

Now we are going to ask you about what you saw or heard.				
	B18.1b	B18.1c	B18.1d	B18.1e
CODE FROM G18.1  (CIRCLE APPROPRIATE CODE)	Was it about a particular program called Total Sanitation and Sanitation Marketing (TSSM) or Community-based Sanitation (STBM)?	How frequently do you remember seeing or hearing [...]?	When did you last see or hear [...]?	Where did you see or hear this?  AT HOME .....1 AT MARKET ..... 2 AT SCHOOL..... 3 AT HEALTH CENTER / HEALTH POST .....4 IN PUBLIC MEETING PLACE .....5 AT THE VILLAGE OFFICE .....6 OTHER (SPECIFY _____) .....-96 DON'T KNOW ..... -99
A B C D E F G H I J K L V _____	Yes ..... 1 No .....2↓ Don't Know .....-99↓	Only once .....1 Several times.....2 Often .....3 Too often .....4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes ..... 1 No .....2↓ Don't Know .....-99↓	Only once .....1 Several times.....2 Often .....3 Too often .....4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes ..... 1 No .....2↓ Don't Know .....-99↓	Only once .....1 Several times.....2 Often .....3 Too often .....4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes ..... 1 No .....2↓ Don't Know .....-99↓	Only once .....1 Several times.....2 Often .....3 Too often .....4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes ..... 1 No .....2↓ Don't Know .....-99↓	Only once .....1 Several times.....2 Often .....3 Too often .....4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes ..... 1 No .....2↓ Don't Know .....-99↓	Only once .....1 Several times.....2 Often .....3 Too often .....4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes ..... 1 No .....2↓ Don't Know .....-99↓	Only once .....1 Several times.....2 Often .....3 Too often .....4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99

MODULE G.18. Program Exposure

<b>B.18.17a</b> In the past 2 years, has there been a community event (event such as triggering/motivation) where [SANITATION] was mentioned in this village?	YES ..... 1 NO .....2➔B.18.50X DON'T KNOW .....-99➔B.18.50X
<b>G.18.17</b> Did you participate in this community event (event such as triggering/motivation) where [SANITATION] was mentioned?	YES ..... 1 NO .....2➔B.18.50X DON'T KNO.....-99 ➔B.18.50X
<b>B.18.17b</b> Was that triggering activity motivated the implementation of STMB/SToPs program?	YES ..... 1 NO ..... 2 DON'T KNOW .....-99
<b>G.18.18</b> Where did the event(s) take place?  (DO NOT READ – CIRCLE ALL THAT APPLY)	IN THIS RT ..... 1 IN THIS DUSUN ..... 2 IN THIS VILLAGE ..... 3 AT THE CAMAT ..... 4 IN THE KABUPATEN OFFICES ..... 5 OTHER (SPECIFY.....). .....-96 DON'T KNOW .....-99
<b>B.18.20a</b> How many people participated the triggering?	<div><div></div><div></div><div></div><div></div></div> People
<b>B.18.20b</b> How charismatic/persuasive were the people/person who conducted the triggering?	VERY CHARISMATIC ..... 1 SOMEWHAT CHARISMATIC .....2 AVERAGE .....3 NOT CHARISMATIC AT ALL .....4 DON'T KNOW .....-99
<b>B.18.24b</b> How many times did the team/person who did the triggering return to the dusun?	<div><div></div><div></div><div></div><div></div></div>
<b>B.18.24c</b> Was there a reward offered if your community became Open defecation free (ODF)?	Yes ..... 1 No.....2
<b>B.18.24e</b> Did the program involve a competition?	Yes ..... 1 No.....2

<b>B.18.24f</b> If so, was it	Between villages ..... 1 Between districts ..... 2 A school completion ..... 3 Other, sepcify..... -96
<b>B.18.25</b> Do you defecate in the same place as before the triggering program was implemented?	The same ..... 1 Using facility /other place existed..... 2 Using improved facility ..... 3 Using the new facility..... 4
<b>B.18.25a</b> Is there any sanction for those who defecate in open place	Fine money, Rp..... 1 Social sanction (other than money)..... 2 No sanction ..... 3
<b>B.18.50X</b> Is there any other child's caregiver?	Yes ..... 1➔G.18.0 No ..... 2 ➔G.32.1

MODULE G32. CHECK LIST OF INTERVIEWER  
Interviewer response only

<b>G32.1</b>	HAS EVERY PAGE BEEN MARKED? <b>PLEASE CHECK.</b>	YES ..... 1 NO ..... 3
<b>G32.5</b>	HAVE YOU GIVEN THE HOUSEHOLD THEIR COMPENSATION GIFT	YES ..... 1 NO ..... 3
<b>G32.6</b>	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<div></div> <div>[SIGNATURE]</div>

Supervisor response only.

<b>G32.7</b>	HAS EVERY PAGE BEEN MARKED? <b>PLEASE CHECK.</b>	YES ..... 1 NO ..... 3
<b>G32.12</b>	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<div></div> <div>[SIGNATURE]</div>

INTERVIEWER NOTES:

<div>CP1. WHO ARE PRESENT (OTHERS) EXCEPT RESPONDENT AND INTERVIEWER DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE A. NONE B. CHILDREN AGED 5 YEARS OLD OR LESS C. CHILDREN AGED MORE THAN 5 D. ADULT PEOPLE, HOUSEHOLD MEMBER E. ADULT, NON HOUSEHOLD MEMBER</div>	<div>CP2. WHAT IS YOUR ASSESMENT TOWARD RESPONDENT'S ANSWER ACCURACY? 1. VERY GOOD 2. GOOD 3. FAIR 4. NOT GOOD 5. VERY BAD</div>	<div>CP3. WHAT IS YOUR ASSESMENT TOWARD RESPONDENT'S ATTENTION SINCERITY? 1. VERY GOOD 2. GOOD 3. FAIR 4. NOT GOOD 5. VERY BAD</div>
<div>CP4. WHICH QUESTION IS DIFFICULT, EMBARRASSING OR CONFUSING FOR RESPONDENT? _____ _____ _____</div>	<div>CP5. WHICH QUESTION IS DIFFICULT, EMBARRASSING OR CONFUSING FOR RESPONDENT? _____ _____ _____</div>	<div>CP6. WHICH QUESTION IS INTERESTING FOR RESPONDENT? _____ _____ _____</div>
<div>NOTES : a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____</div>		

## MODULE 19. CHILD HEALTH CALENDAR

**EACH** primary caregiver of children **under 5** (up to, but not after, the child's fifth birthday). (The primary caregiver is the person the child spends the most time with. This is often the mother.)  
NEED TO PRINT MULTIPLE COPIES TO HAVE IN EACH QUESTIONNAIRE, OR HAVE EXTRAS FOR INTERVIEWER TO USE.

**Comment [I3]:** This module is quite different to what it was in the baseline.

REFERRING TO THE MASTER G.14.0 ROSTER, COMPLETE THIS MODULE FOR EACH CHILD UNDER THEIR CARE. FILL IN THE CAREGIVER'S ID CODE AND NAME FOR THE FIRST CHILD UNDER THIS PERSON'S CARE FROM CH5C AND CH5D.

**Comment [I4]:** Does this make sense for us?

(REPEAT FOR EACH CHILD < 5 YEARS OLD)

**G.19.0A CARETAKER ID CODE:** [ ] NAME \_\_\_\_\_

**G.19.0 CHILD ID CODE:** [ ] NAME \_\_\_\_\_

Now I would like to ask about the health of [CHILD] in the last 14 days (in the past two weeks).

	G.19.1	G.19.2	G.19.3	G.19.4	G.19.5	G.19.6	G.19.7	B19.8 x	G.19.8	G.19.9	G.19.10	G.19.11	G.19.12	G.19.13	G.19.14
	Fever?	Constant Cough?	Congestion?	Parfing/ wheezing/ difficulty breathing?	Stomach pain or cramps?	Nausea?	Vomit?	Diarrhea?	3 or more bowel movements in one day and one night?	Watery or soft stool?	Mucus or Blood in the stool?	Refuse to feed / eat?	Abrasion, scrapes or bruising?	Skin itching on the body or scalp?	Do you think that [Symptoms] are / were serious?
DK : -99 YES : 1 NO : 2															
In the last 14 days, did he/she have:	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2
In the last 7 days (since this day last week), did he/she have:	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2
Which days did he/she have [SYMPTOM] ?	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
days ago															7
6															6
5															5
4															4
3															3
2															2
Yester. 1															1
Today 0															0