

UNDER-FIVE CHILD INFORMATION PANEL UF

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.

UF1. Cluster number (as per survey) _____	UF2. Household number (as per survey) _____
UF3. Child's name: Name _____	UF4. Child's line number: _____
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____
UF7. Enumerator's name and number: Name _____ Code _____	UF8. Day / Month / Year of interview: <div style="text-align: center;"> ___ ___ / ___ ___ / <u>2</u> <u>0</u> <u>1</u> <u>1</u> D D M M Y Y Y Y </div>

UF9. Result of interview for children under 5: Codes refer to mother/caretaker.	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (<i>specify</i>) _____ 96
UF10: Field Editor's name and number Name _____ code _____	UF11: Data Entry Operator's name and number Name _____ Code _____

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>WHAT IS DATE OF BIRTH OF (NAME)?</p> <p><i>(Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.)</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 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⇒BF1
	Yes, not seen..... 2	2⇒BF1
	No 3	
	DK..... 8	
BR2. HAS (<i>name</i>)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1	1⇒BF1
	No 2	
	DK..... 8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1	
	No 2	
	DK..... 8	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes.....1 No2 DK.....8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No2 DK.....8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY AND 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 No2 DK.....8	
BF4. DID (<i>name</i>) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY AND NIGHT?	Yes.....1 No2 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 AND NIGHT?	Yes.....1 No2 DK.....8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK DURING DAY & NIGHT?	Number of times__ __	
BF8. DID (<i>name</i>) <u>DRINK JUICE</u> , YESTERDAY, DURING THE DAY AND NIGHT?	Yes.....1 No2 DK.....8	
BF10. DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY AND NIGHT?	Yes.....1 No2 DK.....8	
BF11. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY AND NIGHT?	Yes.....1 No2 DK.....8	
BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY AND NIGHT?	Yes.....1 No2	

	DK.....8	
BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY AND NIGHT?	Yes.....1 No2 DK.....8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY AND NIGHT?	Number of times__ __	
BF15. DID (<i>name</i>) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY AND NIGHT?	Yes.....1 No2 DK.....8	
BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID FOOD</u> YESTERDAY, DURING THE DAY AND NIGHT?	Yes.....1 No2 DK.....8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID FOOD YESTERDAY, DURING THE DAY AND NIGHT?	Number of times__ __	
BF18. YESTERDAY, DURING THE DAY AND NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE</u> <u>WITH A NIPPLE?</u>	Yes.....1 No2 DK.....8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes.....1 No2 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 less2 About the same3 More.....4 Nothing to drink5 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 less2 About the same3 More.....4 Stopped food5 Never gave food6 DK.....8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A PACKET CALLED ORS Packet? [B] A PRE-PACKAGED ORS FLUID? [C] HOME MADE FLUID (BOILED WATER, SUGAR AND SALT)	Y N DK Fluid from ORS packet1 2 8 Pre-packaged ORS fluid.....1 2 8 Homemade fluid (Boiled Water , Sugar and Salt)1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes.....1 No2 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>(MORE THAN ONE ANSWERS ARE POSSIBLE)</p>	<p>Pill or Syrup Antibiotic A Antimotility B Zinc C Other (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H</p> <p>Injection Antibiotic L Non-antibiotic M Unknown injection N</p> <p>Intravenous Injection 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 No 2 DK 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL OR HAVE DIFFICULTY IN BREATHING?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA14 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 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) _____ 6 DK 8</p>	<p>2⇒CA14 6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>(Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine public or private sector, write the name of the place.</p> <p>_____) (Name of place)</p> <p>(MORE THAN ONE ANSWERS ARE POSSIBLE)</p>	<p>Public Govt. hospital A RHC/BHU B Other public (<i>specify</i>) _____ H</p> <p>Private Private hospital I Private physician J Private pharmacy K Other (<i>specify</i>) _____ O</p> <p>Other source Relative / Friend P Medical Store Q 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 No2 DK.....8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? (MORE THAN ONE ANSWERS ARE POSSIBLE)	Antibiotic Pill / Syrup..... A Injection B Anti-malarialsM Paracetamol / Panadol / Acetaminophen ... P Aspirin.....Q Ibuprofen..... R Other (<i>specify</i>) _____ X DK..... Z	

CA14. <i>Check AG2: Child aged under 3?</i> <input type="checkbox"/> <i>Yes</i> ⇒ <i>Continue with CA15</i> <input type="checkbox"/> <i>No</i> ⇒ <i>Go toUF13</i>		
CA15. THE LAST TIME (NAME) 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	

IMMUNIZATION

IM

For children less than 3 years of age

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 are for registering vaccinations that are not recorded on the card. IM6-IM16 will only be asked when a card is not available or the vaccines are not recorded in the card.

<p>IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?</p>	<p>Yes, seen 1 Yes, not seen 2 No card 3</p>	<p>1⇒IM3 2⇒IM6</p>										
<p>IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?</p>	<p>Yes 1 No 2</p>	<p>1⇒IM6 2⇒IM6</p>										
<p>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.</p>												
<p>Date of Immunization</p>												
		Day	Month	Year								
A.	BCG											
B.	POLIO AT BIRTH											
C.	POLIO 1											
D.	POLIO 2											
E.	POLIO 3											
F.	DPT+HEPB+HIB											
G.	DPT+HEPB+HIB											
H.	DPT+HEPB+HIB											
I.	MEASLES (OR MMR)											
J.	MEASLES (OR MMR)											
<p>IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?</p> <p><input type="checkbox"/> Yes ⇒ Go to IM18</p> <p><input type="checkbox"/> No ⇒ Continue with IM5</p>												

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN NATIONAL CAMPAIGNS OR IMMUNIZATION DAYS? Record ‘Yes’ only if respondent mentions vaccines shown in the table above.</p>	<p>Yes..... 1 (Probe for vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. Then skip to IM18)</p> <p>No 2</p> <p>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 NATIONAL CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>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</p> <p>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</p> <p>DK..... 8</p>	<p>2⇒IM11a 8⇒IM11a</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks 1</p> <p>Later 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM11a. HAS (<i>name</i>) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, INJECTED ON THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING WHOOPING COUGH OR DIPHTHERIA, PERTUSIS, TETANUS, HEPATITIS & INFLUENZA?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM11b. HOW MANY TIMES WAS A PENTAVALENT 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</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? <i>Show common types of ampoules / capsules</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: [A] 2-4 May, 2011 National Immunization Day (NID) against Polio [B] 25-30 April, 2011 Mother Child Week</p>	<p>Y N DK</p> <p>NID..... 1 2 8</p> <p>Mother Child Week 1 2 8</p>	

UF13. Record the time.

Hour and minutes : ..

UF14. Is the respondent the mother or caretaker of another child age under 5 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 is other woman who is mother / care taker of a child under 5, at home..

If yes start in interview: And then start anthropometry measurements of all children under 5 in the household

ANTHROPOMETRY

AN

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.

AN1. Measurer's name and number:	Name _____ Number ____ _	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present 2 Child or caretaker 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: If Child is under 2 years ⇒ Measure length (lying down). And if Child age is 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 Observe and record	Checked Oedema present 1 Oedema not present 2 Unsure 3 Not checked (specify reason) _____ 7	

AN6. *Is there another child in the household who is eligible for measurement?*

Yes ⇒ Record measurements for next child.

No ⇒ End the interview with this household by thanking all participants for their cooperation.

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.

