MICS

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL	UF
This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.	

UF1. Cluster number: ___ ___ ___ UF1A. ED number: ___ ___ ___ ___	UF2. Household number: ___ ___ ___
UF3. Child's Name: _____	UF4. Child's Line Number: ___ ___
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: ___ ___
UF7. Interviewer name and number: _____ ___ ___	UF8. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed... 1 Not at home.. 2 Refused.. 3 Partly completed .... 4 Incapacitated... 5 Other (specify) _____ 6

Repeat greeting if not already read to this respondent:

WE ARE FROM THE **Central Statistical Office**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **30** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (*name*). IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day .... ___ ___ DK day...98 Month .... ___ ___ Year..___ ___ ___ ___	
UF11. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years............................ ___	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen..1 Yes, not seen..2 No ....3 DK...8	1⇨BR5
BR2. HAS (*name's*) BIRTH BEEN REGISTERED WITH THE VITAL STATISTICS UNIT (REGISTRY), MAGISTRATES COURT OR VILLAGE REGISTRAR?	Yes..1 No ....2 DK..8	1⇨BR5 8⇨BR4
BR3. WHY IS (*name's*) BIRTH NOT REGISTERED?	Costs too much..1 Must travel too far.......................................2 Did not know it should be registered ....3 Did not want to pay fine ....4 Does not know where to register ....5 Other (*specify*)_____6 DK..8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes..1 No 2	
BR5. *Check age of child in UF11: Child is 3 or 4 years old?* ☐ *Yes.* ⇨ *Continue with BR6* ☐ *No.* ⇨ *Go to BR8*		
BR6. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes..1 No ....2 DK..8	2⇨BR8 8⇨BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND?	No. of hours ....__ __	

BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*):

If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD – THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?
Circle all that apply.

		Mother	Father	Other	No one	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (*name*)?	Books	A	B	X	Y	
BR8B. TELL STORIES TO (*name*)?	Stories	A	B	X	Y	
BR8C. SING SONGS WITH (*name*)?	Songs	A	B	X	Y	
BR8D. TAKE (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y	
BR8E. PLAY WITH (*name*)?	Play with	A	B	X	Y	
BR8F. SPEND TIME WITH (*name*) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y	

CHILD DEVELOPMENT	CE
Question CE1 is to be administered only once to each caretaker	

CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS If 'none' enter 00	Number of non-children's books............ 0 __ Ten or more non-children's books 10	
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)? If 'none' enter 00	Number of children's books .... 0 __ Ten or more books 10	
CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. WHAT DOES (*name*) PLAY WITH? DOES HE/SHE PLAY WITH CE3A. HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS? CE3B. OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES? CE3C. HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME? CE3D. TOYS THAT CAME FROM A STORE? If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response Code Y if child does not play with any of the items mentioned.	Household objects (bowls, plates, cups, pots) .... A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) .... B Homemade toys (dolls, cars and other toys made at home) C Toys that came from a store .... D No playthings mentioned .... Y	
CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (*day of the week*) HOW MANY TIMES WAS (*name*) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)? If 'none' enter 00	Number of times .... __ __	
CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (*name*) LEFT ALONE? If 'none' enter 00	Number of times .... __ __	

VITAMIN A MODULE		VA
VA1. HAS (*name*) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	Yes .... 1 No.. 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (*name*) TAKE THE LAST DOSE?	Months ago .... __ __ DK 98	
VA3. WHERE DID (*name*) GET THIS LAST DOSE?	On routine visit to health facility .... 1 Sick child visit to health facility .... 2 Other (*specify*) _____ 6 DK 8	

BREASTFEEDING MODULE		BF
BF1. HAS (*name*) EVER BEEN BREASTFED?	Yes... 1	
	No 2	2⇨BF3
	DK... 8	8⇨BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes... 1	
	No 2	
	DK... 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION? BF3D. ORAL REHYDRATION SOLUTION (ORS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	Y N DK A. Vitamin supplements.................... 1 2 8 B. Plain water.................................... 1 2 8 C. Sweetened water or juice............. 1 2 8 D. ORS .... 1 2 8 E. Infant formula .... 1 2 8 F. Milk .... 1 2 8 G. Other liquids................................. 1 2 8 H. Solid or semi-solid food............... 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? ☐ Yes. ⇨ Continue with BF5 ☐ *No or DK.* ⇨ *Go to Next Module*		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (*name*) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? If 7 or more times, record '7'.	No. of times... ___ Don't know 8	

CARE OF ILLNESS MODULE		CA
CA1. HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.	Yes .... 1 No... 2 DK 8	 2⇨CA5 8⇨CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. CA2A. A FLUID MADE FROM ORAL REHYDRATION SALT? CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID? CA2C. PEDIALYTE?	Yes No DK A. Fluid from ORS packet ....1 2 8 B. Recommended homemade fluid...1 2 8 C. Pedialyte.......................................1 2 8 X. Other _____ 1 2 8	
CA3. DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none... 1 About the same (or somewhat less) .... 2 More .... 3 DK 8	
CA4. DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less", probe: MUCH LESS OR A LITTLE LESS?	None... 1 Much less .... 2 Somewhat less... 3 About the same .... 4 More .... 5 DK 8	
CA5. HAS (*name*) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST?	Yes .... 1 No... 2 DK 8	 2⇨CA12 8⇨CA12
CA6. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes .... 1 No... 2 DK 8	 2⇨CA12 8⇨CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest .... 1 Blocked nose.. 2 Both .... 3 Other (*specify*) _____ 6 DK 8	 2⇨CA12 6⇨CA12

CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes... 1 No .... 2 DK.. 8	2⇨CA10 8⇨CA10

CA9. FROM WHERE DID YOU SEEK CARE?
 	
ANYWHERE ELSE?
 	
Circle all providers mentioned,
but do NOT prompt with any suggestions.
 	
If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.
 	
_____
(Name of place)
	Public sector
	   Govt. hospital..A
	   Govt. health centre ....B
	   Govt. health post.....................................C
	   Village health worker ....D
	   Mobile/outreach clinic ....E
	   Other public (*specify*) _____H
	
	Private medical sector
	   Private hospital/clinic I
	   Private physician......................................J
	   Private pharmacy ....K
	   Mobile clinic L
	   Other private
	      medical (*specify*) _____O
	
	Other source
	   Relative or friend....................................P
	   Shop ....Q
	   Traditional practitioner ....R
	
	Other (*specify*) _____X	

CA10. WAS (*name*) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes... 1 No .... 2 DK.. 8	2⇨CA12 8⇨CA12
CA11. WHAT MEDICINE WAS (*name*) GIVEN? Circle all medicines given.	Antibiotic .... A Paracetamol/Panadol/Acetaminophen .... P Aspirin..Q Ibupropfen..R Other (*specify*) _____ X DK... Z	
CA12. Check UF11: Child aged under 3? ☐ Yes. ⇨ Continue with CA13 *☐No. ⇨ Go to CA14*		
CA13. 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 (*specify*) _____ 96 DK... 98	

Ask the following question (CA14) only once for each mother/caretaker. CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.	Child not able to drink or breastfeed...........A Child becomes sicker...................................B Child develops a fever................................ C Child has fast breathing .... D Child has difficult breathing.........................E Child has blood in stool...............................F Child is drinking poorly............................... G Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

IMMUNIZATION MODULE		IM
If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.		

IM1. IS THERE A VACCINATION CARD FOR (*name*)?	Yes, seen...1 Yes, not seen..2 No 3	2⇨IM10 3⇨IM10

(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization			

		DAY	MONTH	YEAR	
IM2. BCG	BCG				
IM3A. POLIO AT 2 MONTHS	OPV1				
IM3B. POLIO 1 AT 4 MONTHS	OPV2				
IM3C. POLIO 2 AT 6 MONTHS	OPV3				
IM3D. POLIO 3 AT 4YEARS	OPV4				
IM4D. DPT\HEPB\HIB AT 2 MONTHS	DPT\HEPB\HIB				
IM4E. DPT\HEPB\HIB AT 4 MONTHS	DPT\HEPB\HIB				
IM4F. DPT\HEPB\HIB AT 6 MONTHS	DPT\HEPB\HIB				
IM6A. MMR AT 1 YEAR	MEASLES				
IM6B. MMR BOOSTER AT 2 YEAR	MEASLES				
IM8A. VITAMIN A (1) AT 2 MONTHS	VITA1				
IM8B. VITAMIN A (2) AT 4 – 6 MONTHS	VITA2				

IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED AT SCHOOL? Record 'Yes' only if respondent mentions BCG, OPV1-4, DPT/HepB/Hib, MMR and Vitamin A supplements.	Yes ....1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No ....2 DK...8	1⇨IM20 2⇨IM20 8⇨IM20
IM10. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED AT SCHOOL?	Yes ....1 No ....2 DK...8	 2⇨IM20 8⇨IM20

IM11. HAS (*name*) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes .... 1 No.. 2 DK 8	
IM12. HAS (*name*) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes .... 1 No.. 2 DK 8	2⇨IM15 8⇨IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – AT TWO MONTHS OR LATER?	At two months .... 1 Later 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times... __ __ DK 98	
IM15. HAS (*name*) EVER BEEN GIVEN "DPT/HEPB/HIB VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH AND TETANUS, HEPATITIS B, AND INFLUENZA TYPE B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes .... 1 No.. 2 DK 8	2⇨IM17 8⇨IM17
IM16. HOW MANY TIMES?	No. of times... __ __ DK 98	
IM17. HAS (*name*) EVER BEEN GIVEN A "MMR INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 1 YEAR OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, MUMPS AND RUBELLA?	Yes .... 1 No.. 2 DK 8	

IM20. *Does another eligible child reside in the household for whom this respondent is mother/caretaker?*
Check household listing, column HL8.

☐ *Yes.* ⇨ *End the current questionnaire and then*
Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.

☐ *No.* ⇨ *End the interview with this respondent by thanking him/her for his/her cooperation.*

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

ANTHROPOMETRY MODULE		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. Child's weight.	Kilograms (kg).............................. __ __ . __	

AN2. Child's length or height.
 	
Check age of child in UF11:
 	
☐ Child under 2 years old. ⇨ Measure length (lying down).
 	
☐ Child age 2 or more years. ⇨ Measure height (standing up).
	Length (cm)
	   Lying down........................ 1 __ __ __ . __
	
	Height (cm)
	   Standing up....................... 2 __ __ __ . __	

AN3. Measurer's identification code.	Measurer code.................................... __ __	
AN4. Result of measurement.	Measured.. 1 Not present .... 2 Refused .... 3 Other (*specify*) _____ 6	

AN5. 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.