

SUDAN HOUSEHOLD HEALTH SECOND SURVEY 2010

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<i>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL9) who care for a child that lives with them and that is under the age of 5 years (see household listing, column HL9). 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.</i>		
<div style="text-align: center;">State</div> <div style="display: flex; justify-content: space-between;"> UF0. CODES OF : <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div>		
UF1.: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> Cluster Number	UF2 HOUSEHOLD NUMBER: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
UF3. Child's Name _____ :	F4.Child's Line Number <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
UF5. Mother's/Caretaker's Name _____	UF6.Mother's/Caretaker's Line Number (from HL1) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
UF7. Interviewer Name and Number: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	UF8. Day/Month/Year of interview <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	

Repeat greeting if not already read to this respondent:

We are from the Sudan Household Health Survey 2nd round which is concerned with family health and socioeconomic indicators. 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.

May I start now?

☐ YES, PERMISSION IS GIVEN ⇒ GO TO UF12 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.

☐ No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5 Codes refer to mother/caretaker. <i>Circle the appropriate code</i> <u>First visit</u> Completed.....1 Not at home.....2 Refused3 Partly completed.....4 Incapacitated5 Other(SPECIFY).....6	UF9a. Result of interview for children under 5 Codes refer to mother/caretaker. <i>Circle the appropriate code</i> <u>Second visit</u> Completed.....1 Not at home.....2 Refused3 Partly completed.....4 Incapacitated5 Other(SPECIFY).....6	UF9b. Result of interview for children under 5 Codes refer to mother/caretaker. <i>Circle the appropriate code</i> <u>Third visit</u> Completed.....1 Not at home.....2 Refused3 Partly completed.....4 Incapacitated5 Other(SPECIFY).....6
UF10. Field edited by (Name and number): Name _____		UF11. Data entry clerk (Name and number): Name _____

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 EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, AND WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT <i>(name)</i>. IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER DATE OF BIRTH?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day. Month and Year should be recorded</i></p>	<p>Date of birth:</p> <p>Day <input type="text"/> <input type="text"/></p> <p>DK day 98</p> <p>Month <input type="text"/> <input type="text"/></p> <p>.....</p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>.....</p>
<p>AG2. HOW OLD IS <i>(name)</i> NOW?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years and months.</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 <input type="text"/> <input type="text"/></p> <p>Age in completed months <input type="text"/> <input type="text"/></p>

BIRTH REGISTRATION MODULE	BR
<p>BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?</p>	<p>Yes, seen 1 1 ⇒ EC</p> <p>Yes, not seen 2 2 ⇒ EC</p> <p>No 3</p> <p>DK 8</p>
<p>BR2. HAS <i>(name)</i>'S BIRTH BEEN REGISTERED?</p>	<p>Yes 1 1 ⇒ EC</p> <p>No 2</p> <p>DK 8</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?</p>	<p>Yes 1</p> <p>No 2 2 ⇒ EC</p>

BR4. WHY DOES (<i>name</i>) NOT HAVE A BIRTH CERTIFICATE?	Costs too much	1	
	Must travel too far.....	2	
	Did not know child should have birth certificate ...	3	
	Did not want to pay fine.....	4	
	Does not know where to get birth certificate	5	
	Other(<i>specify</i>)	6	
	DK.....	8	

EARLY CHILDHOOD DEVELOPMENT		EC
EC4. Check AG2: Age of child		
<input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5		
<input type="checkbox"/> CHILD AGE 0, 1 OR 2 ⇒ GO TO NEXT MODULE		
EC5. DOES (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 ⇒ Next Module 8 ⇒ Next Module
EC6. WITHIN THE LAST WEEK OF THE LAST SCHOOL YEAR (2009-2010), ABOUT HOW MANY DAYS DID (name) ATTEND?	Number of days.....__ __	

CARE FOR 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? <i>Diarrhoea is determined as perceived by mother or caretaker, or as more than usual/loose or watery stools per day, or blood in stool.</i>	Yes 1 No 2 DK..... 8	2 ⇒ CA7 8 ⇒ CA7
CA1A. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2 ⇒ CA2 8 ⇒ CA2
CA1B. FROM WHERE DID YOU SEEK CARE (ADVICE OR TREATMENT)? <i>Probe: ANYWHERE ELSE?</i> <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify the type of source and circle the appropriate code.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector: Govt. hospital A Govt. health centre B Govt. health Unit..... C Village health worker D Mobile/outreach clinic..... E Other public sector(specify)..... F Private medical sector: Private hospital/clinic..... G Private physician H Private pharmacy I Mobile clinic (private)..... J Other private sector(specify) K Other source: Religious healer..... L Traditional healer..... M Relative or friend N Other (specify)..... X	

<p>CA2. I WOULD LIKE TO KNOW HOW MUCH <i>(name)</i> WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</p> <p>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?</p>	<p>less than usual 1</p> <p>About the same 3</p> <p>More than usual..... 4</p> <p>Nothing to drink 5</p> <p>DK..... 8</p>	
<p>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?</p>	<p>less than usual 1</p> <p>About the same 3</p> <p>More than usual..... 4</p> <p>Stopped food 5</p> <p>Exclusively breast fed..... 6</p> <p>DK..... 8</p>	
<p>CA4. DURING THIS LAST EPISODE OF DIARRHEA, WAS <i>(name)</i> GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>CA 4A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS (ORADEX)?</p> <p>CA 4B. RECOMMENDED HOMEMADE FLUID?</p>	<p><u>CA4A. Fluid from ORS packet</u></p> <p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p> <p><u>CA4B. Homemade fluid</u></p> <p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1 ⇒ CA4c</p> <p>2 ⇒ CA5</p> <p>8 ⇒ CA5</p> <p>} ⇒ CA5</p>
<p>CA4C. FROM WHERE DID YOU GET THE FLUID MADE FROM A SPECIAL PACKET CALLED ORS (ORADEX)? <i>Probe: ANYWHERE ELSE?</i></p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify the type of source and circle the appropriate code.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Public sector:</p> <p>Govt. hospital A</p> <p>Govt. health centre B</p> <p>Govt. PHC unit C</p> <p>Community health worker..... D</p> <p>Mobile/outreach clinic..... E</p> <p>Other public sector(<i>specify</i>)..... F</p> <p>Private medical sector:</p> <p>Private hospital/clinic..... G</p> <p>Private physician H</p> <p>Private pharmacy I</p> <p>Mobile clinic (private)..... J</p> <p>Other private sector(<i>specify</i>) K</p> <p>Other source:</p> <p>Relative or friend N</p> <p>Other (<i>specify</i>)..... X</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2 ⇒ CA7</p> <p>8 ⇒ CA7</p>

<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 (specify) X</p>	
<p>CA7. HAS (name) HAD AN ILLNESS WITH A COUGH OR DIFFICULT BREATHING AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA13A</p> <p>8⇒CA13A</p>
<p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>CA10. DID YOU SEEK 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 CARE (ADVICE OR TREATMENT)?</p> <p><i>Probe: ANYWHERE ELSE?</i></p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify the type of source and circle the appropriate code.</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 A</p> <p>Govt. health centre B</p> <p>Govt. health Unit C</p> <p>Village health worker D</p> <p>Mobile/outreach clinic E</p> <p>Other public sector(specify) F</p> <p>Private medical sector:</p> <p>Private hospital/clinic G</p> <p>Private physician H</p> <p>Private pharmacy I</p> <p>Mobile clinic (private) J</p> <p>Other private sector(specify) K</p> <p>Other source:</p> <p>Religious healer L</p> <p>Traditional healer M</p> <p>Relative or friend N</p> <p>Other (specify) X</p>	
<p>CA12. WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA13A</p> <p>8⇒CA13A</p>

<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic Pill / Syrup.....A Injection B Anti-malarials..... M</p> <p>Paracetamol / Panadol / Acetaminophen... P Aspirin Q Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X DK.....Z</p>	
<p><i>Ask the following question (CA13A) only once for each caretaker.</i></p> <p>CA13A. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY URGENTLY?</p> <p><i>Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms.</i></p>	<p>Child not able to drink or breastfeed A Child becomes sicker B Child develops a fever C Child has fast breathing D Child has difficulty breathing E Child has blood in stool F Child is drinking poorly G Convulsions.....H Drowsiness.....I Other (<i>specify</i>).....X</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA15</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine01 Put / Rinsed into toilet or latrine02 Put / Rinsed into drain or ditch03 Thrown into garbage (solid waste)04 Buried05 Left in the open.....06</p> <p>Other (<i>specify</i>) _____96 DK.....98</p>	

MALARIA MODULE		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST, HAS (name) BEEN ILL WITH FEVER OR MALARIA?	Yes 1 No 2 DK..... 8	2 ⇒ BF 1. 8 ⇒ BF1.
ML2. AT ANY TIME DURING THE ILLNESS, DID (name) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes 1 No 2 DK..... 8	
ML4. WAS (NAME) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2 ⇒ ML8 8 ⇒ ML8
ML5. WAS (name) GIVEN OR ANY MEDICINE DESCRIBED FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	2 ⇒ ML8 8 ⇒ ML8
ML6. WHAT MEDICINE WAS (name) GIVEN OR MEDICINE DESCRIBED? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____	Anti-malarials: SP/Fansidar tablet A Chloroquine tablet B Chloroquine injection C Chloroquine syrup D Amodiaquine tablet..... E Amodiaquine injection F Metacalfin tablet G Quinine pills H Quinine injection I Artemisinin-based combinations J Other medications: Paracetamol/Panadol/Acetaminophen/ Action P Aspirin..... Q Ibuprofen R Other(<i>specify</i>) X DK..... Z	
ML6A. WHERE WAS THE MEDICINE OBTAINED?	Public sector: Govt. hospital A Govt. health centre B Govt. health Unit..... C Village health worker D Mobile/outreach clinic..... E Other public sector(<i>specify</i>)..... F Private medical sector: Private hospital/clinic..... G Private physician H Private pharmacy I Mobile clinic (private)..... J Other private sector(<i>specify</i>) K Other source: Religious healer..... L Traditional healer..... M Relative or friend N	

	Other (<i>specify</i>).....X	
ML7. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK 8	1⇒ML9
ML8. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒ BF1 8⇒ BF1
ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (<i>Name</i>)	Anti-malarials: SP/Fansidar tablet.....A Chloroquine tabletB Chloroquine injection..... C Chloroquine syrup D Amodiaquine tablet.....E Amodiaquine injectionF Metacalfin tablet G Quinine pills H Quinine injection I Artemisinin-based combinations J Other medications: Paracetamol/Panadol/AcetaminophenP Aspirin.....Q Ibuprofen R Other(<i>specify</i>)X DKZ	
ML10. Check ML6 & ML9: if Anti-malarial mentioned (code A - J)? <input type="checkbox"/> Yes. ⇒ Continue with ML11 <input type="checkbox"/> No. ⇒ Go to BF		
ML11. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)? <i>If multiple anti-malarials mentioned in ML6 or ML9,</i> <i>Record how long after the fever started the first anti-malarial was given.</i>	Same day0 Next day 1 2 days after the fever2 3 days after the fever3 4 or more days after the fever4 DK 8	

BREASTFEEDING MODULE (CHILDREN UNDER 2 YEARS OF AGE)		BF
Check AGE2: Child aged under 2 years? <input type="checkbox"/> Yes. ⇒ Continue with BF1 <input type="checkbox"/> No. ⇒ Go to NEXT MODULE		
BF1. HAS (name) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF2c 8⇒BF2c
BF1A. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO BREAST <i>if less than one hour record "00" hours</i> <i>if less than 24 hours, record hours</i> <i>otherwise record days</i>	Immediately 000 Hours 1 ____ Days 2 ____ DK, don't remember 998	
BF1B. DID (name) RECEIVE ANY OTHER LIQUIDS OR SOLIDS BESIDES BREASTMILK IN THE FIRST 6 MONTHS? <i>If the child age is less than 6 months, mention the child's age instead of 6 months</i>	Yes 1 No 2 DK 8	
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK 8	1⇒BF2B
BF2A. AT WHAT AGE DID (name) STOP BEING BREASTFED?	Number of months..... <input type="text"/> <input type="text"/>	
BF2B. HAS (name) STARTED TO HAVE FOODS BESIDES BREAST FEEDING?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2C. AT WHAT AGE DID (name) BEGIN TO HAVE ADDITIONAL FOODS?	Number of months..... <input type="text"/> <input type="text"/>	
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) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
	Yes 1	

BF4. DID (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	No 2 DK 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID (<i>name</i>) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF8. DID (<i>name</i>) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF9. DID (<i>name</i>) DRINK SOUP YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF10. DID (<i>name</i>) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF11. DID (<i>name</i>) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF12. DID (<i>name</i>) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF13. DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF15. DID (NAME) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF16. DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK 8	

IMMUNIZATION MODULE		IM						
<p><i>This module to be administered to mothers of children 12-23 months of age</i> <i>If an immunization card is available, copy the dates in IM300 to IM303 for each type of immunization or vitamin A dose recorded on the card. IM6-IM16 will be used to record the vaccination not registered in the card and also will be asked when a card is not available.</i></p>								
IM1. IS THERE A VACCINATION CARD FOR (name)? (If yes) MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No..... 3	2⇒IM6 3⇒IM6						
IM3 (a) Copy dates for each vaccination from the card. (b) If the card shows only part of the date, record “98” in the column for the missing information. (c) Write ‘44’ in day column if card shows that vaccination was given but no date recorded. (d) If a vaccination was not given, leave that line blank	<div style="text-align: center;">Date of Immunization</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">DAY</th> <th style="width: 25%;">MONTH</th> <th style="width: 50%;">YEAR</th> </tr> </thead> <tbody> <tr> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></td> <td><div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> </div></td> </tr> </tbody> </table>	DAY	MONTH	YEAR	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> </div>	
DAY	MONTH	YEAR						
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IM3 00. BCG	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>							
IM301. OPV0	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>							
IM301A. OPV1	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>							
IM301B. OPV2	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>							
IM301C. OPV3	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>							
IM302. DPT HB HIB 1	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>							
IM302A. DPT HB HIB 2	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>							
IM302 B DPT HB HIB 3	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>							
IM303. MEASLES	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>							
IM4. Check IM3. Are all vaccines (BCG to MEASLES) recorded? <input type="checkbox"/> Yes⇒ Go to IM18 <input type="checkbox"/> No ⇒ Continue with IM6								
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES (ROUTINE VACCINATION)?	Yes 1 No 2 DK 8	2⇒IM18 8⇒IM18						

IM7. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM?	Yes 1 No 2 DK 8	2⇒IM 8 8⇒IM 8
IM7A. HAS IT CAUSED A SCAR? IF YES: CAN I SEE IT?	Yes scar seen 1 Yes scar not seen..... 2 No 3	
IM8. HAS (<i>name</i>) 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⇒IM12A 8⇒IM12A
IM9. HOW OLD WAS (<i>name</i>) WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks)..... 1 Later 2 DK 8	
IM10. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS? COUNT ONLY ROUTINE VACCINATION	No. of times..... <input type="text"/> <input type="text"/>	
IM12A. HAS (<i>name</i>) EVER BEEN GIVEN “DPT HB HIB (PENTAVALENT) VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B, MENINGITIS? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes 1 No 2 DK 8	2⇒IM16 8⇒IM16
IM12B. HOW MANY TIMES HAS HE/SHE BEEN GIVEN DPT HB HIB VACCINATION INJECTIONS?	No. of times..... <input type="text"/>	
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?	Yes 1 No 2 DK 8	
IM18. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? <i>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.</i>	Yes 1 No 2 DK 8	2⇒ IM18C 8⇒ IM18C
IM18A. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST CAPSULE?	Less than 6 months ago 1 More than 6 months ago 2 DK 8	
IM18B. WHERE DID YOU GET THE LAST CAPSULE FOR THE (<i>name</i>)?	On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign 3 Other(<i>specify</i>)..... 6 DK 8	
IM18C ASK THE MOTHER WHETHER (<i>name</i>) SUFFERING FROM ANY DIFFICULTIES IN SEEING AT NIGHT	Yes 1 No 2 DK 8	

UF13. Record the time.	Hour and minutes ____ : ____	
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UF14. Is the respondent the mother or caretaker of another child age less than 5 years living in this household? Check the HH listing HL9

- ☐ Yes. ⇒ Indicate to the respondent that you will need to measure the **weight and height of the child later if the child aged between 6 to 59 months.**

And the weight only for children < 6 month

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

ANTHROPOMETRY MODULE		AN								
<p>After questionnaires for all children under 5 are complete, the measurer weighs and measures each child aged 6-59 months, And the weight only for children < 6 month</p> <p>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 household line number (HL1) on the household listing before recording measurements.</p>										
AN1. Measurer's Name and identification code.	Name _____ CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			.						
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)..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> WEIGHT not measured 99.9									
AN4. Child's length or height. Check age of child in AG2. <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down..... L <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> Height (cm) Standing up H <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> Length / Height not measured 9999.9									
AN5. Perform the oedema press test to both feet to determine if the child has oedema and mark the result of the test.	<u>Child has oedema</u> Yes 1 No 2 Not present 3 Refused..... 4									
AN6. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes. ⇒ Record measurements for next child in his/her questionnaire.										

☐ No. \Rightarrow 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.*

INTERVIEWER'S OBSERVATIONS

FIELD EDITOR'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS