

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 DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day _ _</p> <p>DK day..... 98</p> <p>Month..... _ _</p> <p>Year 20 _ _</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) _</p>	

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1	
	Yes, not seen..... 2	2⇒BR2
	No 3	3⇒BR2
	DK 8	8⇒BR2
BR1A. Observe birth certificate. <i>Is the birth certificate issued by local government (Union Council)?</i>	Yes1	1⇒NEXT MODULE
	No.....2	
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH LOCAL GOVERNMENT DEPARTMENT (UNION COUNCIL)?	Yes..... 1	1⇒Next Module
	No 2	
	DK 8	
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH WITH LOCAL GOVERNMENT DEPARTMENT (UNION COUNCIL)?	Yes..... 1	
	No 2	2⇒NEXT MODULE
BR4. WHAT IS THE MAIN REASON (name)'S BIRTH IS NOT REGISTERED WITH LOCAL GOVERNMENT DEPARTMENT (UNION COUNCIL)?	Costs too much..... 01	
	Travel too far..... 02	
	Did not know that it should be registered .. 03	
	No need felt 04	
	Does not know where to register 05	
	Process is complicated.....06	
	Staff at UC office not available.....07	
	Other (<i>specify</i>)..... 96	
DK.....98		

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None00</p> <p>Number of children's books.....0 __</p> <p>Ten or more books 10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
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<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour</p> <p>Number of days left with other child for more than an hour</p>																	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p>																		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (name)'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				

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

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. DID (<i>name</i>) EAT (<i>name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:		
[A] YOGURT?	Yogurt	Yes No DK 1 2 8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt	—
[B] ANY FORTIFIED BABY FOOD, .E.G CERELAC ETC?	Cerelac, or any other	1 2 8
[C] BREAD, RICE, NOODLES, PORRIDGE, KHITCHRI OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1 2 8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES (SHAKARKANDI) THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1 2 8
[E] POTATOES, TURNIP (SHALJAM), OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, etc.	1 2 8
[F] ANY DARK GREEN, LEAFY VEGETABLES SUCH AS SPINACH (PALAK), SAAG, LETTUCE (SALAD KA PATTA)?	Dark green, leafy veg.	1 2 8
[G] RIPE MANGOES OR PAPAYAS?	Ripe mangoes, papayas	1 2 8
[H] ANY OTHER FRUITS LIKE ORANGE, WATER MELON, DATES ETC. OR VEGETABLES LIKE BEET ROOT, EGGPLANT, OKRA AND CABBAGE?	Other fruits or veg.	1 2 8
[I] LIVER, KIDNEY, BRAIN OR OTHER ORGAN MEATS?	Liver, kidney, brain or other organ meats	1 2 8
[J] ANY MEAT, SUCH AS BEEF, LAMB, GOAT, OR CHICKEN?	Meat, such as beef, lamb, goat, etc.	1 2 8
[K] EGGS?	Eggs	1 2 8
[L] FRESH OR DRIED FISH OR PRAWN OR ANY TYPE OF SEAFOOD?	Fresh or dried fish or any seafood	1 2 8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, CHICKPEAS OR NUTS?	Foods made from beans, peas, etc.	1 2 8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1 2 8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (Specify)_____	Other solid, semi-solid, or soft food	1 2 8
BD9. Check BD8 (Categories "A" through "O") <input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11 <input type="checkbox"/> Else ⇒ Continue with BD10		
BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night <input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module <input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11		
BD11. HOW MANY TIMES DID (<i>name</i>) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? <i>If 7 or more times, record '7'.</i>	Number of times..... DK.....8	

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?	Yes 1 No..... 2 DK 8	
IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes 1 No..... 2 DK 8	2⇨IM11 8⇨IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes 1 No..... 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED FOR ROUTINE IMMUNIZATION?	Number of times..... _	
IM11. HAS (<i>name</i>) EVER RECEIVED A PENTA VACCINATION TO PREVENT HIM/HER FROM GETTING 5 DISEASES TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B AND HIB? <i>Probe by indicating that PENTA vaccination is sometimes given at the same time as Polio</i>	Yes 1 No..... 2 DK 8	2⇨IM12A 8⇨IM12A
IM12. HOW MANY TIMES WAS THE PENTA VACCINE RECEIVED?	Number of times..... _	
IM12A. HAS (<i>name</i>) EVER RECEIVED A PNEUMOCOCCAL VACCINATION? <i>Probe by showing the sample.</i>	Yes 1 No..... 2 DK 8	2⇨IM16 8⇨IM16
IM12B. HOW MANY TIMES WAS THE PNEUMOCOCCAL VACCINE RECEIVED?	Number of times..... _	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR)– 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	
IM16A. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 12 MONTHS? <i>Probe by showing the sample.</i>	Yes 1 No..... 2 DK 8	
IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS.		Y N DK
[A] POLIO CAMPAIGN (DECEMBER 2013)	Polio Campaign (December 2013) ...	1 2 8
[B] POLIO CAMPAIGN (JANUARY 2014)	Polio Campaign (January 2014)	1 2 8
[C] POLIO CAMPAIGN (FEBRUARY 2014)	Polio Campaign (February 2014).....	1 2 8
[D] POLIO CAMPAIGN (APRIL 2014)	Polio Campaign (April 2014).....	1 2 8
[E] POLIO CAMPAIGN (May 2014)	Polio Campaign (May 2014)	1 2 8
IM20. Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child. Complete the Information Panel on that Questionnaire and go to Next Module.		

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p>	Yes 1 No 2 DK..... 8	2⇒CA6A 8⇒CA6A
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK).</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><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK..... 8	
<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><i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8	
<p>CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4
<p>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	Public sector Government hospital A Government health centre B Lady health worker D Other public Sector (<i>specify</i>) F Private medical sector Private hospital I Private physician/ clinic J Private practitioner (non physician) Private pharmacy/medical and general store K Other private medical (<i>specify</i>) O Other source Relative / Friend P Traditional practitioner R Other (<i>specify</i>) X	
<p>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK :</p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED NIMKOL, ORASOL,</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA PEDIALYTE</p>	<p style="text-align: right;">Y N DK</p> Fluid from ORS packet 1 2 8 Pre-packaged ORS fluid 1 2 8	

CA4A. Check CA4: ORS		
<input type="checkbox"/> Child was given any ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B <input type="checkbox"/> Child was not given any ORS ⇒ Go to CA4C		
CA4B. WHERE DID YOU GET THE ORS? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> <hr/> <i>(Name of place)</i>	Public sector Government hospital 11 Government health centre..... 12 Lady health worker 14 Other public Sector (<i>specify</i>) 16 Private medical sector Private hospital 21 Private physician/ clinic 22 Private practitioner (non physician) Private pharmacy/medical and general store 23 Other private medical (<i>specify</i>) 26 Other source Relative / Friend 31 Traditional practitioner 33 Already had at home 40 Other (<i>specify</i>) 96	
CA4C. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN: [A] ZINC TABLETS? [B] ZINC SYRUP?	<div style="text-align: right;">Y N DK</div> Zinc tablets 1 2 8 Zinc syrup 1 2 8	
CA4D. Check CA4C: Any zinc?		
<input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E. <input type="checkbox"/> Child was not given any zinc ⇒ Go to CA4F.		
CA4E. WHERE DID YOU GET THE ZINC? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> <hr/> <i>(Name of place)</i>	Public sector Government hospital 11 Government health centre..... 12 Lady health worker 14 Other public Sector (<i>specify</i>) 16 Private medical sector Private hospital 21 Private physician/ clinic 22 Private practitioner (non physician) Private pharmacy/medical and general store 23 Other private medical (<i>specify</i>) 26 Other source Relative / Friend 31 Traditional practitioner 33 Already had at home 40 Other (<i>specify</i>) 96	

CA4F. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN THE SUGAR, WATER AND SALT MIXTURE DRINK?	Yes 1 No 2 DK..... 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No 2 DK..... 8	2⇒CA6A 8⇒CA6A
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> _____ (Name)	Pill or Syrup Antibiotic A Antimotility B Other pill or syrup (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H Injection Antibiotic L Non-antibiotic M Unknown injection N Intravenous..... O Home remedy/Herbal medicine..... Q Other (<i>specify</i>) _____ X	
CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
CA6B. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes 1 No 2 DK..... 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?	Yes 1 No 2 DK..... 8	2⇒CA9A 8⇒CA9A
CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 DK..... 8	2⇒CA10 8⇒CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only 1 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) _____ 6 DK..... 8	1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10
CA9A. Check CA6A: Had fever? <input type="checkbox"/> Child had fever ⇒ Continue with CA10 <input type="checkbox"/> Child did not have fever ⇒ Go to CA14		

<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><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector Government hospital A Government health centre..... B Lady health worker D Other public Sector (<i>specify</i>) _____ F</p> <p>Private medical sector Private hospital I Private physician/ clinic J Private practitioner (non physician) Private pharmacy/medical and general store K Other private medical (<i>specify</i>) _____ O</p> <p>Other source Relative / Friend P Traditional practitioner R</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (name) 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>Anti-malarials: SP / Fansidar A Chloroquine B Amodiaquine..... C Quinine D Combination with Artemisinin E Other anti-malarial (<i>specify</i>) _____ H</p> <p>Antibiotics Pill / Syrup I Injection J</p> <p>Other medications: Paracetamol/ Panadol/ Ponstan..... P Aspirin..... Q Brufen R</p> <p>Other (<i>specify</i>) _____ X DK..... Z</p>	
<p>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</p> <p><input type="checkbox"/> Yes ⇒Continue with CA13B</p> <p><input type="checkbox"/> No ⇒ Go to CA13C</p>		

<p>CA13B. WHERE DID YOU GET THE (name of medicine from CA13)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre..... 12</p> <p>Lady health worker 14</p> <p>Other public Sector (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital21</p> <p>Private physician/ clinic22</p> <p>Private practitioner (non physician)</p> <p>Private pharmacy/medical and general store23</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend31</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>CA13C. Check CA13: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13D</p> <p><input type="checkbox"/> No ⇒ Go to CA14</p>		
<p>CA13D. WHERE DID YOU GET THE (name of medicine from CA13)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre..... 12</p> <p>Lady health worker 14</p> <p>Other public Sector (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital21</p> <p>Private physician/ clinic22</p> <p>Private practitioner (non physician)</p> <p>Private pharmacy/medical and general store23</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend31</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>CA13E. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from CA13)?</p> <p><i>If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.</i></p>	<p>Same day0</p> <p>Next day1</p> <p>2 days after onset of fever.....2</p> <p>3 days after onset of fever.....3</p> <p>4 or more days after onset of fever4</p> <p>DK.....8</p>	

CA14. Check AG2: Age of Child		
<input type="checkbox"/> <i>Child age 0, 1 or 2 ⇒ Continue with CA15</i> <input type="checkbox"/> <i>Child age 3 or 4 ⇒ Go to UF13</i>		
CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OFF THE STOOLS?	Child used toilet/latrine.....01	
	Put / Rinsed into toilet or latrine02	
	Put / Rinsed into drain or ditch03	
	Thrown into garbage (solid waste)04	
	Buried05	
	Left in the open.....06	
	Other (specify) _____ 96	
	DK.....98	

UF13. Record the time.	Hour and minutes.....__ __ : __ __	
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<p>UF14. Check List of Household Members, columns HL7B and HL15. <i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>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</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household.</i></p> <p><i>Check to see if there are other woman's, or under-5 questionnaires to be administered in this household</i></p>
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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 in the list of Household Members before recording measurements.

AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height/length and weight measurement</i>	Either or both measured 1	
	Child not present 2	2 ⇒ AN6
	Child or mother/caretaker refused 3	3 ⇒ AN6
	Other (specify) 6	6 ⇒ AN6
AN3. <i>Child's weight</i>	Kilograms (kg)	
	Weight not measured 99.9	
AN3A. <i>Was the child undressed to the minimum?</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum		
AN3B. <i>Check age of child in AG2:</i>		
<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).		
AN4. <i>Child's length or height</i>	Length / Height (cm)..... .	
	Length/ Height not measured..... 999.9	⇒ AN6
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down 1	
	Standing up 2	

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

- Yes ⇒ Record measurements for next child.
- No ⇒ Check if there are any other individual questionnaires to be completed in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations