

UNDER-FIVE CHILD INFORMATION PANEL		
UF1. Cluster number: _____		UF2. Household number: _____
UF3. Child's name and line number: NAME _____		UF4. Mother's / Caregiver's name and line number: NAME _____
UF5. Interviewer's name and number: NAME _____		UF6. Supervisor's name and number: NAME _____
UF7. Year / Month / Day of interview 2 0 2 / /		UF8. Record the time: HOURS : MINUTES :

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39/HH39A) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.		
UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY. ...1 NO, FIRST INTERVIEW 2	1 ⇨ UF10B 2 ⇨ UF10A
UF10A. Hello, my name is (<i>your name</i>). We are from National Statistics Office. We are conducting a survey about the situation of children, families, and households. I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being. This interview usually takes about 20 minutes. Participation in this survey is voluntary. This survey will help the government and the general public better understand the situation and needs of young children. Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you or your child will be made publicly available. We will only produce information about the general population. Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know. If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact National Statistics Office. May I start the interview?		
UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being in more detail. This interview usually takes about 20 minutes. Again, participation in this survey is voluntary. This survey will help the government and the general public better understand the situation and needs of young children. Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you or your child will be made publicly available. We will only produce information about the general population. Again, should you wish not to answer a question or wish to stop the interview at any point, please let me know. If at any time you have any complaints or concerns about this survey, please use the information on the card I gave you earlier to contact National Statistics Office. May I start the interview?		
YES 1 NO / NOT ASKED 2		1 ⇨ UNDER FIVE'S BACKGROUND Module 2 ⇨ UF17

UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring <i>(name)</i> 's <i>birth certificate, Mother and Child health book (pink book), immunization card</i> ? We will need to refer to those documents.		
UB0A. Check relationship of respondent to child in the LIST OF HOUSEHOLD MEMBERS in the HOUSEHOLD QUESTIONNAIRE.	BIOLOGICAL MOTHER (HL20 = HL14).....1 BIOLOGICAL FATHER (HL20 = HL18).....2 OTHER.....6	1 ⇒ UB1 2 ⇒ UB1
UB0B. What is your relationship to <i>(name)</i> ?	GRANDFATHER / GRANDMOTHER 01 AUNT / UNCLE.....02 BROTHER / SISTER 03 OTHER RELATIVE OF A CHILD 06 STEPMOTHER/FATHER 11 STEPSISTER/BROTHER.....12 OTHER RELATIVE OF STEPPARENT.....16 FORMAL FOSTER/ADOPTED PARENT.....21 FRIEND.....31 OTHER (<i>specify</i>) 96	
UB1. On what day, month and year was <i>(name)</i> born? <i>Probe:</i> What is <i>(his/her)</i> birthday? <i>If the mother/caregiver knows the exact date of birth, also record the day; otherwise, record '98' for day.</i> <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH YEAR <u>2</u> <u>0</u> ____ MONTH..... ____ DAY ____ DK DAY 98	
UB2. How old is <i>(name)</i> ? <i>Probe:</i> How old was <i>(name)</i> at <i>(his/her)</i> last birthday? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) ____	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4 2	1 ⇒ End
UB4. Check the respondent's line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, UF4=HH47 1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2	2 ⇒ UB6A

UB5. Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Did the child attend Early Childhood Education in the current school year?	YES, ED10=0 1 NO, ED10≠0 OR BLANK.....2	1 ⇒ UB8B 2 ⇒ End
UB6A. Check ED10 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE: Did the child attend ECE in the current school year?	YES, ED10=0 1 NO, ED10≠0 OR BLANK.....2	1 ⇒ UB8A 2 ⇒ End
UB8A. I have earlier recorded that (<i>name</i>) has attended an Early Childhood Education programme this school year. Does (<i>he/she</i>) currently attend this programme? UB8B. You have mentioned that (<i>name</i>) has attended an Early Childhood Education programme this school year. Does (<i>he/she</i>) currently attend this programme?	YES.....1 NO 2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for <i>(name)</i> ?	NONE 00 NUMBER OF CHILDREN'S BOOKS <u>0</u> _ TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that <i>(name)</i> plays with when <i>(he/she)</i> is at home. Does <i>(he/she)</i> play with:	Y N DK [A] Homemade toys, such as dolls, cars, or other toys made at home? 1 2 8 [B] Toys from a shop or manufactured toys? 1 2 8 [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? 1 2 8	
EC2D. Since last <i>(day of the week)</i> , did <i>(name)</i> spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media?	YES..... 1 NO 2 DK 8	2 ⇨ EC3 8 ⇨ EC3
EC2D1. Since last <i>(day of the week)</i> , how many hours on average per day does <i>(name)</i> spend in front of a TV, computer, cellphone, or other electronic device watching programs, playing games, accessing the internet, or using social media? <i>Record in hour</i>	NUMBER OF HOUR _ _ DK 98	98 ⇨ EC3
EC2D2. Do you have concerns about the time <i>(name)</i> spends with any kind of display of a smartphone / TV / computer since last <i>(day of the week)</i> ?	YES, SPENDING TOO MUCH TIME A DAY WITH DISPLAY EXPOSURE 1 NO, NOT AT A LEVEL OF CONCERN..... 2 DK 8	
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. On how many days in the past week, that is, since last <i>(day of the week)</i> was <i>(name)</i> :	[A] Left alone for more than an hour? [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour?	NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR..... _ NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR _
<i>If 'None' record '0'. If 'Don't know' record '8'.</i>		

EC4. Check UB2: Child's age?	AGE 0 OR 1..... 1 AGE 2, 3 OR 4..... 2	1 ⇒ End
EC5. Since last (<i>day of interview minus 3</i>), did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>): <i>A foster/stepmother or father living in the household who engaged with the child should be coded as mother or father.</i>		
[A] Reading books or looking at picture books with (<i>name</i>)?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ EC5[B] 8 ⇒ EC5[B]
[A1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?	MOTHER..... A FATHER..... B OTHER X	
[B] Telling stories to (<i>name</i>)?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ EC5[C] 8 ⇒ EC5[C]
[B1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?	MOTHER..... A FATHER..... B OTHER X	
[C] Singing songs to or with (<i>name</i>), including lullabies?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ EC5[D] 8 ⇒ EC5[D]
[C1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?	MOTHER..... A FATHER..... B OTHER X	
[D] Taking (<i>name</i>) outside the home?	YES..... 1 NO..... 2 DO NOT KNOW 8	2 ⇒ EC5[E] 8 ⇒ EC5[E]
[D1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?	MOTHER..... A FATHER..... B OTHER X	
[E] Playing with (<i>name</i>)?	YES..... 1 NO..... 2 DO NOT KNOW 8	2 ⇒ EC5[F] 8 ⇒ EC5[F]
[E1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?	MOTHER..... A FATHER..... B OTHER X	
[F] Naming, counting, or drawing things for or with (<i>name</i>)?	YES..... 1 NO..... 2 DO NOT KNOW 8	2 ⇒ EC5[G] 8 ⇒ EC5[G]
[F1] Who in the household engaged in this activity with (<i>name</i>)? Probe: Anyone else?	MOTHER..... A FATHER..... B OTHER X	

[G] Brushed (name)'s teeth? If 'No' clarify: (Name) brushed his/her teeth on his/her own?	YES..... 1 NO, I (HE/SHE) BRUSHED TEETH ON THEIR OWN..... 2 NO..... 3 DK..... 8	2 ⇒ EC6 3 ⇒ EC6 8 ⇒ EC6
[G1] Who from household brushed (name)'s teeth? Probe: Is there anyone else?	MOTHER..... A FATHER..... B OTHER..... X	
EC6. I would like to ask you about certain things (name) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask about. You can let me know if you have any doubts about what answer to give. Can (name) walk on an uneven surface, for example a bumpy or steep road, without falling?	YES..... 1 NO 2 DK 8	
EC7. Can (name) jump up with both feet leaving the ground?	YES..... 1 NO 2 DK 8	
EC8. Can (name) dress (him/herself), that is, put on clothes on his/her own, in other words, wear trousers and shirt without other's help?	YES..... 1 NO 2 DK 8	
EC9. Can (name) fasten and unfasten buttons without help?	YES..... 1 NO 2 DK 8	
EC10. Can (name) say 10 or more words like "mama" or "ball"?	YES..... 1 NO 2 DK 8	
EC11. Can (name) speak using sentences of 3 or more words that go together, for example "I want water" or "This is my toy"?	YES..... 1 NO 2 DK 8	2 ⇒ EC13 8 ⇒ EC13
EC12. Can (name) speak using sentences of 5 or more words that go together, for example "This is my favorite toy"?	YES..... 1 NO 2 DK 8	
EC13. Can (name) correctly use any of the words "I," "you," "she," or "he," for example "I want water," or 'He had a meal'.	YES..... 1 NO 2 DK 8	
EC14. If you show (name) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it? Probe: By consistently I mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct.	YES..... 1 NO 2 DK 8	

EC15. Can (<i>name</i>) recognise at least 5 letters from the alphabet.	YES..... 1 NO 2 DK 8	
EC16. Can (<i>name</i>) write (<i>his/her</i>) own name?	YES..... 1 NO 2 DK 8	
EC17. Does (<i>name</i>) recognise all numbers from 1 to 5?	YES..... 1 NO 2 DK 8	
EC18. If you ask (<i>name</i>) to give you 3 objects, such as 3 toys or 3 candies, does (<i>he/she</i>) give you the correct amount?	YES..... 1 NO 2 DK 8	
EC19. Can (<i>name</i>) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES..... 1 NO 2 DK 8	
EC20. Can (<i>name</i>) do an activity, such as drawing, colouring, putting shapes together, or arranging them, without repeatedly asking for help or giving up too quickly?	YES..... 1 NO 2 DK 8	
EC21. Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example “Where is Grandma?”?	YES..... 1 NO 2 DK 8	
EC22. Does (<i>name</i>) offer to help someone who seems to need help?	YES..... 1 NO 2 DK 8	
EC23. Does (<i>name</i>) get along well with other children?	YES..... 1 NO 2 DK 8	
EC24. The next two questions have five different options for answers. I am going to read these to you after each question. How often does (<i>name</i>) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5 DK 8	
EC25. Compared with children of the same age, how much does (<i>name</i>) kick, bite, or hit other children or adults? Would you say: not at all, less, the same, more, or a lot more?	NOT AT ALL 1 LESS 2 THE SAME 3 MORE 4 A LOT MORE 5 DK 8	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0 1 AGE 1, 2, 3, 4..... 2	1 ⇒ End
UCD2. Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with (name) <u>in the past month</u> .	YES NO [A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house. TOOK AWAY PRIVILEGES.....1 2 [B] Explained why (name) 's behaviour was wrong. EXPLAINED WRONG BEHAVIOUR 1 2 [C] Shook (him/her) . SHOOK HIM/HER 1 2 [D] Shouted, yelled at, or screamed at (him/her) . SHOUTED, YELLED, SCREAMED 1 2 [E] Gave (him/her) something else to do. GAVE SOMETHING ELSE TO DO 1 2 [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2 [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2 [H] Called (him/her) dumb, lazy or another name like that. CALLED DUMB, LAZY OR ANOTHER NAME 1 2 [I] Hit or slapped (him/her) on the face, head, or ears. HIT / SLAPPED ON FACE, HEAD OR EARS 1 2 [J] Hit or slapped (him/her) on the hand, arm, or leg. HIT / SLAPPED ON HAND, ARM OR LEG 1 2 [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could. BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD..... 1 2	
UCD3. Check UF4: Is this respondent the mother or caregiver of any other children under age 5 or a child age 5-14 selected for the QUESTIONNAIRE FOR CHILDREN AGE 5-17?	YES 1 NO 2	2 ⇒ UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES 1 NO 2	1 ⇒ End
UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES 1 NO 2 DK / NO OPINION 8	

CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇒ End
UCF2. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear glasses?	YES 1 NO 2	
UCF3. Does (<i>name</i>) use a hearing aid?	YES 1 NO 2	
UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES 1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1 1 NO, UCF2=2 2	1 ⇒UCF7A 2 ⇒UCF7B
UCF7A. When wearing (his/her) glasses, does (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1 ⇒UCF9A 2 ⇒UCF9B
UCF9A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like people's voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like people's voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	1 ⇒UCF11 2 ⇒UCF13
UCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	1 ⇒UCF14 2 ⇒UCF14 3 ⇒UCF14 4 ⇒UCF14

UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 4	
UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4	
UCF15. Does (<i>name</i>) have difficulty understanding you?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4	
UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4	
UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN AT ALL 4	
UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT PLAY 4	

IYCF: BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3, OR 4 2	2 ⇒ End
BD2. Has (<i>name</i>) ever been breastfed?	YES 1 NO 2 DK 8	2 ⇒ BD4 8 ⇒ BD4
BD3. Yesterday, during the day or at night, was (<i>name</i>) breastfed?	YES 1 NO 2 DK 8	
BD4. Yesterday, during the day or at night, did (<i>name</i>) drink anything from a bottle with a nipple?	YES 1 NO 2 DK 8	
BD5. Yesterday, during the day or at night, did (<i>name</i>) drink Oral Rehydration Salt solution (ORS)?	YES 1 NO 2 DK 8	
BD6. Yesterday, during the day or at night, did (<i>name</i>) drink or eat vitamin or mineral supplements or any medicines yesterday?	YES 1 NO 2 DK 8	
BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or at night. Please tell me about all drinks, whether (<i>name</i>) had them at home, or somewhere else. Yesterday, during the day or at night, did (<i>name</i>) drink (<i>name of item</i>):		
[A] Plain water?	PLAIN WATER 1 2 8	
[B] Infant formula, such as HaiHai, Nan, Humana, Milasan, Nutrilon?	INFANT FORMULA 1 2 8 BD7[C] BD7[C]	
[B1] How many times did (<i>name</i>) drink formula? If 7 or more times, record '7'.	NUMBER OF TIMES DRANK FORMULA DK 8	
[C] Milk from animals, such as fresh, tinned, or powdered milk?	MILK 1 2 8 BD7[D] BD7[D]	
[C1] How many times did (<i>name</i>) drink milk? If 7 or more times, record '7'.	NUMBER OF TIMES DRANK MILK DK 8	
[C2] (Was the milk/Were any of the milk drinks) a sweet or flavoured type of milk?	SWEET MILK 1 2 8	
[D] Yogurt drinks such as curd drink and actimel?	YOGURT DRINK 1 2 8 BD7[E] BD7[E]	

[D1] How many times did (<i>name</i>) drink yogurt? <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES DRANK YOGURT _ DK..... 8			
[D2] (Was the yogurt/Were any of the yogurt drinks) a sweet or flavoured type of yogurt drink?	SWEET YOGHURT DRINK	1	2	8
[E] Chocolate-flavoured drinks including those made from syrups or powders?	CHOCOLATE DRINKS	1	2	8
[F] Fruit juice or fruit-flavoured drinks including those made from syrups or powders?	FRUIT JUICE, JUICE DRINKS	1	2	8
[G] Sodas, malt drinks, sports drinks, or energy drinks?	SODA, MALT, SPORTS, ENERGY DRINKS	1	2	8
[H] Tea, coffee, or herbal drinks?	TEA, COFFEE, HERBAL DRINKS	1	2 ~~8~~ BD7[I]	8 ~~8~~ BD7[I]
[H1] (Was the drink/Were any of these drinks) sweetened?	SWEET TEA, COFFEE, HERBAL DRINKS	1	2	8
[I] Clear broth or clear soup?	CLEAR BROTH	1	2	8
[X] Any other liquids?	OTHER LIQUID	1	2 ~~8~~ BD8	8 ~~8~~ BD8
[X1] <i>Record all other liquids mentioned. Recode if possible.</i>	(Specify) _____			
[X2] (Was the drink/Were any of these drinks) sweetened?	SWEET OTHER LIQUIDS	1	2	8

BD8. Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or at night. I am interested in all foods (name) ate whether at home or somewhere else. Think about when (name) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes', ask: Please tell me everything (name) ate at that time. Probe: Anything else?</i> <i>Record answers using the food groups below.</i> What did (name) do after that? Did (he/she) eat anything at that time? <i>Repeat and record with these questions, until reaching when the child woke up this morning.</i> <i>For any mixed dish, including those commercially packaged, probe: What were the main ingredients in (mixed dish)? Record main ingredients in appropriate food groups.</i>					
For each food group <u>not</u> mentioned after completing the above ask: Just to make sure, did (name) eat (food group items) yesterday during the day or at night?			Y	N	DK
[A] Yogurt, other than yogurt drinks? <i>Note that liquid/drinking yogurt should be captured in BD7[D].</i>		YOGURT	1	2 ⇄ BD8[B]	8 ⇄ BD8[B]
[A1] How many times did (name) eat yogurt? <i>If 7 or more times, record '7'.</i>		NUMBER OF TIMES ATE YOGURT — DK..... 8			
[B] Bread, rice, porridge, noodles and other produces made of grains.		PRODUCTS MADE OF GRAIN	1	2	8
[C] Pumpkin, carrots, sweet red peppers, squash, or sweet potatoes that are yellow or orange inside?		PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[D] Plantains, white colored starchy tubers such as potato, turnip?		FOODS MADE FROM ROOTS	1	2	8
[E] Dark green, leafy vegetables, such as broccoli, spinach, chive and bok choy?		DARK GREEN, LEAFY VEGETABLES	1	2	8
[F] Any other vegetables such as radish		OTHER VEGETABLES	1	2	8
[G] Vitamin A-rich fruits such as peach, apricot, melon?		VITAMIN A – RICH FRUITS	1	2	8
[H] Any other fruits such as cherry, watermelon or orange?		OTHER FRUIT	1	2	8
[I] Organ meats such as liver, kidney, heart?		ORGAN MEATS	1	2	8
[J] Processed meats such as sausage and smoked pork?		PROCESSED MEATS	1	2	8
[K] Any other meat such as beef, mutton, horse meat, goat meat, camel meat, pork, chicken?		OTHER MEAT	1	2	8
[L] Eggs?		EGGS	1	2	8
[M] Fresh fish, dried fish, or shellfish?		FRESH OR DRIED FISH	1	2	8
[N] Products made of beans, peas, lentils, nuts, seeds?		FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8

[O] Hard or soft cheese such as curds, cottage cheese, and other dairy products?	CHEESE, COTTAGE CHEESE, AND OTHER DAIRY PRODUCTS	1	2	8
[P] Sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles	SWEET FOODS	1	2	8
[Q] Chips, crisps, puffs, French fries, fried dough, instant noodles	SALTY FOODS	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI- SOLID, OR SOFT FOOD	1	2 ∇ BD9	8 ∇ BD9
[X1] Record all other foods mentioned. Recode if possible.	(specify) _____			
BD9. How many times did (name) have solid, semi-solid, liquid food in the past 24 hours? If BD8[A] is 'Yes', clarify whether 'how many times had yogurt' written in Question BD8[A1] is included for the answer of this question. If 7 or more, record '7'	NUMBER OF TIMES DK..... 8			

IMMUNISATION				IM			
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2 1 AGE 3 OR 4 2				2 ⇒ End	
IM2. Do you have a <i>Mother and child's health book (pink book), immunization card</i> or any other document where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY CARD(S) 1 YES, HAS ONLY OTHER DOCUMENT 2 YES, HAS CARD(S) AND OTHER DOCUMENT 3 NO, HAS NO CARD AND NO OTHER DOCUMENT 4				1 ⇒ IM5 3 ⇒ IM5	
IM3. Did you ever have a <i>Mother and child's health book (pink book), immunization card</i> from a private health provider for (<i>name</i>)?		YES 1 NO 2					
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4..... 2				2 ⇒ IM11	
IM5. May I see the card(s) (and/or) other document?		YES, ONLY CARD(S) SEEN 1 YES, ONLY OTHER DOCUMENT SEEN..... 2 YES, CARD(S) AND OTHER DOCUMENT SEEN 3 NO CARD AND NO OTHER DOCUMENT SEEN..... 4				4 ⇒ IM11	
IM5A. Record date of birth from the card and/or other document. Record '98' for any missing or illegible information.		DATE OF BIRTH YEAR 2 0 MONTH DAY					
IM6. (a) Copy dates for each vaccination from the documents. (b) Write '4444' in year column if documents show that vaccination was given but no date recorded.		DATE OF IMMUNISATION					
		YEAR		MONTH		DAY	
Tuberculosis vaccine	BCG						
Hepatitis B vaccine (at birth)	HepB0						
Polio vaccine (at birth)	OPV0						
Polio vaccine 1 st dose	OPV1						
Polio vaccine 2 nd dose	OPV2						
Polio vaccine 3 rd dose	OPV3						
Polio vaccine 4 th dose	OPV3						
Polio (IPV) 1	IPV1						

Pentavalent 1st dose	Penta1									
Pentavalent 2nd dose	Penta2									
Pentavalent 3rd dose	Penta3									
Pneumococcal (Conjugate) 1	PCV1									
Pneumococcal (Conjugate) 2	PCV2									
Pneumococcal (Conjugate) 3	PCV3									
Measles, mumps, rubella vaccine 1 st dose	MMR/MR1									
Measles, mumps, rubella vaccine 2 nd dose	MMR/MR2									
IM7. Check IM6: Are all vaccines (BCG to MMR/MR2) recorded?		YES 1 NO 2								1 ⇒ End
IM8. Did (<i>name</i>) participate in any of the following campaigns? [A] May immunization days [B] October immunization days		Y N DK MAY IMMUNIZATION 1 2 8 OCTOBER IMMUNIZATION 1 2 8								
IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the campaigns, immunisation days or child health days just mentioned?		YES 1 NO 2 DK 8								2 ⇒ End 8 ⇒ End
IM10. Go back to IM6 and probe for these vaccinations. <i>Record '6666' in the corresponding year column for each additional vaccine received. For each vaccination <u>not</u> received record '0000' in year column.</i> <i>When <u>finished</u>, go to next module..</i>										⇒ End
IM11. Did (<i>name</i>) ever receive any vaccinations to prevent (<i>him/her</i>) from getting diseases, including vaccinations received in a campaign or immunisation day?		YES 1 NO 2 DK 8								
IM12. Did (<i>name</i>) participate in any of the following campaigns or immunisation days: [A] May immunization [B] October immunization days		Y N DK MAY IMMUNISATION DAYS.....1 2 8 OCTOBER IMMUNISATION DAYS 1 2 8								
IM13. Check IM11 and IM12[A-B]:		ALL NO OR DK 1 AT LEAST ONE YES 2								1 ⇒ End

IM14. 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	
IM15. At or soon after birth, did (<i>name</i>) receive a Hepatitis B vaccination, that is, an injection on the outside of the thigh to prevent Hepatitis B?	YES 1 NO 2 DK 8	2 ⇒ IM16 8 ⇒ IM16
IM15A. Did (<i>name</i>) receive it within 24 hours of birth?	YES 1 NO 2 DK 8	
IM16. Has (<i>name</i>) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio? <i>Probe by indicating that this vaccine is often called OPV, and that the first dose can be given at birth and/or later at the same time as injections to prevent other diseases.</i>	YES 1 NO 2 DK 8	2 ⇒ IM19 8 ⇒ IM19
IM17. Did (<i>name</i>) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2 DK 8	
IM18. How many times was the oral polio vaccine received?	NUMBER OF TIMES DK 8	
IM19. Has (<i>name</i>) ever received an injected polio vaccine, that is, an injection in the arm to protect against polio? <i>Probe by indicating that this vaccine is often called IPV, and that the injection can be given at the same time as the oral polio vaccine and/or other injections.</i>	YES 1 NO 2 DK 8	2 ⇒ IM20 8 ⇒ IM20
IM19A. How many times was the injected polio vaccine received?	NUMBER OF TIMES DK 8	
IM20. Has (<i>name</i>) ever received a Pentavalent vaccination, that is, an injection in the thigh to prevent (<i>him/her</i>) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? <i>Probe by indicating that the Pentavalent vaccination is sometimes given at the same time as the polio drops.</i>	YES 1 NO 2 DK 8	2 ⇒ IM22 8 ⇒ IM22
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES DK 8	

IM22. Has (<i>name</i>) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia? <i>Probe by indicating that pneumococcal vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES 1 NO 2 DK 8	2 ⇒ IM26 8 ⇒ IM26
IM23. How many times was the pneumococcal vaccine received?	NUMBER OF TIMES..... DK 8	
IM26. Has (<i>name</i>) ever received a MMR/MR vaccine, that is, an injection in the arm to prevent (<i>him/her</i>) from getting measles, mumps, and rubella?	YES 1 NO 2 DK 8	2 ⇒ End 8 ⇒ End
IM26A. How many times was the MMR/MR vaccine received?	NUMBER OF TIMES..... DK 8	
IM28. Issue a FACILITY BASED RECORDS OF VACCINATIONS FORM for this child. Complete the UNDER-FIVE CHILD INFORMATION PANEL on that Form.		

CARE-SEEKING AND TREATMENT OF DIARRHOEA		DA
DA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES.....1	2 ⇒ End
	NO.....2	
	DK.....8	
DA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK.....1	1 ⇒ DA3A
	NO OR DK, BD3=2 OR 8 2	2 ⇒ DA3B
DA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea, including breastmilk. Was (he/she) given less than usual to drink, about the same amount, or more than usual to drink? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5	
	DK.....8	
DA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. Was (he/she) given less than usual to drink, about the same amount, or more than usual to drink? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?		
DA4. 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 LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 7	
	DK.....8	
DA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES.....1	2 ⇒ DA9
	NO.....2	
	DK.....8	

DA6. Where did you seek advice or treatment? <i>Probe: Anywhere else?</i> <i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i> <i>Probe to identify each type of provider.</i> <i>If unable to determine whether public, private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> _____ (Name of place)	PUBLIC MEDICAL SECTOR TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD HOSPITAL) A MOTHER AND CHILD HEALTH CENTER B SECONDARY LEVEL HOSPITAL (AIMAG / DISTRICT HOSPITAL) C SOUH LEVEL HOSPITAL/ FAMILY HEALTH CENTER D AMBULANCE (103)..... F PRIVATE MEDICAL SECTOR HOSPITAL I DOCTOR J PHARMACY K DO NOT KNOW PUBLIC OR PRIVATE W OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R OTHER (specify) _____ X DK / DON'T REMEMBER Z	
DA7. Check DA6: More than one source recorded?	YES, MULTIPLE SOURCES RECORDED 1 NO, ONLY ONE SOURCE RECORDED 2	2 ⇒ DA9
DA8. Where did you <u>first</u> seek advice or treatment? <i>If unable to determine whether public, private in DA6, temporarily record '76' until you learn the appropriate category for the response.</i>	PUBLIC MEDICAL SECTOR TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD HOSPITAL) 11 MOTHER AND CHILD HEALTH CENTER 12 SECONDARY LEVEL HOSPITAL (AIMAG / DISTRICT HOSPITAL) 13 SOUH LEVEL HOSPITAL / FAMILY HEALTH CENTER 14 AMBULANCE (103)..... 16 PRIVATE MEDICAL SECTOR HOSPITAL 22 DOCTOR 23 PHARMACY 24 DO NOT KNOW PUBLIC OR PRIVATE 26 OTHER SOURCE RELATIVE / FRIEND 61 SHOP / MARKET / STREET 62 TRADITIONAL PRACTICIONER 63 OTHER (specify) _____ 96 DK / DON'T REMEMBER 98	

DA9. Was (<i>name</i>) given any of the following at any time since (he/she) started having diarrhoea: [A] A fluid made from a special packet such as Oralit, Oral Rehydration Salt Solution? [B] Pre-packaged rehydration saline solution (liquid)? [C] Zinc tablets or syrup? [D] Government-recommended homemade fluid such as rehydration saline solution, clear broth, rice porridge, yogurt, diluted milk with water or boiled water?	Y N DK FLUID FROM ORS PACKET 1 2 8 REHYDRATION SALINE SOLUTION..... 1 2 8 ZINC SUPPLEMENT..... 1 2 8 GOVERNMENT-RECOMMENDED HOMEMADE FLUID 1 2 8	
DA10. Was anything else given to treat the diarrhoea?	YES 1 NO 2 DK 8	2 ⇒ End 8 ⇒ End
DA11. 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 of brand) _____ (Name of brand)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY (ANTI-DIARRHOEA) B OTHER PILL OR SYRUP G UNKNOWN PILL OR SYRUP H INJECTION ANTIBIOTIC L NON-ANTIBIOTIC M UNKNOWN INJECTION N INTRAVENOUS (IV) O HOME REMEDY / HERBAL MEDICINE Q OTHER (<i>specify</i>) X	

ASSISTANCE AND TREATMENT OF SYMPTOMS OF ACUTE RESPIRATORY INFECTION –ARI		AR
AR1. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	YES 1 NO 2 DK 8	
AR2. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing	YES 1 NO 2 DK 8	2 ⇒ End 8 ⇒ End
AR3. 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	
AR4. Did you seek any advice or treatment for the illness from any source?	YES 1 NO 2 DK 8	2 ⇒ AR9 8 ⇒ AR9
AR5. Where did you seek advice or treatment? <i>Probe: Anywhere else?</i> <i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i> <i>Probe to identify each type of provider.</i> <i>If unable to determine whether public, private or NGO, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> _____ <i>(Name of place)</i>	PUBLIC MEDICAL SECTOR TERTIARY LEVEL HOSPITAL (1 ST , 2 ND , 3 RD HOSPITAL) A MOTHER AND CHILD HEALTH CENTER B SECONDARY LEVEL HOSPITAL (AIMAG / DISTRICT HOSPITAL) C SOUM LEVEL HOSPITAL / FAMILY HEALTH CENTER D AMBULANCE (103) F PRIVATE MEDICAL SECTOR HOSPITAL I DOCTOR J PHARMACY K DO NOT KNOW PUBLIC OR PRIVATE W OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R OTHER (<i>specify</i>) X DK / DON'T REMEMBER Z	
AR6. Check AR5: More than one source recorded?	YES, MULTIPLE SOURCES RECORDED 1 NO, ONLY ONE SOURCE RECORDED 2	2 ⇒ AR8

AR7. Where did you <u>first</u> seek advice or treatment? <i>If unable to determine whether public, private or NGO in AR5, temporarily record '76' until you learn the appropriate category for the response.</i>	PUBLIC MEDICAL SECTOR TERTIARY LEVEL HOSPITAL (1ST, 2ND, 3RD HOSPITALS).....11 MOTHER AND CHILD HEALTH CENTER.....12 SECONDARY LEVEL HOSPITAL (AIMAG / DISTRICT HOSPITAL) 13 SOUH LEVEL HOSPITAL /FAMILY HEALTH CENTER 14 AMBULANCE (103).....16 PRIVATE MEDICAL SECTOR HOSPITAL 22 DOCTOR 23 PHARMACY 24 DO NOT KNOW PUBLIC OR PRIVATE 76 OTHER RELATIVE / FRIEND.....61 SHOP / MARKET /STREET 62 TRADITIONAL PRACTICIONER.....63 OTHER (<i>specify</i>).....96 DK / DON'T REMEMBER 98	
AR8. How many days after the illness began did you first seek advice or treatment for (<i>name</i>)? <i>If immediately or same day, record '00'. Record '01' if next day, otherwise record the number of days. Record '95' if 95 or more days, or more than three months, since advice or treatment was first sought.</i>	SAME DAY 00 NEXT DAY 01 NUMBER OF DAYS..... ____ DK.....98	
AR9. At any time during the illness, did (<i>name</i>) take any medicine for the illness?	YES 1 NO.....2 DK.....8	2⇒End 8⇒End

AR10. What medicine did (<i>name</i>) take? <i>Probe:</i> Any other medicine? <i>Record all medicines given.</i> <i>If unable to determine type of medicine, write the brand name(s) and then temporarily record 'W' until you learn the appropriate category for the response.</i> _____ (Name of brand) _____ (Name of brand)	ANTIBIOTICS FLEMOXIN SOLUTAB / AMOXILINE L COTRIMEHAZOLE M OTHER ANTIBIOTIC PILLS / SYRUP N OTHER ANTIBIOTIC INJECTION/IV O OTHER TYPES OF MEDICINE PARACETAMOL / PANADOL / ACETOMENAPHTHANE..... R ASPIRIN S IBUPROPHEN (NUROFEN) T ANTIVIRAL DRUG (VIFERON, ERGOFERON, ANAFERON) U ANTIFUNGAL DRUG..... V INTESTINAL MICROFLORA (LINEX, PROBOVISION)..... P ALLERGY MEDICINE (KETOTOFEN, CETIRIZINE, CHLORPHENIRAMINE) Q VITAMINS (C, D, MULTIVITAMIN) I ONLY BRAND NAME(S) RECORDED..... W OTHER (<i>specify</i>) X DK / DON'T REMEMBER Z	
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UF11. Record the time.	HOURS AND MINUTES : ..	
UF12. Language of the Questionnaire.	MONGOLIAN 1 KAZAKH 2	
UF13. Language of the Interview.	MONGOLIAN 1 KAZAKH 2 OTHER LANGUAGE (<i>specify</i>) 6	
UF14. Native language of the Respondent.	MONGOLIAN 1 KAZAKH 2 OTHER LANGUAGE (<i>specify</i>) 6	
UF15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	
UF15A. Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Respondent's age is 15-17 years?	AGE 15-17 1 AGE 18 OR MORE 2	1 ⇨ To complete
UF15B. Check the respondent's line number (UF4) in UNDER-FIVE CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, UF4=HH47 1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2	1 ⇨ UF16

UF15C. <i>Has this respondent already been interviewed with any individual questionnaires?</i>	YES, ALREADY INTERVIEWED 1 NO, NOT ALREADY INTERVIEWED 2	1 ⇒UF16
UF15CA. To have deeper and holistic analyses about the situation of children and households, I would like to ask your permission to access (name)’s data from other state institutions. Please know that we will remain strictly confidential and anonymous as per the Law on Personal Information Protection of Mongolia. No information about (name) will be made publicly available. We will only produce information about the general population.	YES, PERMISSION IS GIVEN..... 1 NO, PERMISSION IS NOT GIVEN 2	
UF15D. <i>Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household have a mobile phone?</i>	YES, HC7[A]=1 OR HC12=1 1 NO, HC7[A]=2 AND HC12=2 2	2 ⇒UF15F
UF15E. Thank you for your participation. The National Statistics Office will be conducting a phone survey about the situation of children, families, and households in the future. We may call a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team. Would you like to participate?	YES 1 NO 2	1 ⇒UF15H 2 ⇒UF16
UF15F. Thank you for your participation. The National Statistics Office will be conducting a follow-up survey about the situation of children, families, and households in the future. We may contact you a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. All the information you share during these interviews will not be shared with anyone outside our team. Would you like to participate?	YES 1 NO 2	2 ⇒UF16
UF15G. You have told me that there are no phones in your household. Just to confirm, do you have a personal telephone number or is there a phone number for the household?	YES 1 NO 2	1 ⇒UF15I 2 ⇒UF16
UF15H. Do you have a personal phone number or is there a phone number for the household?	YES 1 NO 2	2 ⇒UF16

UF15I. You may share your household’s number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
UF15J. Ask for and record phone number.	_____	_____	_____
UF15K. Just to confirm, the number is (number recorded in UF15J)? If no, return to UF15J and correct entry.	YES..... 1 NO 2 ✎ UF15J	YES..... 1 NO 2 ✎ UF15J	YES..... 1 NO 2 ✎ UF15J
UF15L. Remember, you may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Do you have another personal or shared phone number where you can be reached?	YES..... 1 ✎ [P2] NO 2 ✎ UF16	YES..... 1 ✎ [P3] NO 2 ✎ UF16	YES..... 1 ✎ [P4] NO 2 ✎ UF16
			Tick here if additional questionnaire used: ☐

UF16. Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRIC MEASUREMENTS FORM for this child and complete the ANTHROPOMETRIC MEASUREMENTS FORM INFORMATION PANEL on that Form.

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caregiver of another child age 0-4 living in this household?

- ☐ Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.
- ☐ No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caregiver of a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 in this household?
- ☐ Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 to be administered to the same respondent.
- ☐ No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.

UF17. Result of interview for children under 5

Codes refer to mother/caregiver.
Discuss any result not completed with Supervisor.

COMPLETED..... 01
NOT AT HOME 02
REFUSED 03
PARTLY COMPLETED 04
INCAPACITATED
(specify) 05

NO ADULT CONSENT FOR MOTHER/
CAREGIVER AGE 15-17..... 06

OTHER (specify)..... 96

INTERVIEWER'S OBSERVATIONS

[illegible]**SUPERVISOR'S OBSERVATIONS**[illegible]

ANTHROPOMETRIC MEASUREMENTS FORM INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETE YEARS)	
AN5. Mother's / Caregiver's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRIC MEASUREMENTS		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> <i>Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.</i>	KILOGRAMS (KG) CHILD NOT PRESENT AFTER REVISITS... 99.3 CHILD REFUSED 99.4 RESPONDENT REFUSED..... 99.5 OTHER (specify) 99.6	99.3 ⇨ AN14 99.4 ⇨ AN10 99.5 ⇨ AN10 99.6 ⇨ AN10
AN9. Was the child undressed to the minimum, that is, no more than very light clothing or undergarments only?	YES..... 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1..... 1 AGE 2, 3 OR 4..... 2	1 ⇨ AN11A 2 ⇨ AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> <i>Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.</i>	LENGTH / HEIGHT (CM)..... CHILD REFUSED 999.4 RESPONDENT REFUSED..... 999.5 OTHER (specify) 999.6	999.4 ⇨ AN14 999.5 ⇨ AN14 999.6 ⇨ AN14
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> <i>Later, when recording paper form in CAPI, also ensure that records are verified by Measurer.</i>		

AN12. <i>How was the child actually measured? Lying down or standing up?</i>	LYING DOWN 1 STANDING UP 2	
AN13. <i>Was the recorded measurement interfered with by braided or ornamented hair?</i>	YES, HAIR INTERFERED WITH MEASUREMENT 1 NO 2	
AN14. <i>Day / Month / Year of measurement:</i> <u> 2 </u> <u> 0 </u> <u> 2 </u> / ____ / ____		
AN15. <i>Is there another child under age 5 in the household who has not yet been measured?</i>	YES 1 NO 2	1 ⇒ Next child
AN16. <i>Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.</i>		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRIC MEASUREMENTS FORM
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MEASURER'S OBSERVATIONS FOR ANTHROPOMETRIC MEASUREMENTS FORM

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SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRIC MEASUREMENTS FORM

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