



QUESTIONNAIRE FOR CHILDREN UNDER FIVE
GUYANA 2019 SURVEY



UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: _____ / _____ / <u>2 0 1</u> _____	UF8. Record the time:	HOURS : MINUTES ____ : ____

<p><i>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) 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.</i></p>		
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 the Bureau of Statistics. 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 will take about ... minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	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 will take about ... minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES NO / NOT ASKED	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i> <i>Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>) 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (<i>specify</i>) 96
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UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (<i>name</i>)'s Birth Certificate (or Birth registration form), Child' take home Record, and any immunisation record from a private health provider? We will need to refer to those documents.		
UB1. On what day, month and year was (<i>name</i>) born? <i>Probe:</i> What is (his/her) birthday? <i>If the mother/caretaker 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 DAY __ __ DK DAY 98 MONTH..... __ __ YEAR..... <u>2 0 1</u> __	
UB2. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) at (his/her) 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 ⇒UB9
UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	RESPONDENT IS THE SAME, UF4=HH47 1 RESPONDENT IS NOT THE SAME, UF4≠HH47 2	2 ⇒UB6
UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?	YES, ED10=0 1 NO, ED10≠0 OR BLANK 2	1 ⇒UB8B 2 ⇒UB9
UB6. Has (<i>name</i>) ever attended Nursery School?	YES 1 NO 2	2 ⇒UB9
UB7. At any time since September, 2018, did (he/she) attend (programmes mentioned in UB6)?	YES 1 NO 2	1 ⇒UB8A 2 ⇒UB9
UB8A. Does (he/she) currently attend Nursery school?		
UB8B. You have mentioned that (<i>name</i>) has attended Nursery school this school year. Does (he/she) currently attend Nursery school?	YES 1 NO 2	
UB9. Is (<i>name</i>) covered by any health insurance?	YES 1 NO 2	2 ⇒End

SAMPLE - FOR INFORMATION ONLY

<p>UB10. What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>HEALTH INSURANCE THROUGH EMPLOYER..... B NATIONAL INSURANCE SCHEME (NIS) C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER (<i>specify</i>) _____ X</p>	
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SAMPLE - FOR INFORMATION ONLY

BIRTH REGISTRATION		BR
BR1. Does (<i>name</i>) have a birth registration form? <i>If yes, ask:</i> May I see it?	YES, SEEN..... 1	1 ⇒End
	YES, NOT SEEN 2	2 ⇒End
	NO..... 3	
	DK..... 8	
BR2. Has (<i>name</i>)’s birth been registered with General Registrar’s Office?	YES 1	1 ⇒End
	NO..... 2	
	DK..... 8	
BR3. Do you know how to register (<i>name</i>)’s birth?	YES 1	
	NO..... 2	

SAMPLE - FOR INFORMATION ONLY

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. How many children's books or picture books do you have for (<i>name</i>)? <i>Including E-books but excluding school books</i></p>	<p>NONE 00</p> <p>NUMBER OF CHILDREN'S BOOKS <u>0</u> ..</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, rocks, animal shells or leaves?</p>	<p>Y N DK</p> <p>HOMEMADE TOYS 1 2 8</p> <p>TOYS FROM A SHOP 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8</p>	
<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' record '0'. If 'Don't know' record '8'.</i></p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR _</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR _</p>	
<p>EC4. Check UB2: Child's age?</p>	<p>AGE 0 OR 1 1</p> <p>AGE 2, 3 OR 4 2</p>	1 ⇒ End

SAMPLE - FOR INFORMATION ONLY

<p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (<i>name</i>):</p> <p>If 'Yes', ask: Who engaged in this activity with (<i>name</i>)?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things for or with (<i>name</i>)?</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</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	A	B	X	Y	
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<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 2 1</p> <p>AGE 3 OR 4..... 2</p>	<p>1 ⇒End</p>																																			
<p>EC6. I would like to ask you some questions about the health and development of (<i>name</i>). 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 (<i>name</i>)'s development.</p> <p>Can (<i>name</i>) identify or name at least ten letters of the alphabet?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>																																				
<p>EC7. Can (<i>name</i>) read at least four simple, popular words?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>																																				
<p>EC8. Does (<i>name</i>) know the name and recognize the symbol of all numbers from 1 to 10?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>																																				
<p>EC9. Can (<i>name</i>) pick up a small object with two fingers, like a stick or a rock from the ground?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>																																				

EC10. Is (<i>name</i>) sometimes too sick to play?	YES 1 NO 2 DK 8	
EC11. Does (<i>name</i>) follow simple directions on how to do something correctly?	YES 1 NO 2 DK 8	
EC12. When given something to do, is (<i>name</i>) able to do it independently?	YES 1 NO 2 DK 8	
EC13. Does (<i>name</i>) get along well with other children?	YES 1 NO 2 DK 8	
EC14. Does (<i>name</i>) kick, bite, or hit other children or adults?	YES 1 NO 2 DK 8	
EC15. Does (<i>name</i>) get distracted easily?	YES 1 NO 2 DK 8	

SAMPLE - FOR INFORMATION ONLY

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0..... 1 AGE 1, 2, 3 OR 4..... 2	1 ⇒End
UCD2. Adults use certain ways to teach children the right behavior or to address a behavior 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 (<i>name</i>) <u>in the past month</u> .		
	YES NO	
[A] Took away privileges, forbade something (<i>name</i>) liked or did not allow (him/her) to leave the house.	TOOK AWAY PRIVILEGES..... 1 2	
[B] Explained why (<i>name</i>)'s behavior was wrong.	EXPLAINED WRONG BEHAVIOR..... 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 THE 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 caretaker 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	

SAMPLE - FOR INFORMATION ONLY

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 peoples' voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like peoples' 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

SAMPLE - FOR INFORMATION ONLY

<p>UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK AT ALL 4</p>	
<p>UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT PICK UP AT ALL..... 4</p>	
<p>UCF15. Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT UNDERSTAND AT ALL..... 4</p>	
<p>UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT LEARN THINGS AT ALL..... 4</p>	
<p>UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT PLAY AT ALL..... 4</p>	
<p>UCF19. The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does (<i>name</i>) kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL 1 LESS 2 THE SAME 3 MORE..... 4 A LOT MORE..... 5</p>	<p style="text-align: center; color: magenta; font-weight: bold; font-size: 24px;">SAMPLE - FOR INFORMATION ONLY</p>

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2..... 1	2 ⇒ End
	AGE 3 OR 4..... 2	
BD2. Has (<i>name</i>) ever been breastfed?	YES 1	2 ⇒ BD3A
	NO 2	
	DK..... 8	8 ⇒ BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES 1	
	NO 2	
	DK..... 8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1 1	2 ⇒ End
	AGE 2..... 2	
BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u>	YES 1	
	NO 2	
	DK..... 8	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> e.g. Biolyte, Colalite yesterday, during the day or night?	YES 1	
	NO 2	
	DK..... 8	
BD6. Did (<i>name</i>) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES 1	
	NO 2	
	DK..... 8	

SAMPLE - FOR INFORMATION ONLY

<p>BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>		
<p>[A] Plain water?</p>	<p>PLAIN WATER</p>	<p>YES NO DK</p> <p>1 2 8</p>
<p>[B] 100% fruit Juice, Vegetable juice or fruit juice drinks?</p>	<p>FRUIT JUICE, VEGETABLE JUICE OR FRUIT JUICE DRINKS</p>	<p>1 2 8</p>
<p>[C] Local name for clear broth/clear soup?</p>	<p>CLEAR BROTH</p>	<p>1 2 8</p>
<p>[D] Infant formula, such as Enpharmil, SMA, Similac, Lailac?</p>	<p>INFANT FORMULA</p>	<p>1 2 8</p> <p><i>BD7[E] BD7[E]</i></p>
<p>[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA</p>	<p>—</p>
<p>[E] Milk from animals, such as fresh, tinned, or powdered milk such as Pedisure, Klim, Milex, Kerry Gold, Fernleaf, or other powdered milk?</p>	<p>MILK</p>	<p>1 2 8</p> <p><i>BD7[X] BD7[X]</i></p>
<p>[E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK MILK</p>	<p>—</p>
<p>[X] Any other liquids for example</p>	<p>OTHER LIQUIDS</p>	<p>1 2 8</p> <p><i>BD8 BD8</i></p>
<p>[X1] <i>Record all other liquids mentioned.</i></p>	<p>(Specify) _____</p>	

SAMPLE - FOR INFORMATION ONLY

<p>BD8. Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- 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? Record answers using the food groups below.</i></p> <p>- What did (name) do after that? Did (he/she) eat anything at that time? <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p>				
<p>For each food group not mentioned after completing the above ask: Just to make sure, did (name) eat (food group items) yesterday during the day or the night</p>				
		YES	NO	DK
[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i>	YOGURT	1	2 [⚡]	8 [⚡] BD8[B] BD8[B]
[A1] How many times did (name) eat yogurt? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES ATE YOGURT			—
[B] Any baby food, such as e.g. Cerelac, Gerber, Hero or Nestum?	FORTIFIED BABY FOOD	1	2	8
[C] Bread, rice, noodles, cornmeal porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] White potatoes, white yams, cassava, eddoe, dasheen or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as thick leaf calaloo, pakchoi, eddoe leaf or 'baji'?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes or ripe papayas, awarra, kuru?	RIPE MANGO, RIPE PAPAYA RIPE MANGO, AWARRA, KURU	1	2	8
[H] Any other fruits or vegetables, such as pineapple, guava, star apple, watermelon, golden apple, Ice Apples, Grapes, Pears, Bora, Same, Okro, Carila, etc.?	OTHER FRUITS OR VEGETABLES	1	2	8
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck, or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[O] Insects, grubs such as Tacoma and other worms	INSECTS, GRUBS	1	2	8

[X] Other solid, semi-solid, or soft food that I have not mentioned? _____	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 Δ	8 Δ	
[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.	(Specify) _____				
BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night? If BD8 [A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1]. If 7 or more times, record '7'.	NUMBER OF TIMES _ DK 8				

SAMPLE - FOR INFORMATION ONLY

IMMUNISATION		IM							
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2..... 1						2 ⇒End	
		AGE 3 OR 4..... 2							
IM2. Do you have the child's take home card, or immunisation records from a private or public health provider or any other document where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY CARD(S)..... 1						1 ⇒IM5	
		YES, HAS ONLY OTHER DOCUMENT 2							
		YES, HAS CARD(S) AND OTHER DOCUMENT 3						3 ⇒IM5	
		NO, HAS NO CARDS AND NO OTHER DOCUMENT 4							
IM3. Did you ever have a Child's take home card or immunisation records from a private or public 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 CARDS AND NO OTHER DOCUMENT SEEN 4						4 ⇒IM11	
IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		DATE OF IMMUNISATION							
		DAY		MONTH		YEAR			
BCG	BCG					2	0	1	
HepB (at birth)	HepB								
Polio (OPV/IPV) 1	OPV/IPV 1					2	0	1	
Polio (OPV/IPV) 2	OPV/IPV 2					2	0	1	
Polio (OPV/IPV) 3	OPV/IPV 3					2	0	1	
Pentavalent (DPTHibHepB) 1	Penta1					2	0	1	
Pentavalent (DPTHibHepB) 2	Penta2					2	0	1	
Pentavalent (DPTHibHepB) 3	Penta3					2	0	1	
Pneumococcal (Conjugate) 1	PCV1					2	0	1	
Pneumococcal (Conjugate) 2	PCV2					2	0	1	
Pneumococcal (Conjugate) 3	PCV3					2	0	1	
Rotavirus 1	Rota1					2	0	1	
Rotavirus 2	Rota2					2	0	1	

MMR1	MMR1					2	0	1		
MMR 2	MMR2									
Yellow Fever	YF					2	0	1		
IM7. Check IM6: Are all vaccines (BCG to Yellow fever) recorded?		YES 1 NO 2								1 ⇒End
IM8. Did (<i>name</i>) participate in any of the following campaigns, national immunisation days or child health days: [A] Vaccination week of the Americas campaign		Y N DK VACCINATION WEEK..... 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 Vaccination week of the Americas campaign just mentioned?		YES 1 NO 2 DK 8								2 ⇒End 8 ⇒End
IM10. Go back to IM6 and probe for these vaccinations. <i>Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column.</i> <i>When <u>finished</u>, go to End of module.</i>										⇒End
IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases including vaccinations received in a Vaccination week of the Americas campaign ?		YES 1 NO 2 DK 8								
IM12. Did (<i>name</i>) participate in any of the following campaigns, national immunisation days or child health days: [A] Vaccination week of the Americas campaign		Y N DK VACCINATION WEEK..... 1 2 8								
IM13. Check IM11 and IM12:		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								
IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</i>		YES 1 NO 2 DK 8								2 ⇒IM20 8 ⇒IM20
IM17. Were the first polio drops received in the first two weeks after birth?		YES 1 NO 2 DK 8								

IM18. How many times were the polio drops received?	NUMBER OF TIMES _ DK 8	
xxIM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio? <i>Probe to ensure that both were given, drops and injection.</i>	YES 1 NO 2 DK 8	
IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? <i>Probe by indicating that 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 Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus? <i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES 1 NO 2 DK 8	2 ⇨ IM24 8 ⇨ IM24
IM23. How many times was the Pneumococcal vaccine received?	NUMBER OF TIMES _ DK 8	
IM24. Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea? <i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i>	YES 1 NO 2 DK 8	2 ⇨ IM26 8 ⇨ IM26
IM25. How many times was the rotavirus vaccine received?	NUMBER OF TIMES _ DK 8	
IM26. Has (<i>name</i>) ever received a MMR/MR vaccine – that is, a shot in the arm at the age of 12 months or older - to prevent (him/her) from getting measles, mumps and rubella?	YES 1 NO 2 DK 8	2 ⇨ IM27 8 ⇨ IM27
IM26A. How many times was the MMR/MR vaccine received?	NUMBER OF TIMES _ DK 8	
IM27. Has (<i>name</i>) ever received the Yellow Fever vaccination – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting Yellow Fever? <i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the MMR/MR vaccine.</i>	YES 1 NO 2 DK 8	

SAMPLE - FOR INFORMATION ONLY

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES 1	2 ⇨ CA14
	NO 2	
	DK 8	
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK 1	1 ⇨ CA3A
	NO OR DK, BD3=2 OR 8 2	2 ⇨ CA3B
CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) for example Biolyte, Colalite and other liquids given as medicine During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?	MUCH LESS 1	
	SOMEWHAT LESS 2	
CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS), for example Biolyte, Colalite and other liquids given with medicine. During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?	ABOUT THE SAME 3	
	MORE 4	
CA4. 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?	NOTHING TO DRINK 5	
	DK 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	MUCH LESS 1	
	SOMEWHAT LESS 2	
	ABOUT THE SAME 3	
	MORE 4	
	STOPPED FOOD 5	
	NEVER GAVE FOOD 7	
	DK 8	
	YES 1	
	NO 2	2 ⇨ CA7
	DK 8	8 ⇨ CA7

SAMPLE - FOR INFORMATION ONLY

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE.....B</p> <p>GOVERNMENT HEALTH POSTC</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>OTHER PUBLIC MEDICAL (specify)_____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC.....I</p> <p>PRIVATE PHYSICIANJ</p> <p>PRIVATE PHARMACY K</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify)_____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONERR</p> <p>OTHER (specify)_____ X</p>	
<p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called Biolyte, Colalite?</p> <p>[B] A pre-packaged ORS fluid called Imres?</p> <p>[D] Sugar, salt and water solution?</p>	<p style="text-align: center; color: magenta; font-weight: bold;">SAMPLE - FOR INFORMATION ONLY</p> <p>FLUID FROM ORS PACKET1 2 8</p> <p>PRE-PACKAGED ORS FLUID1 2 8</p> <p>SUGAR, SALT AND WATER SOLUTION 1 2 8</p>	<p style="text-align: right;">Y N DK</p>
<p>CA8. Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B] 1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B]..... 2</p>	<p style="text-align: right;">2 ⇔ CA13</p>

<p>CA9. Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE.....B</p> <p>GOVERNMENT HEALTH POSTC</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC..... E</p> <p>OTHER PUBLIC MEDICAL (specify)_____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC.....I</p> <p>PRIVATE PHYSICIANJ</p> <p>PRIVATE PHARMACY K</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify)_____ O</p> <p>DK PUBLIC OR PRIVATE..... W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify)_____ X</p> <p>DK / DON'T REMEMBER..... Z</p>	
<p>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒CA14</p> <p>8 ⇒CA14</p>
<p>CA13. What else was given to treat the diarrhoea?</p> <p><i>Probe:</i></p> <p>Anything else?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA)B</p> <p>OTHER PILL OR SYRUP G</p> <p>UNKNOWN PILL OR SYRUP H</p> <p>INJECTION</p> <p>ANTIBIOTICL</p> <p>NON-ANTIBIOTIC.....M</p> <p>UNKNOWN INJECTION..... N</p> <p>INTRAVENOUS (IV) O</p> <p>HOME REMEDY / HERBAL MEDICINE Q</p> <p>OTHER (specify)_____ X</p>	
<p>CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒CA16</p> <p>8 ⇒CA16</p>

CA15. 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	
CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	YES 1 NO 2 DK 8	
CA17. 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 ⇨ CA19 8 ⇨ CA19
CA18. 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 ⇨ CA20 2 ⇨ CA20 3 ⇨ CA20 6 ⇨ CA20 8 ⇨ CA20
CA19. Check CA14: Did child have fever?	YES, CA14=1 1 NO OR DK, CA14=2 OR 8 2	2 ⇨ CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES 1 NO 2 DK 8	2 ⇨ CA22 8 ⇨ CA22
CA21. From 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 if public or private sector, 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 GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTRE B GOVERNMENT HEALTH POST C COMMUNITY HEALTH WORKER D MOBILE / OUTREACH CLINIC E OTHER PUBLIC MEDICAL (<i>specify</i>) H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC I PRIVATE PHYSICIAN J PRIVATE PHARMACY K MOBILE CLINIC M OTHER PRIVATE MEDICAL (<i>specify</i>) O DK PUBLIC OR PRIVATE W OTHER SOURCE RELATIVE / FRIEND P SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R OTHER (<i>specify</i>) X	

CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?	YES 1 NO 2 DK 8	2 ⇒ CA30 8 ⇒ CA30
CA23. What medicine was (<i>name</i>) given? <i>Probe:</i> Any other medicine? <i>Record all medicines given.</i> <i>If unable to determine type of medicine, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</i> <hr/> <i>(Name of brand)</i> <hr/> <i>(Name of brand)</i>	ANTI-MALARIALS ARTEMISININ COMBINATION THERAPY (ACT) A CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTI-MALARIAL (specify) K ANTIBIOTICS AMOXICILLIN L COTRIMOXAZOLE M OTHER ANTIBIOTIC PILL/SYRUP N OTHER ANTIBIOTIC INJECTION/IV O OTHER MEDICATIONS PARACETAMOL/PANADOL ACETAMINOPHEN R ASPIRIN S IBUPROFEN T ONLY BRAND NAME RECORDED W OTHER (specify) X DK Z	
CA24. Check CA23: Antibiotics mentioned?	YES, ANTIBIOTICS MENTIONED, CA23=L-O 1 NO, ANTIBIOTICS NOT MENTIONED 2	2 ⇒ CA30

SAMPLE - FOR INFORMATION ONLY

<p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE.....B</p> <p>GOVERNMENT HEALTH POSTC</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC.....I</p> <p>PRIVATE PHYSICIANJ</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT).....L</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONERR</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p>	
<p>CA30. Check UB2: <i>Child's age?</i></p>	<p>AGE 0, 1 OR 2 1</p> <p>AGE 3 OR 4 2</p>	<p>2 ⇒End</p>
<p>CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET / LATRINE 01</p> <p>PUT / RINSED INTO TOILET OR LATRINE 02</p> <p>PUT / RINSED INTO DRAIN OR DITCH..... 03</p> <p>THROWN INTO GARBAGE (SOLID WASTE) 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN..... 06</p> <p>OTHER (specify) _____ 96</p> <p>DK 98</p>	

SAMPLE - FOR INFORMATION ONLY

UF11. Record the time.	HOURS AND MINUTES..... ____ : ____	
UF12. Language of the Questionnaire.	ENGLISH 1	
UF13. Language of the Interview.	ENGLISH 1 OTHER LANGUAGE (specify) 6	
UF14. Native language of the Respondent.	ENGLISH 1 SPANISH 2 PORTUGUESE 3 INDIGENOUS LANGUAGE 4 OTHER LANGUAGE (specify) 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	
<p>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 ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.</p> <p>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of another child age 0-4 living in this household?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.</p> <p><input type="checkbox"/> 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.</p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

SAMPLE - FOR INFORMATION ONLY

ANTHROPOMETRY MODULE 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 COMPLETED YEARS)	
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRY		
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>	KILOGRAMS (KG) _____ . _____ CHILD NOT PRESENT 99.3 CHILD REFUSED 99.4 RESPONDENT REFUSED 99.5 OTHER (specify) 99.6	99.3 ⇨ AN13 99.4 ⇨ AN10 99.5 ⇨ AN10 99.6 ⇨ AN10
AN9. Was the child undressed to the minimum?	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>	LENGTH / HEIGHT (CM) _____ . _____ CHILD REFUSED 999.4 RESPONDENT REFUSED 999.5 OTHER (specify) 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13
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>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP 2	
AN13. Today's date: Day / Month / Year: _____ / _____ / <u>2 0 1</u> _____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES 1 NO 2	1 ⇨ Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SAMPLE - FOR INFORMATION ONLY

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE