



## QUESTIONNAIRE FOR CHILDREN UNDER FIVE Saint Lucia

| UNDER-FIVE CHILD INFORMATION PANEL  |  | UF |
|---|--|----|
| <p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i></p> |  |    |
| UF1. Cluster number:<br>_____   | UF2. Household number:<br>_____                                |    |
| UF3. Child's name:<br>Name _____  | UF4. Child's line number:<br>_____                             |    |
| UF5. Mother's / Caretaker's name:<br>Name _____   | UF6. Mother's / Caretaker's line number:<br>_____              |    |
| UF7. Interviewer name and number:<br>Name _____   | UF8. Day / Month / Year of interview:<br>_____ / _____ / _____ |    |

Repeat greeting if not already read to this respondent:

WE ARE FROM CENTRAL STATISTICAL OFFICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

|  |  |
|--|--|
| UF9. Result of interview for children under 5<br><br><i>Codes refer to mother/caretaker.</i> | Completed.....01<br>Not at home.....02<br>Refused.....03<br>Partly completed.....04<br>Incapacitated.....05<br><br>Other ( <i>specify</i> ) _____ 96 |
|--|--|

|  |   |
|--|---|
| UF10. Field edited by (Name and number):<br>Name _____ | UF11. Data entry clerk (Name and number):<br>Name _____ |
|--|---|

|                        |                                |  |
|------------------------|--------------------------------|--|
| UF12. Record the time. | Hour and minutes ..... : ..... |  |
|------------------------|--------------------------------|--|

| AGE  | AG  |  |
|--|---|--|
| <p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (<i>name</i>).</p> <p>IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i><br/>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 ..... 98</p> <p>DK day.....98</p> <p>Month ..... 98</p> <p>Year..... 98</p> |  |
| <p>AG2. HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i><br/>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 ( <i>name</i> ) HAVE A BIRTH CERTIFICATE?<br><br><i>If yes, ask:</i><br>MAY I SEE IT? | Yes, seen..... 1<br>Yes, not seen.....2<br>No.....3<br>DK.....8 | 1⇒Next<br>Module<br>2⇒Next<br>Module |
| BR2. HAS ( <i>name</i> )'S BIRTH BEEN REGISTERED WITH<br>THE REGISTRY?                          | Yes ..... 1<br>No.....2<br>DK.....8                             | 1⇒Next<br>Module                     |
| BR3. DO YOU KNOW HOW TO REGISTER YOUR<br>CHILD'S BIRTH?   | Yes ..... 1<br>No.....2   |                                      |

For Information only

| EARLY CHILDHOOD DEVELOPMENT   |   | EC                        |    |   |    |                    |   |   |   |                        |   |   |   |  |   |   |   |  |
|---|---|---------------------------|----|---|----|--------------------|---|---|---|------------------------|---|---|---|--|---|---|---|--|
| <p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>   | <p>None.....00</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, ROCKS, 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> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects .....</td> <td>1</td> <td>2</td> <td>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 |  |
|   | Y   | N                         | DK |   |    |                    |   |   |   |                        |   |   |   |  |   |   |   |  |
| Homemade toys.....  | 1   | 2                         | 8  |   |    |                    |   |   |   |                        |   |   |   |  |   |   |   |  |
| Toys from a shop .....  | 1   | 2                         | 8  |   |    |                    |   |   |   |                        |   |   |   |  |   |   |   |  |
| Household objects or outside objects .....  | 1   | 2                         | 8  |   |    |                    |   |   |   |                        |   |   |   |  |   |   |   |  |
| <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 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>  |   |                           |    |   |    |                    |   |   |   |                        |   |   |   |  |   |   |   |  |
| <p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING PRESCHOOL, KINDERGARTEN OR COMMUNITY CHILD CARE?</p>   | <p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>  | <p>2⇒EC7</p> <p>8⇒EC7</p> |    |   |    |                    |   |   |   |                        |   |   |   |  |   |   |   |  |

| EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?   | Number of hours ..... _ _   |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
|---|---|--------|--------|--------|-------|--------|------------|---|---|---|---|--------------|---|---|---|---|------------|---|---|---|---|--------------|---|---|---|---|-------------|---|---|---|---|---------------|---|---|---|---|--|
| <p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i><br/>WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO 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/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 |  |
|   | 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      |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. 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 YOUR CHILD'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>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, COMMON/ POPULAR WORDS?</p>   | <p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p>EC10. 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>EC11. 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>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>   | <p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |

|   |                                     |  |
|---|-------------------------------------|--|
| EC13. DOES ( <i>name</i> ) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY? | Yes .....1<br>No.....2<br>DK .....8 |  |
| EC14. WHEN GIVEN SOMETHING TO DO, IS ( <i>name</i> ) ABLE TO DO IT INDEPENDENTLY?     | Yes .....1<br>No.....2<br>DK .....8 |  |
| EC15. DOES ( <i>name</i> ) GET ALONG WELL WITH OTHER CHILDREN?                        | Yes .....1<br>No.....2<br>DK .....8 |  |
| EC16. DOES ( <i>name</i> ) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?               | Yes .....1<br>No.....2<br>DK .....8 |  |
| EC17. DOES ( <i>name</i> ) GET DISTRACTED EASILY?                                     | Yes .....1<br>No.....2<br>DK .....8 |  |

For Information only

| BREASTFEEDING  |                                    | BF               |
|--|------------------------------------|------------------|
| BF1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?  | Yes.....1<br>No .....2<br>DK.....8 | 2⇒BF3<br>8⇒BF3   |
| BF2. IS HE/SHE STILL BEING BREASTFED?  | Yes.....1<br>No .....2<br>DK.....8 |                  |
| BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT ( <i>name</i> ) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER ( <i>name</i> ) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.<br><br>PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.<br><br>DID ( <i>name</i> ) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT? | Yes.....1<br>No .....2<br>DK.....8 |                  |
| BF4. DID ( <i>name</i> ) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?   | Yes.....1<br>No .....2<br>DK.....8 | 2⇒BF6<br>8⇒BF6   |
| BF5. HOW MANY TIMES DID ( <i>name</i> ) DRINK INFANT FORMULA?  | Number of times ..... _ _          |                  |
| BF6. DID ( <i>name</i> ) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?  | Yes.....1<br>No .....2<br>DK.....8 | 2⇒BF7A<br>8⇒BF7A |
| BF7. HOW MANY TIMES DID ( <i>name</i> ) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?   | Number of times ..... _ _          |                  |
| BF7A. DID ( <i>name</i> ) <u>DRINK SOYA MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?   | Yes.....1<br>No .....2<br>DK.....8 | 2⇒BF8<br>8⇒BF8   |
| BF7B. HOW MANY TIMES DID ( <i>name</i> ) DRINK SOYA MILK?  | Number of times ..... _ _          |                  |
| BF8. DID ( <i>name</i> ) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?  | Yes.....1<br>No .....2<br>DK.....8 |                  |
| BF9. DID ( <i>name</i> ) DRINK CLEAR SOUP OR CLEAR BROTH YESTERDAY, DURING THE DAY OR NIGHT?   | Yes.....1<br>No .....2<br>DK.....8 |                  |

|  |                                    |                  |
|--|------------------------------------|------------------|
| BF10. DID ( <i>name</i> ) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT? | Yes.....1<br>No .....2<br>DK.....8 |                  |
| BF11. DID ( <i>name</i> ) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?                 | Yes.....1<br>No .....2<br>DK.....8 |                  |
| BF12. DID ( <i>name</i> ) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?                                      | Yes.....1<br>No .....2<br>DK.....8 |                  |
| BF13. DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?  | Yes.....1<br>No .....2<br>DK.....8 | 2⇒BF15<br>8⇒BF15 |
| BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?                           | Number of times .....              |                  |
| BF15. DID ( <i>name</i> ) EAT THIN/WATERY PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?                                     | Yes.....1<br>No .....2<br>DK.....8 |                  |
| BF16. DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?                   | Yes.....1<br>No .....2<br>DK.....8 | 2⇒BF18<br>8⇒BF18 |
| BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?    | Number of times .....              |                  |
| BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?                  | Yes.....1<br>No .....2<br>DK.....8 |                  |



| CARE OF ILLNESS   |  | CA                 |
|---|--|--------------------|
| CA1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?  | Yes.....1<br>No .....2<br><br>DK.....8   | 2⇒CA7<br><br>8⇒CA7 |
| CA2. I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).<br><br>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?<br><br><i>If less, probe:</i><br>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS? | Much less .....1<br>Somewhat less .....2<br>About the same.....3<br>More .....4<br>Nothing to drink.....5<br><br>DK.....8                        |                    |
| 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?<br><br><i>If "less", probe:</i><br>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?   | Much less .....1<br>Somewhat less .....2<br>About the same.....3<br>More .....4<br>Stopped food .....5<br>Never gave food .....6<br><br>DK.....8 |                    |
| CA4. DURING THE EPISODE OF DIARRHOEA, WAS ( <i>name</i> ) GIVEN TO DRINK ANY OF THE FOLLOWING:<br><br><i>Read each item aloud and record response before proceeding to the next item.</i>   |  | Y N DK             |
| [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORAL REHYDRATION SALT (ORS)?  | Fluid from ORS packet.....   | 1 2 8              |
| [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?   | Pre-packaged ORS fluid .....   | 1 2 8              |
| [C] SALT, SUGAR AND WATER WITH OR WITHOUT FRESH FRUIT JUICE?  | Salt, sugar and water (w/o juice) .....  | 1 2 8              |
| CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?  | Yes.....1<br>No .....2<br><br>DK.....8   | 2⇒CA7<br><br>8⇒CA7 |

|   |  |                             |
|---|--|-----------------------------|
| <p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i><br/>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;">(Name)</p>   | <p>Pill or Syrup</p> <p>Antibiotic ..... A</p> <p>Antimotility ..... B</p> <p>Zinc ..... C</p> <p>Other pill (Not antibiotic, antimotility or zinc) ..... G</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic ..... L</p> <p>Non-antibiotic ..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous ..... O</p> <p>Home remedy / Herbal medicine ..... Q</p> <p>Other (<i>specify</i>) _____ X</p>   |                             |
| <p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>  | <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>   | <p>2⇒CA14</p> <p>8⇒CA14</p> |
| <p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>   | <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>   | <p>2⇒CA14</p> <p>8⇒CA14</p> |
| <p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>   | <p>Problem in chest only ..... 1</p> <p>Blocked or runny nose only ..... 2</p> <p>Both ..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK ..... 8</p>   | <p>2⇒CA14</p> <p>6⇒CA14</p> |
| <p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>  | <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>   | <p>2⇒CA12</p> <p>8⇒CA12</p> |
| <p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i><br/>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 style="text-align: center;">(Name of place)</p> | <p>Public sector</p> <p>Govt. hospital ..... A</p> <p>Govt. health centre/ polyclinic ..... B</p> <p>Community health aids ..... F</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... I</p> <p>Private physician ..... J</p> <p>Private pharmacy ..... K</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend ..... P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Other (<i>specify</i>) _____ X</p> |                             |
| <p>CA12. WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>   | <p>Yes ..... 1</p> <p>No ..... 2</p>   | <p>2⇒CA14</p>               |

|  |   |        |
|--|---|--------|
|  | DK.....8  | 8⇒CA14 |
| <p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i><br/>ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(<i>Names of medicines</i>)</p> | <p>Antibiotic<br/>Pill / Syrup..... A<br/>Injection ..... B</p> <p>Paracetamol / Panadol / Acetaminophen... P<br/>Aspirin ..... Q<br/>Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X<br/>DK.....Z</p>  |        |
| <p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to UF13</p>   |   |        |
| <p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS,<br/>WHAT WAS DONE TO DISPOSE OF THE<br/>STOOLS?</p>  | <p>Child used toilet / latrine.....01<br/>Put / Rinsed into toilet or latrine.....02<br/>Put / Rinsed into drain or ditch .....03<br/>Thrown into garbage (solid waste).....04<br/>Buried.....05<br/>Left in the open.....06</p> <p>Other (<i>specify</i>) _____ 96<br/>DK.....98</p> |        |

|                        |                                    |  |
|------------------------|------------------------------------|--|
| UF13. Record the time. | Hour and minutes ..... ____ : ____ |  |
|------------------------|------------------------------------|--|

|  |
|--|
| <p>UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> to be administered to the same respondent</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child</p> <p>Check to see if there are other woman's or under-5 questionnaires to be administered in this household.</p> <p>Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.</p> |
|--|

For Information only

| ANTHROPOMETRY   |   | AN    |
|---|---|-------|
| <p>After questionnaires for all children are complete, the measurer weighs and measures each child.<br/>Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p> |   |       |
| AN1. Measurer's name and number:  | Name _____                                |       |
| AN2. Result of height / length and weight measurement   | Either or both measured..... 1            |       |
|   | Child not present..... 2                  | 2⇒AN6 |
|   | Child or caretaker refused..... 3         | 3⇒AN6 |
|   | Other (specify) _____ 6                   | 6⇒AN6 |
| AN3. Child's weight   | Kilograms (kg) .....                      |       |
|   | Weight not measured..... 99.9             |       |
| AN4. Child's length or height   |   |       |
| Check age of child in AG2:  |   |       |
| <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).  | Length (cm)<br>Lying down..... 1 _____    |       |
| <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).   | Height (cm)<br>Standing up..... 2 _____   |       |
|   | Length / Height not measured ..... 9999.9 |       |

|  |
|--|
| AN6. Is there another child in the household who is eligible for measurement?  |
| <input type="checkbox"/> Yes ⇒ Record measurements for next child.   |
| <input type="checkbox"/> 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**

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