

QUESTIONNAIRE FOR CHILDREN UNDER 5

Region _____ № _____

Area _____

urban _____ 1

rural _____ 2

CLUSTER № _____

Household № _____

Mother/caregiver's name _____

Mother/caregiver's № _____

Child's name _____

№ _____

Interviewer name _____ № _____

Supervisor's name _____ № _____

Editor's name _____ № _____

Clerk's name _____ № _____

QUESTIONNAIRE FOR CHILDREN UNDER 5

THIS QUESTIONNAIRE IS PRESENTED IN ACCORDANCE WITH THE MEMORANDUM OF UNDERSTANDING BETWEEN UN AGENCIES IN KAZAKHSTAN AND STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN ON MULTI-INDICATOR CLUSTER SURVEY PROJECT IMPLEMENTATION AS OF 3 OCTOBER 2005

INFORMATION PANEL FOR UNDER 5 CHILD

UF

This questionnaire to be administered **to all women** (see the household listing, column **HL8**), **upbringing children under 5** living with them (see the household listing, column **HL5**).

A separate questionnaire should be completed for each eligible child.

In the space below fill in cluster and household number, name and line number of the child and his/her mother or caregiver. Enter your name, number and interview date.

UF1. Cluster number: _____	UF2. Household number: _____
UF3. Child's name: _____	UF4. Line No of the child: _____
UF5. Mother/caregiver's name: _____	UF6. Line No of mother/caregiver: _____
UF7. Interviewer's name and number: _____	UF8. Interview day/month/year: ____ / ____ / ____
UF9. Outcome of interview for children under 5 (Codes refer to mother/caregiver)	Completed1 Not at home2 Refused3 Partly completed4 Incapacitated5 Other (specify)6

Repeat greeting if not already read to respondent:

WE ARE FROM STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN. WE WORK WITHIN THE PROJECT DEVOTED TO THE FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INFORMATION WE OBTAIN WILL BE TREATED AS STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

If permission is given, begin the interview.

If respondent does not agree to continue thank him/her and continue with the next interview. Discuss the outcome with your supervisor for the future re-visit to the household in order to obtain the information about the child.

UF10. NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER 5 YOU CARE, WHO LIVES WITH YOU. NOW I WILL ASK YOU ABOUT (name). TELL ME MONTHS AND YEAR OF (NAME) BIRTHDAY?
Continue questioning:
WHAT IS HIS/HER BIRTHDAY?
If mother/caregiver knows exact birth date, enter it; & otherwise circle 98 for birthday.

Date of birth:
Day98
DK day.....98
Month
Year.....

UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?
Enter age in complete years.

Full age (complete years)

BIRTH REGISTRATION AND EARLY LEARNING MODULE

BR

BR1. DOES <i>(name)</i> HAVE BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen.....1 Yes, not seen.....2 No3 DK8	1⇒ BR5
BR2. WAS BIRTH OF <i>(name)</i> REGISTERED IN THE CIVIL AUTHORITIES?	Yes1 No2 DK8	1⇒ BR5 2⇒ BR3 8⇒ BR4
BR3. WHY BIRTH OF <i>(name)</i> WAS NOT REGISTERED?	Costs too much1 Must travel too far2 Did not know it should be registered.....3 Did not want to pay fine.....4 Did not know the place of registration.....5 Other (<i>specify</i>).....6 DK8	
BR4. DO YOU KNOW HOW TO REGISTER THE BIRTH OF YOUR CHILD?	Yes1 No2	
BR5. Check the age of the child in UF11: IS CHILD 3 - 4 YEARS?		
<input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING, OR EARLY CHILDHOOD EDUCATION PROGRAMME IN A PRIVATE OR GOVERNMENT FACILITY, SUCH AS KINDERGARTENS OR OTHER COMMUNITY CHILD CARE?	Yes1 No2 DK8	2⇒ BR8 8⇒ BR8
BR7. HOW MANY HOURS (APPROX.) DID <i>(name)</i> ATTEND WITHIN LAST SEVEN DAYS?	Number of hours — —	
BR8. DURING LAST 3 DAYS WERE YOU OR ANY MEMBER OF YOUR HOUSEHOLD OVER 15 YEARS OLD ENGAGED IN ANY LISTED ACTIVITIES WITH <i>(name)</i> : If Yes, ask: WHO WAS ENGAGED IN THIS ACTIVITY WITH THE CHILD - MOTHER, FATHER OF THE CHILD OR OTHER ADULT MEMBER OF HOUSEHOLD (INCLUDING ADULT CAREGIVER/RESPONDENT)? Circle the correspondent answer.		
BR8A. READ THE BOOKS OR WATCHED PICTURES IN THE BOOKS WITH <i>(name)</i> ?	Read books	Mothe r
BR8B. TOLD FAIRYTALES TO <i>(name)</i> ?	Told Fairytales	Father
BR8C. SANG SONGS WITH <i>(name)</i> ?	Sang songs	Other HH member
BR8D WALKED WITH <i>(name)</i> OUTSIDE, IN THE YARD OR AROUND THE HOUSE?	Took outside	No one
BR8E. PLAYED WITH <i>(name)</i> ?	Играли	
BR8F. SPENT TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR PAINTING?	Spent time	

CHILDHOOD DEVELOPMENT MODULE

CE

Question CE1 should be asked once only to each caregiver

CE1. HOW MANY BOOKS DO YOU HAVE IN YOUR HOUSEHOLD? PLEASE, INCLUDE IN THE LIST SCHOOLBOOKS, BUT NOT OTHER BOOKS, SUCH AS ILLUSTRATED BOOKS. If no, enter 00	Number of books for adults (less than 10)0__ 10 and more books for adults10
CE2. HOW MANY CHILDREN'S OR ILLUSTRATED BOOKS DO	

<p>YOU HAVE FOR (name)?</p> <p><i>If not, enter 00</i></p>	<p>Number of children's books (less than 10) 0</p> <p>10 and more books 10</p>	
<p>CE3. I AM INTERESTED TO KNOW, WITH WHAT (name) PLAYS AT HOME.</p> <p>WITH WHAT DOES (name) PLAY? DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD GOODS, SUCH AS, PLATES, CUPS OR PANS?</p> <p>STUFF FOUND OUTSIDE OF RESIDING AREA, SUCH AS STICKS, STONES, SHELLS OR LEAVES?</p> <p>HOME MADE TOYS, SUCH AS DOLLS, CARS AND OTHER HOME MADE TOYS?</p> <p>TOYS FROM THE SHOP?</p> <p>DOMESTIC ANIMALS?</p> <p><i>If respondent answers 'YES' for any mentioned category try to learn with what particularly the child plays to clarify the answer.</i> <i>Circle Y code, if the child does not play with any listed stuff.</i></p>	<p>Household goods (bowls, plates, cups, pots) A</p> <p>Things and materials found outside of residing area (sticks, stones, shells, leaves) B</p> <p>Self produced toys (dolls, cars and other home made toys) C</p> <p>Toys purchased in the shop D</p> <p>Domestic animals E</p> <p>No toys listed Y</p>	
<p>CE4. SOMETIMES ADULT CAREGIVERS SHOULD GO SHOPPING, TAKE LINEN FOR WASHING OR LEAVE THE LITTLE CHILDREN WITH OTHERS DUE TO SOME REASONS.</p> <p>DURING LAST 7 DAYS HOW MANY TIMES (name) STAYED UNDER SUPERVISION OF ANOTHER CHILD (YOUNGER THAN 10 YEARS)?</p> <p><i>If 'No', enter 00</i></p>	<p>How many times 8</p> <p>DK 8</p>	
<p>CE5. DURING LAST 7 DAYS HOW MANY TIME (name) STAYED ALONE?</p> <p><i>If no, enter 00</i></p>	<p>How many time 8</p> <p>DK 8</p>	

BREASTFEEDING MODULE		BF
<p>BF1. HAS (name) EVER BREASTFED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ BF3</p> <p>8 ⇒ BF3</p>
<p>BF2. IS THE CHILD STILL BREASTFED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>BF3. SINCE THE SAME TIME YESTERDAY DID THE BABY RECEIVE ANYTHING OF THE FOLLOWING: <i>Read loudly each item and record the answer before going to the next item.</i></p> <p>BF3A. VITAMINS, MINERAL SUPPLEMENTS OR MEDICINE?</p> <p>BF3B. PLAIN WATER?</p> <p>BF3C. SWEETENED, FLAVORED WATER OR FRUIT JUICE, TEA, INFUSION?</p> <p>BF3D. ORAL REHYDRATION SOLUTION (ORS)?</p> <p>BF3E. INFANT FORMULA?</p> <p>BF3F. TINNED, POWDERED OR FRESH MILK?</p> <p>BF3G. ANY OTHER LIQUID?</p> <p>BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?</p>	<p>Да Нет НЗ</p> <p>A. Vitamins, mineral supplement, medicine 1 2 8</p> <p>B. Plain water 1 2 8</p> <p>C. Sweetened water, tea or juice 1 2 8</p> <p>D. ORS (oral rehydration solution) 1 2 8</p> <p>E. Infant formula 1 2 8</p> <p>F. Milk and dairy products 1 2 8</p> <p>G. Other liquids (soups, broth) 1 2 8</p> <p>H. Solid or semi-solid (mushy) food 1 2 8</p>	
<p>BF4. Check BF3H: DID THE CHILD RECEIVE SOLID OR SEMI-SOLID (MUSHY) FOOD?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with BF5</p> <p><input type="checkbox"/> No or DK. ⇒ Go to the next Module</p>		
<p>BF5. SINCE THE SAME TIME YESTERDAY HOW MANY TIMES (name) RECEIVED SOLID OR SEMI-SOLID (MUSHY) FOOD, EXCLUDING LIQUIDS?</p> <p><i>If 7 or more times enter '7'.</i></p>	<p>No of times 8</p> <p>Do not know 8</p>	

ILLNESS CARE MODULE		CA
CA1. DURING LAST TWO WEEKS DID (name) HAVE DIARRHEA, I.E. SINCE (DAY OF THE WEEK) OF THE WEEK BEFORE LAST? <i>Diarrhea is determined as perceived by mother/caregiver, or as three or more loose or watery stools per day or blood in stool.</i>	Yes.....1 No2 DK.....8	2⇒ CA5 8⇒ CA5
CA2. DURING LAST DIARRHEA DID (name) DRINK THE FOLLOWING: <i>Read loudly each item and record the answer before going to the next item.</i> CA2A. FLUID FROM THE SPECIAL ORS PACK CALLED REGIDRON, SMEKTA? CA2B. HOME MADE MoH-RECOMMENDED FLUID? CA2C. PACKED ORS FLUID FOR DIARRHEA?	<div style="text-align: right;">Yes No DK</div> A. ORS pack fluid (Regidron, smekta)1 2 8 MoH recommended fluid1 2 8 C. Packe ORS fluid.....1 2 8	
CA3. DURING ILLNESS DID (name) DRINK MUCH LESS, THAN USUAL, ABOUT THE SAME QUANTITY OR MORE?	Much less or nothing1 About the same (or a bit less)2 More3 DK8	
CA4. DURING ILLNESS DID (name) EAT LESS THAN USUAL, ABOUT THE SAME OR MORE? <i>If the answer will be "LESS", specify: MUCH LESS OR A BIT LESS?</i>	Not at all1 Much less2 A bit less3 About the same4 More5 DK8	
CA5. DURING LAST TWO WEEKS, I.E. SINCE (DAY OF THE WEEK) OF THE WEEK BEFORE THE LAST, DID (name) HAVE ANY ILLNESS WITH COUGH?	Yes.....1 No2 DK8	2 ⇒ CA12 8 ⇒ CA12
CA6. WHEN (name) HAD ILLNESS WITH COUGH, WAS BREATHING FASTER THAN USUAL WITH SHORT QUICK BREATHS OR WAS IT HEAVY?	Yes.....1 No2 DK8	2 ⇒ CA12 8 ⇒ CA12
CA7. WERE THESE SYMPTOMS DUE TO THE CHEST PROBLEM OR BLOCKED NOSE?	Blocked nose.....1 Chest.....2 Other (specify).....6 DK.....8	1 ⇒ CA12 6 ⇒ CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THIS ILLNESS OUTSIDE OF THE HOME?	Yes.....1 No2 DK.....8	2 ⇒ CA10 8 ⇒ CA10
CA9. WHERE DID YOU GET ASSISTANCE FROM? DID ANYBODY ELSE HELP YOU? <i>Circle all mentioned, but do NOT prompt any suggestion.</i> <i>If the source is hospital, health center, or clinic, record the name of institution in the below line. Ask about the type of institution and circle appropriate code.</i> _____ _____ <div style="text-align: center;">(Name of institution)</div>	<u>Public source</u> Hospital A Health post B Polyclinic/RDA C Feldsher D Mobile/outreach health brigade (Ambulance car) E Other public facility (specify)..... H <u>Private source</u> Private hospital/ambulance I Private doctor J Private pharmacy K Mobile health brigade L Another private institution (specify)..... O <u>Other source</u> Relatives or friends P Local healer/traditional practitioner R Other (specify)..... X	
CA10. DID (name) RECEIVE MEDICINE FOR THIS ILLNESS?	Yes.....1 No2 DK8	2 ⇒ CA12 8 ⇒ CA12
CA11. WHICH MEDICINE DID (name) RECEIVE? <i>Circle all mentioned medicines.</i>	Ampicilini A Paracetamol/Panadol/ P Aspirin Q Ibuprophen R Other (specify)..... X DK Z	
CA12. Check UF11: IS THE CHILD AGED UNDER 3 YEARS? <input type="checkbox"/> Yes. ⇒ Continue with CA13 <input type="checkbox"/> No. ⇒ Go to CA14		
CA13. THE LAST TIME (name) HAD LIQUID STOOL, WHAT WAS DONE TO DISPOSE THE LIQUID STOOLS?	Child used toilet01 Flushed to toilet/latrine02 Flushed into drain/ditch03	

	Thrown to garbage04 Buried.....05 Left in the open.....06 Other (<i>specify</i>).....96 DK.....	
Ask this question (CA14) only <u>once to each caregiver</u> of the child. CA14. SOMETIMES CHILDREN ARE SERIOUSLY ILL AND IMMEDIATELY SHOULD BE TAKEN TO HEALTH FACILITY. WHICH SYMPTOMS MAKE YOU TO TAKE YOUR CHILD TO SUCH FACILITY RIGHT AWAY? Continue asking about other symptoms until all additional symptoms completed. Circle all mentioned symptoms, But DO NOT PROMPT with any suggestions.	Child is not able to eat or breastfeed A Child is getting sicker..... B Child develops fever..... C Child gets quicker breathing D Child has heavy breathing E Child has blood in stool F Child drinks poorly G Other (<i>specify</i>)..... X Other (<i>specify</i>)..... Y Other (<i>specify</i>)..... Z	

IMMUNIZATION MODULE				IM																																																																																																																																								
If child has immunization card, transfer dates of all immunization types shown in the card from IM2- IM6 . IM10- IM17 cover vaccination which is not included in the card. IM10- IM17 should be administered only if child has no immunization card.																																																																																																																																												
IM1. DOES (name) HAVE IMMUNIZATION CARD (VACCINATION CHART)?		Yes, seen 1 Yes, not seen..... 2 No 3		2 ⇒ IM10 3 ⇒ IM10																																																																																																																																								
A. Transfer all vaccination dates from card . B. Enter '44' in the day column if card shows vaccination made without date recorded		<table border="1"> <thead> <tr> <th colspan="8">Immunization date</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th colspan="6">YEAR</th> </tr> </thead> <tbody> <tr><td>IM2. BCG (TUBERCULOSIS)</td><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM3A. OPV O (POLIOMYELITIS)</td><td>OPV O</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM3B. OPV 1 ((POLIOMYELITIS)</td><td>OPV 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM3C. OPV 2 ((POLIOMYELITIS)</td><td>OPV 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM3D. OPV 3 ((POLIOMYELITIS)</td><td>OPV 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM4A. DPT1 (PERTUSSIS, DIPHTHERIA, TETANUS)</td><td>DPT1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM4B. DPT2 (PERTUSSIS, DIPHTHERIA, TETANUS)</td><td>DPT2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM4C. DPT3 (PERTUSSIS, DIPHTHERIA, TETANUS)</td><td>DPT3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM5A. HEPATITIS B1 (OR DPTHEPB1)</td><td>(DPT)H1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM5B. HEPATITIS B2 (OR DPTHEPB 2)</td><td>(DPT)H2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM5C. HEPATITIS B3 (OR DPTHEPB 3)</td><td>(DPT)H3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM6. MEASLES (OR MUMPS)</td><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IM6.1. MMR (MEASLES, MUMPS, RUBELLA)</td><td>MMR</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						Immunization date								DAY	MONTH	YEAR						IM2. BCG (TUBERCULOSIS)	BCG								IM3A. OPV O (POLIOMYELITIS)	OPV O								IM3B. OPV 1 ((POLIOMYELITIS)	OPV 1								IM3C. OPV 2 ((POLIOMYELITIS)	OPV 2								IM3D. OPV 3 ((POLIOMYELITIS)	OPV 3								IM4A. DPT1 (PERTUSSIS, DIPHTHERIA, TETANUS)	DPT1								IM4B. DPT2 (PERTUSSIS, DIPHTHERIA, TETANUS)	DPT2								IM4C. DPT3 (PERTUSSIS, DIPHTHERIA, TETANUS)	DPT3								IM5A. HEPATITIS B1 (OR DPTHEPB1)	(DPT)H1								IM5B. HEPATITIS B2 (OR DPTHEPB 2)	(DPT)H2								IM5C. HEPATITIS B3 (OR DPTHEPB 3)	(DPT)H3								IM6. MEASLES (OR MUMPS)	MEASLES								IM6.1. MMR (MEASLES, MUMPS, RUBELLA)	MMR							
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IM9. IN ADDITION TO VACCINATIONS SHOWN IN THE CARD DID (name) RECEIVE ANY OTHER VACCINATIONS? INCLUDING VACCINATION DURING NID? Write 'Yes' only if respondent names BCG, OPV0-3, DPT1-3 , and/or Hepatitis B 1-3, measles vaccines		Yes 1 (Keep asking about vaccines and enter '66' in the correspondent day column in the table IM2 - IM6B .) No 2 DK 8		1 ⇒ IM19 2 ⇒ IM19 8 ⇒ IM19																																																																																																																																								
IM10. HAVE (name) RECEIVED ANY PREVENTIVE VACCINATIONS, INCLUDING VACCINATIONS DURING NID?		Yes 1 No 2 DK		2 ⇒ IM19 8 ⇒ IM19																																																																																																																																								
IM11. HAVE (name) RECEIVED BCG AGAINST TB ANYTIME, THAT IS INJECTION INTO THE LEFT SHOULDER LEAVING SCAR?		Yes 1 No 2 DK 8																																																																																																																																										
IM12. HAVE (name) RECEIVED "VACCINATION THAT IS DROPS IN THE MOUTH", TO PREVENT POLIOMYELITIS IN A CHILD?		Yes 1 No 2 DK 8		2 ⇒ IM15 8 ⇒ IM15																																																																																																																																								
IM13. WHEN HAS THE CHILD RECEIVED THESE DROPS – IMMEDIATELY AFTER BIRTH (WITHIN 2 WEEKS) OR LATER?		Immediately after birth (within 2 недель) 1 Later 2 DK 8		8 ⇒ IM15																																																																																																																																								
IM14. HOW MANY TIMES DID THE CHILD RECEIVE THESE DROPS?		Many times DK 8																																																																																																																																										

IM15. WAS (name) INJECTED DPT VACCINE INTO THE THIGH OR BUTTOCK TO PREVENT TETANUS, PERTUSSIS AND DIPHTHERIA? (SOMETIMES IT IS INJECTED AT THE SAME TIME WITH POLIO VACCINE)	Yes 1 No 2 DK 8	2 ⇒ IM17 8 ⇒ IM17
IM16. HOW MANY TIMES?	No of times DK 8	
IM17. HAVE (NAME) RECEIVED "VACCINE INJECTION AGAINST MEASLES", THAT IS INJECTED INTO ARM AT THE AGE OF 9 MONTHS OR OLDER TO PREVENT COMMUNICATING MEASLES?	Yes 1 No 2 DK 8	
IM19. TELL ME, PLEASE, IF THE CHILD PARTICIPATED IN ANY NATIONAL CAMPAIGN, NATIONAL IMMUNIZATION DAYS OR CHILDREN'S HEALTH DAYS: IM19A. Campaign date/type A IM19B. Campaign date/type B IM19C. Campaign date/type C	Y N DK Campaign A.....1 2 8 Campaign B.....1 2 8 Campaign C.....1 2 8	
IM20. DOES ANOTHER ELIGIBLE CHILD RESIDE IN THE HOUSEHOLD, FOR WHOM CURRENT RESPONDENT IS MOTHER/CAREGIVER? Check household listing, column HL8 . <input type="checkbox"/> Yes. ⇒ Complete this questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER 5 to be administered to the next child. <input type="checkbox"/> No. ⇒ Complete the interview with respondent, thanking him/her for cooperation. If <u>this is the last eligible child</u> in the household go to ANTHROPOMETRY MODULE .		

ANTHROPOMETRY MODULE		AN
After completing questionnaires for all children, weigh and measure each child. Write down weight and height properly. Check the name and number in the household listing before recording measurements.		
AN1. Weight of the child.	Kilograms (kg) _ _ . _	
AN2. HEIGHT OF THE CHILD. Check the age of the child in UF11: <input type="checkbox"/> Child under 2 years. ⇒ Measure height (lying down). <input type="checkbox"/> Child aged 2 years and older. ⇒ Measure height (standing).	Height (cm) Lying down..... 1 _ _ _ . _ Height (cm) Standing..... 2 _ _ _ . _	
AN3. Identification code of measurer.	Code _ _	
AN4. RESULT.	Measured..... 1 Not present..... 2 Refused..... 3 Other (specify) 6	
AN5. IS THERE ANOTHER ELIGIBLE CHILD IN THE HOUSEHOLD? <input type="checkbox"/> Yes. ⇒ Record measurements for the next child. <input type="checkbox"/> No. ⇒ End the interview with household. Thank all participants for cooperation. Collect all questionnaires for current household and make sure all identification numbers entered at the top of each page. Write down the number of completed interviews in the Household module.		