

UNDER-FIVE CHILD INFORMATION PANEL		UF
<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>		
UF1. Cluster Number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and number: _____ Name _____	UF8. Day / Month / Year of interview: _____ / _____ / 2011	
Name of Region _____	Name of District: _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM GHANA STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT 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 20 MINUTES. 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. If yes ask for child's immunization card, birth certificate, antenatal card, baptismal card and any other card on which the child's records are written.*
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor.*

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. THIS INTERVIEW WILL TAKE ABOUT 20 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.

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (specify) _____ 96
UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____

UF12. <i>Record the time.</i>	Hour and minutes.....__ __ : __ __	
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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> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day__ __</p> <p>DK day 98</p> <p>Month.....__ __</p> <p>Year__ __ __ __</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years)__</p>	

BIRTH REGISTRATION		BR
BR1. DOES (NAME) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen 1	1⇒BR2A
	Yes, not seen 2	2⇒BR2A
	No 3	
	DK 8	
BR2 HAS (NAME)'S BIRTH BEEN REGISTERED WITH THE BIRTHS AND DEATHS REGISTRY?	Yes 1	
	No 2	2⇒BR2B
	DK 8	8⇒BR2B
BR2A. WAS (NAME)'S BIRTH REGISTERED WITHIN THE FIRST YEAR OF BIRTH?	Yes 1	1⇒BR4
	No 2	2⇒BR4
	DK 8	8⇒BR4
BR2B. WHAT IS THE MAIN REASON WHY (NAME)'S BIRTH IS NOT REGISTERED?	Costs too much 1	6⇒BR4
	Must travel too far..... 2	
	Did not know it should be registered 3	
	Did not want to pay fine..... 4	
	Did not find important 5	
	Do not know where to register 6	
Other (<i>specify</i>) 7		
DK 8		
BR3. DO YOU KNOW WHERE TO REGISTER YOUR CHILD'S BIRTH?	Yes 1	
	No 2	
BR4. HOW MUCH DOES IT COST TO REGISTER A CHILD WITH THE BIRTHS AND DEATHS REGISTRY IF THE CHILD IS UNDER 1 YEAR OLD?	Free 1	
	Less than GH¢10 2	
	GH¢10 3	
	More than GH¢10..... 4	
	DK 8	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None00</p> <p>Number of children's books0 __</p> <p>Ten or more books10</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 any of the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<p style="text-align: right;">Y N DK</p> <p>Homemade toys1 2 8</p> <p>Toys from a shop1 2 8</p> <p>Household objects or outside objects1 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' 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 KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?</p>	<p>Number of hours.....__ __</p>	

EARLY CHILDHOOD DEVELOPMENT

EC

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER 15 YEARS OLDER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</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="0"> <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																																	
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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>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes.....1</p> <p>No2</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>No2</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 (STONE) FROM THE GROUND?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC12. IS <i>(name)</i> OFTEN TOO SICK TO PLAY?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				

EARLY CHILDHOOD DEVELOPMENT		EC
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes.....1 No2 DK.....8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes.....1 No2 DK.....8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes.....1 No2 DK.....8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes.....1 No2 DK.....8	

BREASTFEEDING		BF
BF1. HAS (NAME) EVER BEEN BREASTFED?	Yes.....1 No2 DK.....8	2⇒BF3 8⇒BF3
BF2. IS (NAME) STILL BEING BREASTFED?	Yes.....1 No2 DK.....8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (name) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (name) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BF10. DID (name) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BF11. DID (name) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes1 No2 DK.....8	

NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS AND FOODS THAT (NAME) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER YOUR CHILD HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.

DD1. DID (NAME) DRINK/EAT (NAME OF FOOD) DURING THE DAY OR THE NIGHT BEFORE:

	YES	No	DK	DD2 HOW MANY TIMES DID (name) DRINK
A. MILK SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK?	1	2	8	_____
B. INFANT FORMULA (SMA, LACTOGEN...)?	1	2	8	_____
C. BABY CEREAL (NESTLE CERELAC, FRESOCREM...)?	1	2	8	_____
D. TEA OR COFFEE?	1	2	8	
E. ANY OTHER LIQUIDS (JUICE, COCOA, COCONUT WATER...)?	1	2	8	
F. BREAD, RICE, NOODLES OR OTHER FOODS MADE FROM GRAIN (KENKEY, BANKU, KOKO, TUO ZAAFI, AKPLE, WEANIMIX...)?	1	2	8	
G. PUMPKIN, RED OR YELLOW YAMS, CARROTS, AND ORANGE OR YELLOW SWEET POTATOES...?	1	2	8	
H. WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, COCOYAM, FUFU OR ANY OTHER FOODS MADE FROM ROOTS, TUBERS OR PLANTAIN?	1	2	8	
I. ANY DARK GREEN LEAFY VEGETABLES (KONTOMIRE, ALEEFU, AYOYO, KALE, CASSAVA LEAVES)?	1	2	8	
J. RIPE MANGOES, PAWPAW?	1	2	8	
K. ANY OTHER FRUITS OR VEGETABLES (BANANAS, AVOCADOS, TOMATOES, ORANGES, APPLES...)?	1	2	8	
L. LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	1	2	8	
M. ANY MEAT SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN OR DUCK?	1	2	8	
N. EGGS?	1	2	8	
O. FRESH OR DRIED FISH OR SHELLFISH (PRAWNS, LOBSTERS...)?	1	2	8	
P. ANY FOODS MADE FROM BEANS, PEAS, LENTILS OR NUTS?	1	2	8	
Q. CHEESE, YOGURT OR OTHER MILK PRODUCTS?	1	2	8	
R. ANY OIL, FATS OR BUTTER, OR FOODS MADE WITH ANY OF THIS?	1	2	8	
S. ANY SUGARY FOODS AS CHOCOLATE, SWEET CANDIES, PASTRIES, CAKES OR BISCUITS?	1	2	8	
T. ANY OTHER SOLID OR SEMI-SOLID FOODS?	1	2	8	

CHECK DD1 : FOOD CONSUMED DURING THE DAY OR NIGHT BEFORE

At least one Yes in F to T ⇒ Continue with BF17

Not a single Yes in F to T ⇒ Go to next module

BF17. HOW MANY TIMES DID (name) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?

Number of times _ _

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). 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 About the same 3 More 4 Nothing to drink 5 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? <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 6 DK..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>		
		Y N DK
[A] A FLUID MADE FROM A SACHET ORS?	Fluid from ORS sachet 1 2 8	
[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Pre-packaged ORS fluid..... 1 2 8	
[C] COCONUT WATER?	Coconut Water 1 2 8	
[D] RICE WATER?	Rice Water..... 1 2 8	
[E] MASHED KENKEY?	Mashed Kenkey..... 1 2 8	

CA4F. Check CA4: ORS sachet or Pre-Packaged ORS given <input type="checkbox"/> [A] =1 or [B]=1 ⇒ Continue with CA4G <input type="checkbox"/> Else ⇒ CA5		
CA4G. WHERE DID YOU GET THE (ORS SACHET/PRE-PACKAGED ORS) FROM? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>	Public sector Govt. hospital/Polyclinic A Govt. clinic/health centre B Govt. health post/CHPS compound C Community health worker..... D Mobile / Outreach clinic E Other public (<i>specify</i>) H Private medical sector Private hospital / clinic/ physician I Private pharmacy/Chemical shop K Mobile / Outreach clinic L Herbal centre/Herbal clinic M Other private medical (<i>specify</i>) O Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) X	
CA4H. HOW MUCH DID YOU PAY FOR THE ORS?	Cedis DK 998	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No 2 DK 8	2⇒CA7 8⇒CA7
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> _____ (Name)	Pill or Syrup Antibiotic A Antimotility (anti-diarrhoeal)..... B Zinc C Other (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H Injection Antibiotic L Non-antibiotic..... M Unknown injection N Intravenous O Home remedy / Herbal medicine Q Other (<i>specify</i>) X	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?	Yes 1 No 2 DK 8	2⇒CA14 8⇒CA14
CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 DK 8	2⇒CA10 8⇒CA10

<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 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) 6 DK..... 8</p>	<p>2⇒CA14 6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public sector Govt. hospital/Polyclinic A Govt. clinic/health centre B Govt. health post/CHPS compound C Community health worker..... D Mobile / Outreach clinic E Other public (<i>specify</i>)..... H</p> <p>Private medical sector Private hospital / clinic / physician..... I Private pharmacy/Chemical shop K Mobile/Outreach clinic L Herbal Centre/Clinic M Other private medical (<i>specify</i>) O</p> <p>Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) X</p>	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(<i>Names of medicines</i>)</p>	<p>Antibiotic Pill / Syrup A Injection B</p> <p>Anti-malarials..... M Paracetamol / Panadol / Acetaminophen... P Aspirin..... Q Ibuprofen R Other (<i>specify</i>) X DK..... Z</p>	<p>M⇒CA14 P⇒CA14 Q⇒CA14 R⇒CA14 X⇒CA14 Z⇒CA14</p>

<p>CA13A. FROM WHERE DID YOU GET THE ANTIBIOTIC (PILL/SYRUP OR INJECTION)?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p>	<p>Public sector</p> <p>Govt. hospital/Polyclinic A Govt. clinic/health centre B Govt. health post/CHPS Compound..... C Community health worker..... D Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic/ physician I Private pharmacy/Chemical shop K Mobile/Outreach clinic L Herbal Centre/HerbalClinic M</p> <p>Other private (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend P Shop Q Traditional practitioner R</p> <p>Other (<i>specify</i>) X</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 Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine 01 Put / Rinsed into toilet or latrine 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open..... 06</p> <p>Other (<i>specify</i>) _____ 96 DK..... 98</p>	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK..... 8	2⇒Next Module 8⇒Next Module
ML2. 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	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML4. WAS <i>(name)</i> TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML4A. WHERE WAS <i>(name)</i> TAKEN DURING THIS ILLNESS?	Public sector Govt. Hospital 11 Govt. clinic Health center 12 Govt. Health post/CHPS compound 13 Village health worker/CBA 14 Mobile/outreach clinic 15 Other (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy/Chemical shop 23 Mobile/Outreach clinic 24 Other (<i>specify</i>) 26 Other source Relative or Friend 31 Shop 32 Traditional practitioner 33 Drug peddlers 34 Other (<i>specify</i>)..... 96 DK 98	
ML5. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS <i>(name)</i> GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (Name)	Anti-malarials: SP / Fansidar A Chloroquine B Amodiaquine..... C Quinine D Artemisinin-based Combination E ACT with the green leaf F Other anti-malarial (<i>specify</i>) _____ H Antibiotic drugs Pill / Syrup I Injection J Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin..... Q Ibuprofen R Other (<i>specify</i>) _____ X DK..... Z	

ML7. WAS (name) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	1⇒ML9 2⇒ML10 8⇒ML10
ML8. WAS (name) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML10 8⇒ML10
ML9. WHAT MEDICINE WAS (name) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (Name)	Anti-malarials: SP / Fansidar A Chloroquine B Amodiaquine..... C Quinine D Artemisinin-based Combination E ACT with the green leaf F Other anti-malarial (specify) _____ H Antibiotic drugs Pill / Syrup I Injection J Other medications: Paracetamol/ Panadol/ Acetaminophen . P Aspirin..... Q Ibuprofen R Other (specify) _____ X DK..... Z	
ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)? <input type="checkbox"/> <i>Yes ⇒ Continue with ML11</i> <input type="checkbox"/> <i>No ⇒ Go to Next Module</i>		
ML11. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML6 or ML9)? <i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</i>	Same day 0 Next day 1 2 days after the fever..... 2 3 days after the fever..... 3 4 or more days after the fever 4 DK..... 8	

IMMUNIZATION

IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.

<p>IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?</p>	<p>Yes, seen..... 1 Yes, not seen 2 No card 3</p>	<p>1⇒IM3 2⇒IM6</p>																																																																																																																																							
<p>IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?</p>	<p>Yes 1 No 2</p>	<p>1⇒IM6 2⇒IM6</p>																																																																																																																																							
<p>IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.</p>	<p style="text-align: center;">Date of Immunization</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">Day</th> <th style="width: 10%;">Month</th> <th colspan="6">Year</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO AT BIRTH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PENTA1 (DPT/HEPB/INFL1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PENTA2 (DPT/HEPB/INFL2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PENTA3 (DPT/HEPB/INFL3)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MEASLES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YELLOW FEVER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VITAMIN A (1) (MOST RECENT)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VITAMIN A (2) (2ND MOST RECENT)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									Day	Month	Year						BCG										POLIO AT BIRTH										POLIO 1										POLIO 2										POLIO 3										PENTA1 (DPT/HEPB/INFL1)										PENTA2 (DPT/HEPB/INFL2)										PENTA3 (DPT/HEPB/INFL3)										MEASLES										YELLOW FEVER										VITAMIN A (1) (MOST RECENT)										VITAMIN A (2) (2 ND MOST RECENT)									
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<p>IM4. Check IM3. Are all vaccines (BCG to Yellow Fever) recorded? <input type="checkbox"/> Yes ⇒ Go to IM18 <input type="checkbox"/> No ⇒ Continue with IM5</p>																																																																																																																																									

IMMUNIZATION		IM
<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p><i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i></p>	<p>Yes 1 <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</i></p> <p>No 2 DK..... 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks..... 1 Later 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times__</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A PENTA (DPT/HEPB/INFL) VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that PENTA vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM12. HOW MANY TIMES WAS A PENTA (DPT/HEPB/INFL) VACCINE RECEIVED?</p>	<p>Number of times__</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	
<p>IM17. 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?</p> <p><i>Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine</i></p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	
<p>IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?</p> <p><i>Show common types of ampules / capsules / syrups</i></p>	<p>Yes 1</p> <p>No 2 DK..... 8</p>	

IMMUNIZATION		IM
IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS OVER THE COURSE OF THE YEAR:		
		Y N DK
[A] POLIO IMMUNIZATION PHASE I (MARCH 2011)	POLIO IMMUNIZATION PHASE I.....	1 2 8
[B] POLIO IMMUNIZATION PHASE II (MAY 2011)	POLIO IMMUNIZATION PHASE II....	1 2 8
[C] POLIO IMMUNIZATION PHASE III (AUGUST 2011)	POLIO IMMUNIZATION PHASE III...	1 2 8
[D] POLIO IMMUNIZATION PHASE IV (NOVEMBER 2011)	POLIO IMMUNIZATION PHASE IV ..	1 2 8

NATIONAL HEALTH INSURANCE		HI
HI1. HAS (<i>name</i>) EVER BEEN REGISTERED WITH ANY HEALTH INSURANCE SCHEME?	Yes 1 No.....2	2⇒HI10
HI2. WHAT TYPE OF HEALTH INSURANCE DOES (<i>NAME</i>) HAVE? <i>Probe:</i> ANY OTHER?	National/District Health Insurance (NHIS)...A Mutual Health Organization/ Community-based Health Insurance.....B Other Privately Purchased Commercial Health Insurance C Other Health Insurance (<i>specify</i>)..... X	
HI3. Check HI2: <input type="checkbox"/> NHIS <u>NOT</u> CHECKED. ⇒ Go to HI11		
HI3A. IN WHICH YEAR WAS (<i>NAME</i>) FIRST REGISTERED WITH THE NATIONAL HEALTH INSURANCE SCHEME (NHIS)?	(YYYY) _____ DK.....998	
HI4. HOW WAS (<i>NAME'S</i>) MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself 01 Premium paid by a relative or friend 02 Free Child Health Service.....07 Other (<i>specify</i>) _____ 96	
HI5. DOES (<i>NAME</i>) HOLD A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD? <i>If child has valid insurance card, request to see it. Check to make sure it is valid for 2011</i>	Yes, card seen 1 Yes, card not seen 2 No 3	1⇒HI9 2⇒HI9
HI6. WHY DOES (<i>NAME</i>) NOT HAVE A VALID NHIS CARD?	Registered/Renewed, card not received..... 2 Registered, in waiting period..... 3 Registration not renewed 4 Lost NHIS card 5 Not aware of need to renew the card 7 Other (<i>specify</i>) _____ 6	2⇒HI9 3⇒HI9 5⇒HI9 6⇒HI9
HI7. DO YOU PLAN TO RENEW (<i>NAME'S</i>) NHIS REGISTRATION?	Yes 1 No.....2 Don't know/ Not sure 8	1⇒HI9 8⇒HI9

NATIONAL HEALTH INSURANCE		HI
HI8. WHY DO YOU NOT WANT TO RENEW (NAME 's) NHIS REGISTRATION? <i>Probe:</i> ANY OTHER REASON?	Has not been sickA Still pay out of pocket C Poor quality care with card D Waiting time for card too longE Desired services not coveredF Clinics used/ traditional services not Covered by NHIS G Not aware that card is renewable H Other (<i>specify</i>) X	
HI9. IN YOUR OPINION, DOES A CHILD WITH THE NHIS CARD GET BETTER/SAME/WORSE SERVICES WHEN THEY VISIT HEALTH CARE FACILITIES?	Better 1 Same 2 Worse 3 Never used 4 Don't know 8	1⇒ UF13 2⇒ UF13 3⇒ UF13 4⇒ UF13 8⇒ UF13
HI10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION FOR (NAME) WITH THE NHIS? <i>Probe:</i> ANY OTHER REASON?	Not heard of NHISA Do not trust NHIS C Do not know where to register D Registration office too farE Do not need health insurance F NHIS does not cover the services needed. G NHIS does not cover the facilities used H Not aware that card is renewable I Other (<i>specify</i>) X	A⇒ UF13 C⇒ UF13 D⇒ UF13 E⇒ UF13 F⇒ UF13 G⇒ UF13 H⇒ UF13 X⇒ UF13
HI11. IS (NAME'S) INSURANCE CURRENTLY VALID FOR 2011?	Yes 1 No 2 Don't know/ Not sure 8	

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

UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

Yes ⇒ Indicate to the respondent that the health technician will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent

No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that the health technician will need to measure the weight and height of the child

Check to see if there are other woman's, under-5's or man's questionnaires to be administered in this household.

Move to another woman's, under-5 or man's questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY

AN

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements. Also observe and record whether the child has oedema or not.

AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present 2 Child or caretaker refused 3 Other (specify) _____ 6	2⇒AN6 3⇒AN6 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). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down 1 ____ . ____ Height (cm) Standing up 2 ____ . ____ Length / Height not measured 9999.9	
AN5. Oedema Examine and record.	Checked Oedema present..... 1 Oedema not present..... 2 Unsure 3 Not checked (specify reason) _____ 7	

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

Yes ⇒ Record measurements for next child.

No ⇒ End measurement with this household by thanking all participants for their cooperation. Health technician will then proceed to the anemia and malaria testing for eligible children in the house hold.

ANAEMIA AND MALARIA TESTING FOR CHILDREN UNDER FIVE

AM

After weighing and measuring the child, the health technician will request to do the anaemia and malaria testing.

<p>AM1. <i>Check AGI:</i></p> <p><i>Was child born in month of interview or five previous months?</i></p>	<p>Yes 1</p> <p>No 2</p>	<p>1 ⇒ END</p>
<p>AM2. <i>Ask consent for anaemia test from mother or caretaker:</i></p> <p>AS PART OF THIS SURVEY, WE ARE ASKING THAT CHILDREN ALL OVER THE COUNTRY TAKE AN ANAEMIA TEST. ANAEMIA IS A SERIOUS HEALTH PROBLEM THAT USUALLY RESULTS FROM POOR NUTRITION, INFECTION, OR DISEASE. THIS SURVEY WILL HELP THE GOVERNMENT TO DEVELOP PROGRAMS TO PREVENT AND TREAT ANAEMIA.</p> <p>WE ASK THAT ALL CHILDREN AGE 6 MONTHS TO UNDER 5 YEARS PARTICIPATE IN THE ANAEMIA TESTING PART OF THIS SURVEY AND GIVE A FEW DROPS OF BLOOD FROM A FINGER. THE EQUIPMENT USED TO TAKE THE BLOOD IS CLEAN AND COMPLETELY SAFE. IT HAS NEVER BEEN USED BEFORE AND WILL BE THROWN AWAY AFTER EACH TEST. YOUR CHILD WILL FEEL SOME PAIN THAT LASTS A FEW SECONDS WHEN HIS/HER FINGER IS PRICKED. THERE IS ALSO A SLIGHT RISK OF BLEEDING AND INFECTION WHERE THE FINGER IS PRICKED, BUT WE TAKE PRECAUTIONS TO REDUCE THIS RISK.</p> <p>THE BLOOD WILL BE TESTED FOR ANAEMIA IMMEDIATELY AND THE RESULT WILL BE MADE KNOWN TO YOU RIGHT AWAY. THE RESULT WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM.</p> <p>DO YOU HAVE ANY QUESTIONS? YOU CAN SAY YES TO THE TEST OR YOU CAN SAY NO. IT IS UP TO YOU TO DECIDE.</p> <p>WILL YOU ALLOW (NAME OF CHILD) TO PARTICIPATE IN THE ANAEMIA TEST?</p>		
<p>AM3. <i>Anaemia testing consent outcome.</i></p>	<p>Granted..... 1</p> <p>_____</p> <p><i>(mother/caretaker's signature or thumbprint)</i></p> <p>_____</p> <p><i>(health tech's signature as witness)</i></p> <p>Refused 2</p> <p>Child not present 5</p> <p>Other..... 6</p>	
<p>AM4. <i>Ask consent for malaria test from mother or caretaker:</i></p> <p>AS PART OF THIS SURVEY, WE ARE ASKING THAT CHILDREN ALL OVER THE COUNTRY TAKE A MALARIA TEST. MALARIA IS A SERIOUS ILLNESS CAUSED BY A PARASITE TRANSMITTED BY A MOSQUITO BITE. THIS SURVEY WILL HELP THE GOVERNMENT TO DEVELOP PROGRAMS TO PREVENT MALARIA.</p> <p>WE ASK THAT ALL CHILDREN AGE 6 MONTHS TO UNDER 5 YEARS PARTICIPATE IN THE MALARIA TESTING PART OF THIS SURVEY AND GIVE A FEW DROPS OF BLOOD FROM A FINGER. THE EQUIPMENT USED TO TAKE THE BLOOD IS CLEAN AND COMPLETELY SAFE. IT HAS NEVER BEEN USED BEFORE AND WILL BE THROWN AWAY AFTER EACH TEST. YOUR CHILD WILL FEEL SOME PAIN THAT LASTS A FEW SECONDS WHEN HIS/HER FINGER IS PRICKED. THERE IS ALSO A SLIGHT RISK OF BLEEDING AND INFECTION WHERE THE FINGER IS PRICKED, BUT WE TAKE PRECAUTIONS TO REDUCE THIS RISK. WE WILL USE BLOOD FROM THE SAME FINGER PRICK MADE FOR THE ANAEMIA TEST.</p> <p>ONE BLOOD DROP WILL BE TESTED FOR MALARIA IMMEDIATELY AND THE RESULT WILL BE MADE KNOWN TO YOU RIGHT AWAY. ANOTHER DROP WILL BE COLLECTED ON A SLIDE AND TAKEN TO A LABORATORY FOR TESTING. YOU WILL NOT BE TOLD THE RESULTS OF THE LABORATORY TESTING. ALL RESULTS WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE OTHER THAN MEMBERS OF OUR SURVEY TEAM.</p> <p>DO YOU HAVE ANY QUESTIONS? YOU CAN SAY YES TO THE TEST OR YOU CAN SAY NO. IT IS UP TO YOU TO DECIDE.</p> <p>WILL YOU ALLOW (NAME OF CHILD) TO PARTICIPATE IN THE MALARIA TESTING?</p>		

<p>AM5. Malaria testing consent outcome.</p>	<p>Granted..... 1</p> <p>_____</p> <p>(mother/caretaker's signature or thumbprint)</p> <p>_____</p> <p>(health tech's signature as witness)</p> <p>Refused 2</p> <p>Child not present 5</p> <p>Other..... 6</p>	
<p>AM6. Prepare supplies for the tests for which consent was granted and proceed with the tests.</p>		
<p>AM7. Bar code label.</p> <p>Put the first bar code label here, the 2nd on the RDT, the 3rd on the slide and the 4th and 5th on the transmittal forms.</p>	<p>PASTE THE 1st BAR CODE LABEL HERE</p> <p>Refused 99994</p> <p>Child not present 99995</p> <p>Other..... 99996</p>	
<p>AM8. Haemoglobin level.</p> <p>Record the haemoglobin level here and in the anaemia and malaria brochure.</p>	<p>G/DL . </p> <p>Refused 994</p> <p>Child not present 995</p> <p>Other..... 996</p>	
<p>AM9. Malaria rapid test outcome.</p>	<p>Tested..... 1</p> <p>Refused 2</p> <p>Child not present 3</p> <p>Other..... 6</p>	<p>2⇒AM11</p> <p>3⇒AM11</p> <p>6⇒AM11</p>
<p>AM10. Malaria rapid test result.</p> <p>Record the result of the RDT here and in the anaemia and malaria brochure.</p>	<p>Positive, falciparum only (Pf)..... 1</p> <p>Positive, other species (O,M,V)..... 2</p> <p>Positive, both falciparum and OMV 3</p> <p>Negative 4</p> <p>Other..... 6</p>	<p>1⇒AM13</p> <p>2⇒AM13</p> <p>3⇒AM13</p>
<p>AM11. Check AM8:</p> <p>Haemoglobin result</p>	<p>Below 7.0 g/dl, severe anaemia 1</p> <p>7.0 g/dl or above..... 2</p> <p>Refused 3</p> <p>Child not present 4</p> <p>Other..... 6</p>	<p>2⇒END</p> <p>3⇒END</p> <p>4⇒END</p> <p>6⇒END</p>
<p>AM12. Severe anaemia referral</p> <p>THE ANAEMIA TEST SHOWS THAT (NAME OF CHILD) HAS SEVERE ANAEMIA. YOUR CHILD IS VERY ILL AND MUST BE TAKEN TO A HEALTH FACILITY IMMEDIATELY.</p>		<p>⇒END</p>
<p>AM13. DOES (NAME) SUFFER FROM ANY OF THE FOLLOWING ILLNESSES OR SYMPTOMS:</p> <p>EXTREME WEAKNESS?</p> <p>HEART PROBLEMS?</p> <p>FAINTING, LOSS OF CONSCIOUSNESS?</p> <p>RAPID OR DIFFICULT BREATHING?</p> <p>SEIZURES?</p> <p>ABNORMAL BLEEDING?</p> <p>JAUNDICE (YELLOW SKIN)?</p> <p>DARK URINE?</p>	<p>Extreme weakness A</p> <p>Heart problems B</p> <p>Fainting, loss of consciousness..... C</p> <p>Rapid or difficult breathing..... D</p> <p>Seizures..... E</p> <p>Abnormal bleeding F</p> <p>Jaundice G</p> <p>Dark urine H</p>	
<p>AM14. Check AM13: Any code circled?</p>	<p>No code circled..... 1</p> <p>Any code circled 2</p>	<p>2⇒AM 17</p>

<p>AM15. <i>Check AM8:</i></p> <p><i>Haemoglobin result</i></p>	<p>Below 6.0 g/dl, severe anaemia 1 6.0 g/dl or above.....2 Refused3 Child not present4 Other.....6</p>	<p>1⇒AM 17</p>
<p>AM16. IN THE PAST 2 WEEKS HAS (NAME) TAKEN ANY MEDICINE GIVEN BY A DOCTOR OR HEALTH CENTER TO TREAT THE MALARIA?</p> <p><i>Check if it is AL/AS-AQ by asking to see the medicine. Circle '1' only if it is AL or AS-AQ.</i></p>	<p>Yes 1 No2</p>	<p>1⇒AM 18 2⇒AM 19</p>
<p>AM17. <i>Severe malaria referral</i></p> <p>THE MALARIA TEST SHOWS THAT (NAME OF CHILD) HAS MALARIA. YOUR CHILD ALSO HAS SYMPTOMS OF SEVERE MALARIA. THE MALARIA TREATMENT I HAVE WILL NOT HELP YOUR CHILD, AND I CANNOT GIVE YOU THE MEDICATION. YOUR CHILD IS VERY ILL AND MUST BE TAKEN TO A HEALTH FACILITY RIGHT AWAY.</p>		<p>⇒END</p>
<p>AM18. <i>Referral for those who are already taking AL or AS-AQ</i></p> <p>YOU HAVE TOLD ME THAT (NAME OF CHILD) HAS ALREADY RECEIVED MEDICATION FOR MALARIA. THEREFORE, I CANNOT GIVE YOU ADDITIONAL MEDICATION. HOWEVER, THE TEST SHOWS THAT HE/SHE IS POSITIVE FOR MALARIA. IF YOUR CHILD HAS A FEVER FOR TWO DAYS AFTER THE LAST DOSE OF MEDICATION, YOU SHOULD TAKE THE CHILD TO THE NEAREST HEALTH FACILITY FOR FURTHER EXAMINATION.</p>		<p>⇒END</p>
<p>AM19. <i>Consent for malaria treatment</i></p> <p>THE MALARIA TEST SHOWS THAT YOUR CHILD HAS MALARIA. WE CAN GIVE YOU FREE MEDICINE. THE MEDICINE IS CALLED AS-AQ. IT IS VERY EFFECTIVE AND IN A FEW DAYS IT SHOULD GET RID OF THE FEVER AND OTHER SYMPTOMS. YOU DO NOT HAVE TO GIVE THE CHILD THE MEDICINE. IT IS UP TO YOU TO DECIDE. PLEASE TELL ME IF YOU ACCEPT THE MEDICINE OR NOT.</p>		
<p>AM20. <i>Accepted medicine?</i></p>	<p>Accepted medicine 1 Refused medicine.....2 Other.....6</p>	
<div style="border: 1px solid black; height: 300px; width: 100%;"></div>		

TABLE 1A: ARTESUNATE + AMODIAQUINE FIXED DOSE COMBINATION
STANDARD REGIMEN, USING THE 3 AVAILABLE DOSING STRENGTHS

		Artesunate + Amodiaquine Fixed Dose Combination*			
Weight (kg)	Age	Tablet Dosing Strength	Day 1	Day 2	Day 3
≤ 8 kg	2-11 mos. "Infants"	AS: 25 mg AQ: 67.5 mg	1 tablet	1 tablet	1 tablet
9-17 kg	1-5 years "Young Children"	AS: 50 mg AQ: 135 mg	1 tablet	1 tablet	1 tablet
18-35 kg	6-13 years "Children"	AS: 100 mg AQ: 270 mg	1 tablet	1 tablet	1 tablet
≥ 36 kg	> 13 years "Adolescents & Adults"	AS: 100 mg AQ: 270 mg	2 tablets	2 tablets	2 tablets

* Each tablet contains both Artesunate (AS) and Amodiaquine (AQ), at the dosages indicated. The product packaging clearly indicates which dosing strength applies to which age group.

TABLE 1B: ARTESUNATE + AMODIAQUINE CO-BLISTERED FORMULATION
REGIMEN FOR ONCE DAILY DOSING

Weight (kg)	Age (yr)	Artesunate 50 mg tablets			Amodiaquine 150 mg base tablets		
		Day 1	Day 2	Day 3	Day 1	Day 2	Day 3
5-10 kg	Under 1	½ tab	½ tab	½ tab	½ tab	½ tab	½ tab
11-24 kg	1-6	1 tab	1 tab	1 tab	1 tab	1 tab	1 tab
24-50 kg	7-13	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs	2 tabs
50-70 kg	14-18	3 tabs	3 tabs	3 tabs	3 tabs	3 tabs	3 tabs
≥70 kg	≥18	4 tabs	4 tabs	4 tabs	4 tabs	4 tabs	4 tabs

Note: The dose in mg/body weight is: Amodiaquine 10mg/kg body weight + Artesunate 4mg/kg body weight, taken as a SINGLE DOSE daily for three (3) days, after meals.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations