



REPUBLIC OF GHANA

**MULTIPLE INDICATOR
CLUSTER SURVEY (MICS)
2006**

UNDER 5 QUESTIONNAIRE

**GHANA STATISTICAL SERVICE
ACCRA, GHANA**

REGION:

0	5
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E. A. NUMBER:

1	5	0
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HHOLD:

0	9
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CHILDREN UNDER FIVE QUESTIONNAIRE

IDENTIFICATION PANEL

UF

THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL MOTHERS OR CARETAKERS (SEE HOUSEHOLD LISTING, COLUMN HL8) WHO CARE FOR A CHILD THAT LIVES WITH THEM AND IS UNDER THE AGE OF 5 YEARS (SEE HOUSEHOLD LISTING, COLUMN HL5).

A SEPARATE QUESTIONNAIRE SHOULD BE USED FOR EACH ELIGIBLE CHILD.

FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND NAMES AND LINE NUMBERS OF THE CHILD AND THE MOTHER/CARETAKER IN THE SPACE BELOW. INSERT YOUR OWN NAME AND NUMBER, AND THE DATE.

UF1. CLUSTER NUMBER: <input style="width: 60px;" type="text"/>	UF2. HOUSEHOLD NUMBER: <input style="width: 60px;" type="text"/>
UF3. CHILD'S NAME: _____	UF4. CHILD'S LINE NUMBER: <input style="width: 40px;" type="text"/>
UF5. MOTHER'S/CARETAKER'S NAME: _____	UF6. MOTHER'S/CARETAKER'S LINE NUMBER: <input style="width: 40px;" type="text"/>
UF7. INTERVIEWER'S NAME AND NUMBER: _____	UF8. DAY/MONTH/YEAR OF INTERVIEW: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 2 0 0 6
UF9. RESULT OF INTERVIEW FOR CHILDREN UNDER 5 (CODES REFER TO MOTHER/CARETAKER.)	COMPLETED 1 NOT AT HOME 2 REFUSED 3 PARTLY COMPLETED 4 INCAPACITATED 5 OTHER (specify) 6

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

Good! My name is and I am here on behalf of the Ghana Statistical Service and Ministry of Health. We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE RESPONDENT DOES NOT AGREE TO CONTINUE, THANK HIM/HER AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (NAME). In what month and year was (NAME) born? PROBE: What is his/her birthday? IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY.	Date of birth: Day <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DK day 98 Month <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DK month 98 Year <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DK year 9998
UF11. How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Age in completed years <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

MODULE 1: BIRTH REGISTRATION AND EARLY LEARNING **BR**

BR1. Has (<i>NAME</i> 's) birth been registered with the Births and Deaths Registry?	Yes.....1 No2 DK.....8	2⇒BR3										
BR2. Does (<i>NAME</i>) have a birth certificate? May I see it?	Yes, seen.....1 Yes, not seen.....2 No3 DK.....8	1⇒BR5 2⇒BR5										
BR3. Why is (<i>NAME</i>) birth not registered?	Costs too much.....1 Must travel too far.....2 Did not know it should be registered3 Did not want to pay fine.....4 Do not know where to register.....5 Other (<i>specify</i>).....6 DK.....8	5⇒BR5										
BR4. Do you know where to register your child's birth?	Yes.....1 No2											
BR5. CHECK AGE OF CHILD IN UF11: CHILD IS 3 OR 4 YEARS OLD? <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, such as a private or government facility, including kindergarten or community child care?	Yes.....1 No2 DK.....8	2⇒BR8 8⇒BR8										
BR7. Within the last seven days, about how many hours did (<i>NAME</i>) attend?	No. of hours <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>											
BR8. 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>): IF YES, ASK: who engaged in this activity with the child - the mother, the child's father or another adult member of the household (including the caretaker/respondent)? CIRCLE ALL THAT APPLY.												
BR8A. Read books or look at picture books with (<i>NAME</i>)?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;">Mother</th> <th style="width: 15%;">Father</th> <th style="width: 15%;">Other</th> <th style="width: 15%;">No one</th> </tr> </thead> <tbody> <tr> <td>Books</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Books	A	B	X	Y	
	Mother	Father	Other	No one								
Books	A	B	X	Y								
BR8B. Tell stories to/with (<i>NAME</i>)?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Stories</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>	Stories	A	B	X	Y						
Stories	A	B	X	Y								
BR8C. Sing songs to/with (<i>NAME</i>)?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Songs</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>	Songs	A	B	X	Y						
Songs	A	B	X	Y								
BR8D. Take (<i>NAME</i>) outside the home, compound, yard or enclosure?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Take outside</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>	Take outside	A	B	X	Y						
Take outside	A	B	X	Y								
BR8E. Play with (<i>NAME</i>)?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Play with</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>	Play with	A	B	X	Y						
Play with	A	B	X	Y								
BR8F. Spend time with (<i>NAME</i>) naming, counting, and/or drawing things?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Spend time with</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">X</td> <td style="text-align: center;">Y</td> </tr> </tbody> </table>	Spend time with	A	B	X	Y						
Spend time with	A	B	X	Y								

QUESTION CE1 IS TO BE ADMINISTERED ONLY ONCE TO EACH CARETAKER

CE1. How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books

Number of non-children's books.....0
 Ten or more non-children's books 10

IF 'NONE' ENTER 0

CE2. How many children's books or picture books do you have for (NAME)?

Number of children's books.....0
 Ten or more books 10

IF 'NONE' ENTER 0

CE3. I am interested in learning about the things that (NAME) plays with when he/she is at home.

What does (NAME) play with?

Does he/she play with

Household objects, such as bowls, plates, cups or pots?

Household objects (bowls, plates, cups, pots) A

Objects and materials found outside the living quarters, such as sticks, rocks, animals, shells, or leaves?

Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) B

Homemade toys, such as dolls, cars and other toys made at home?

Homemade toys (dolls, cars and other toys made at home) C

Toys purchased from a store?

Toys purchased from a store D

IF THE RESPONDENT SAYS "YES" TO ANY OF THE PROMPTED CATEGORIES, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE

No playthings mentioned Y

CODE Y IF CHILD DOES NOT PLAY WITH ANY OF THE ITEMS MENTIONED.

CE4. 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 with others. since last (DAY OF THE WEEK) how many times was (NAME) left in the care of another child (that is, someone less than 10 years old)?

Number of times

IF 'NONE' ENTER 00

CE5. In the past week, how many times was (NAME) left alone?

Number of times

IF 'NONE' ENTER 00

MODULE 3: VITAMIN A – CHILDREN 6 MONTHS AND OLDER

VA

VA1. Has (NAME) ever received a vitamin A capsule (supplement) like this one?

- Yes.....1
- No2
- DK.....8

2⇒NEXT
MODULE

8⇒NEXT
MODULE

SHOW CAPSULES:

*100,000 IU FOR THOSE 6-11 MONTHS OLD, (BLUE)
200,000 IU FOR THOSE 12-59 MONTHS OLD. (RED).*

VA2. How many months ago did (NAME) take the last dose?

- Months ago
- DK.....98

VA3. Where did (NAME) get this last dose?

- On routine visit to health facility/CHPS1
- Sick child visit to health facility2
- National Immunization Day campaign.....3
- Child health week4
- Outreach clinics5
- Other (*specify*).....6
- DK.....8

VA3A. How many times did (NAME) receive capsule(s) in the last 12 months?

- Number of times

MODULE 4: BREASTFEEDING
BF

BF1. Has (NAME) ever been breastfed?	Yes.....1 No2	2⇒BF3
BF2. Is (NAME) still being breastfed?	Yes.....1 No2 DK.....8	1⇒BF3 8⇒BF3
BF2A. For how many months did you breastfeed (NAME)?	Months..... <input type="text"/> <input type="text"/> DK.....98	
BF2B. Was (NAME) breastfed yesterday?	Yes.....1 No2	
<p>BF3. Since this time yesterday, did he/she receive any of the following:</p> <p><i>READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.</i></p> <p>BF3A. Vitamin, mineral supplements (Abidec, Minadex, etc)?</p> <p>BF3B. Plain water?</p> <p>BF3C. Sweetened, flavoured water or fruit juice or tea or infusion?</p> <p>BF3D. ORS?</p> <p>BF3E. Infant formula (e.g. SMA, Lactogen)?</p> <p>BF3F. Tinned, powdered or fresh milk?</p> <p>BF3G. Any other liquids (e.g. coconut water)?</p> <p>BF3H. Solid or semi-solid (mushy) food?</p>	<p style="text-align: right;">Y N DK</p> <p>A. Vitamin supplements.....1 2 8</p> <p>B. Plain water1 2 8</p> <p>C. Sweetened water or juice1 2 8</p> <p>D. ORS1 2 8</p> <p>E. Infant formula1 2 8</p> <p>F. Milk1 2 8</p> <p>G. Other liquids.....1 2 8</p> <p>H. Solid or semi-solid food1 2 8</p>	
<p>BF4. CHECK BF3H: CHILD RECEIVED 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 NEXT MODULE</p>		
<p>BF5. Since this time yesterday, how many times did (NAME) eat solid, semisolid, or soft foods other than liquids?</p> <p><i>IF 7 OR MORE TIMES, RECORD '7'.</i></p>	<p>No. of times <input type="text"/></p> <p>Don't know8</p>	

MODULE 5: CARE OF ILLNESS
CA

CA1. Has (NAME) had diarrhoea in the last two weeks, that is, since (DAY OF THE WEEK) of the week before last?

Yes.....1
 No.....2
 DK.....8

2 ⇨ CA5
 8 ⇨ CA5

DIARRHOEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER, OR AS THREE OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL.

CA2. During this last episode of diarrhoea, did (NAME) drink any of the following:

READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.

Yes No DK

CA2A. A fluid made from a special packet called (ORS)?

A. Fluid from ORS packet.....1 2 8

CA2B. Government-recommended homemade fluid (sugar-salt solution)?

B. Recommended homemade fluid ...1 2 8

CA3. During (NAME'S) illness, did he/she drink much less, about the same, or more than usual?

Much less or none1
 About the same (or somewhat less).....2
 More3
 DK.....8

CA4. During (NAME'S) illness, did he/she eat less, about the same, or more food than usual?

None1
 Much less2
 Somewhat less3
 About the same4
 More5
 DK.....8

IF "LESS", PROBE:

much less or a little less?

CA4A. Check CA2A: ORS packet used?

Yes. ⇨ Continue with CA4B

No. ⇨ Go to CA5

CA4B. Where did you get the (ORS PACKET FROM CA2A)?

Public sector
 Govt. hospital/polyclinic 11
 Govt. health centre 12
 Govt. health post..... 13
 Village health worker 14
 Mobile/outreach clinic 15
 Other public (specify)..... 16
 Private medical sector
 Private hospital/clinic 21
 Private physician..... 22
 Private pharmacy 23
 Mobile clinic 24
 Other private
 medical (specify) 26
 Other source
 Relative or friend..... 31
 Shop 32
 Traditional practitioner 33
 Other (specify) 96
 DK..... 98

CA4c. How much did you pay for the (ORS PACKET FROM CA2A)?	Cedis <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Free 999996 DK 999998	
CA5. Has (NAME) had an illness with a cough at any time in the last two weeks, that is, since (DAY OF THE WEEK) of the week before last?	Yes 1 No 2 DK 8	2 ⇨ CA12 8 ⇨ CA12
CA6. When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes 1 No 2 DK 8	2 ⇨ CA12 8 ⇨ CA12
CA7. Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest 1 Blocked nose 2 Both 3 Other (specify) 6 DK 8	2 ⇨ CA12 6 ⇨ CA12
CA8. Did you seek advice or treatment for the illness outside the home?	Yes 1 No 2 DK 8	2 ⇨ CA10 8 ⇨ CA10
CA9. From where did you seek care? Anywhere else? <i>CIRCLE ALL PROVIDERS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</i> <i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</i> _____ (NAME OF PLACE)	Public sector Govt. hospital/polyclinic A Govt. health centre B Govt. health post C Village health worker D Mobile/outreach clinic E Other public (specify) H Private medical sector Private hospital/clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (specify) O Other source Relative or friend P Chemical shop Q Traditional practitioner R Drug peddlers S Other (specify) X	
CA10. Was (NAME) given medicine to treat this illness?	Yes 1 No 2 DK 8	2 ⇨ CA12 8 ⇨ CA12
CA11. What medicine was (NAME) given? <i>CIRCLE ALL MEDICINES GIVEN.</i>	Antibiotic A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (specify) X DK Z	

CA11A. CHECK CA11: ANTIBIOTIC GIVEN?

YES. ⇒ CONTINUE WITH CA11B

NO. ⇒ GO TO CA12

CA11B. Where did you get the antibiotic?

- Public sector
- Govt. hospital/polyclinic..... 11
 - Govt. health centre..... 12
 - Govt. health post..... 13
 - Village health worker..... 14
 - Mobile/outreach clinic..... 15
 - Other public (*specify*)..... 16
- Private medical sector
- Private hospital/clinic..... 21
 - Private physician..... 22
 - Private pharmacy..... 23
 - Mobile clinic..... 24
 - Other private medical (*specify*)..... 26
- Other source
- Relative or friend..... 31
 - Chemical shop..... 32
 - Traditional practitioner..... 33
 - Drug peddlers..... 34
 - Other (*specify*)..... 96
 - DK..... 98

CA11c. How much did you pay for the antibiotic?

- Cedis
- Free..... 999996
- DK..... 999998

CA12. CHECK UF11: CHILD AGED UNDER 3?

YES. ⇒ CONTINUE WITH CA13

NO. ⇒ GO TO CA14

CA13. The last time (*NAME*) passed stools, what was done to dispose of the stools?

- Child used toilet/latrine..... 11
- Put/rinsed into toilet or latrine..... 12
- Put/rinsed into drain or ditch..... 13
- Thrown into garbage (solid waste)..... 14
- Buried..... 15
- Left in the open..... 16
- Other (*specify*)..... 96
- DK..... 98

ASK THE FOLLOWING QUESTION (CA14) ONLY ONCE FOR EACH MOTHER/CARETAKER.

CA14. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?

- Child not able to drink or breastfeed..... A
- Child becomes sicker..... B
- Child develops a fever..... C
- Child has fast breathing..... D
- Child has difficult breathing..... E
- Child has blood in stool..... F
- Child is drinking poorly..... G
- Other (*specify*)..... X
- Other (*specify*)..... Y
- Other (*specify*)..... Z

KEEP ASKING FOR MORE SIGNS OR SYMPTOMS UNTIL THE MOTHER/CARETAKER CANNOT RECALL ANY ADDITIONAL SYMPTOMS.

*CIRCLE ALL SYMPTOMS MENTIONED,
BUT DO NOT PROMPT WITH ANY SUGGESTIONS.*

MODULE 6: MALARIA FOR UNDER-FIVES
ML

ML1. In the last two weeks, that is, since (<i>DAY OF THE WEEK</i>) of the week before last, has (<i>NAME</i>) been ill with a fever?	Yes.....1 No2 DK.....8	2⇒ML10 8⇒ML10
ML2. Was (<i>NAME</i>) seen at a health facility during this illness?	Yes.....1 No2 DK.....8	2⇒ML6 8⇒ML6
ML3. Did (<i>NAME</i>) take a medicine for fever or malaria that was provided or prescribed at the health facility?	Yes.....1 No2 DK.....8	2⇒ML5 8⇒ML5
ML4. What medicine did (<i>NAME</i>) take that was provided or prescribed at the health facility? <i>CIRCLE ALL MEDICINES MENTIONED.</i>	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine/camoquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) _____ H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen..... R Other (<i>specify</i>) _____ X DK..... Z	
ML5. Was (<i>NAME</i>) given medicine for the fever or malaria before being taken to the health facility?	Yes.....1 No2 DK.....8	1⇒ML7 2⇒ML8 8⇒ML8
ML6. Was (<i>NAME</i>) given medicine for fever or malaria during this illness?	Yes.....1 No2 DK.....8	2⇒ML8 8⇒ML8
ML7. What medicine was (<i>NAME</i>) given? <i>CIRCLE ALL MEDICINES GIVEN. ASK TO SEE THE MEDICATION IF TYPE IS NOT KNOWN. IF TYPE OF MEDICATION IS STILL NOT DETERMINED, SHOW TYPICAL ANTI-MALARIALS TO RESPONDENT.</i>	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine/camoquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) _____ H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen..... R Other (<i>specify</i>) _____ X DK..... Z	
ML8. CHECK ML4 AND ML7: ANTI-MALARIAL MENTIONED (CODES A - H)?		
<input type="checkbox"/> Yes. ⇒ CONTINUE WITH ML9 <input type="checkbox"/> No. ⇒ GO TO ML10		
ML9. How long after the fever started did (<i>NAME</i>) first take (<i>NAME OF ANTI-MALARIAL</i>)	Same day0 Next day1	

<p>FROM ML4 or ML7)?</p> <p>IF MULTIPLE ANTI-MALARIALS MENTIONED IN ML4 OR ML7, NAME ALL ANTI-MALARIAL MEDICINES MENTIONED.</p> <p>RECORD THE CODE FOR THE DAY ON WHICH THE FIRST ANTI-MALARIAL WAS GIVEN.</p>	<p>2 days after the fever2</p> <p>3 days after the fever3</p> <p>4 or more days after the fever4</p> <p>DK8</p>	
<p>ML9A. Where did you get the (NAME OF ANTI-MALARIAL FROM ML4 or ML7)?</p> <p>IF MORE THAN ONE ANTI-MALARIAL IS MENTIONED IN ML4 OR ML7, REFER TO THE FIRST ANTI-MALARIAL GIVEN FOR THE FEVER (THE ANTI-MALARIAL GIVEN ON THE DAY RECORDED IN ML9).</p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Govt. health centre 12</p> <p>Govt. health post 13</p> <p>Village health worker 14</p> <p>Mobile/outreach clinic 15</p> <p>Other public (specify) 16</p> <p>Private medical sector</p> <p>Private hospital/clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (specify) 26</p> <p>Other source</p> <p>Relative or friend 31</p> <p>Chemical shop 32</p> <p>Traditional practitioner 33</p> <p>Drug peddlers 34</p> <p>Other (specify) 96</p> <p>DK 98</p>	
<p>ML9B. How much did you pay for the (NAME OF ANTI-MALARIAL FROM ML4 or ML7)?</p> <p>REFER TO THE SAME ANTI-MALARIAL AS IN ML9A ABOVE</p>	<p>Cedis <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Free 999996</p> <p>DK 999998</p>	
<p>ML10. Did (NAME) sleep under a mosquito net last night?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 → NEXT MODULE</p> <p>8 → NEXT MODULE</p>
<p>ML11. How long ago did your household obtain the mosquito net?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p> <p>IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.</p>	<p>Months ago <input type="text"/> <input type="text"/></p> <p>More than 24 months ago 95</p> <p>Not sure 98</p>	

<p>ML12. What brand is this net?</p> <p><i>IF THE RESPONDENT DOES NOT KNOW THE BRAND OF THE NET, SHOW PICTORIALS, OR IF POSSIBLE, OBSERVE THE NET.</i></p> <p>LONG LASTING TREATED NETS: <i>Olyset</i> <i>Permanet</i></p> <p>PRE-TREATED NETS: <i>Dawa</i> <i>Dawa Plus</i></p> <p>OTHER NETS: <i>MOH Treated net</i> <i>Calico net</i> <i>Second-hand net</i> <i>Other (specify)</i> <i>DK brand</i></p>	<p>Long lasting treated net:</p> <p>Olyset..... 11</p> <p>Permanet 12</p> <p>Pre-treated net:</p> <p>Dawa.....21</p> <p>Dawa Plus.....22</p> <p>Other net:</p> <p>MOH Treated net.....31</p> <p>Calico net.....32</p> <p>Second-hand net 36</p> <p>Other (<i>specify</i>) 96</p> <p>DK brand98</p>	<p>11⇨NEXT MODULE</p> <p>12⇨NEXT MODULE</p> <p>21⇨ML14</p> <p>22⇨ML14</p>
<p>ML13. When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK/not sure.....8</p>	
<p>ML14. Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes or bugs?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇨ NEXT MODULE</p> <p>8⇨ NEXT MODULE</p>
<p>ML15. How long ago was the net last soaked or dipped?</p> <p><i>IF LESS THAN 1 MONTH, RECORD '00'.</i></p> <p><i>IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.</i></p>	<p>Months ago..... <input type="text"/> <input type="text"/></p> <p>More than 24 months ago95</p> <p>DK.....98</p>	

MODULE 7: IMMUNIZATION
IM

IF AN IMMUNIZATION CARD IS AVAILABLE, COPY THE DATES IN IM2-IM8 FOR EACH TYPE OF IMMUNIZATION OR VITAMIN A DOSE RECORDED ON THE CARD. IM10-IM18 ARE FOR RECORDING VACCINATIONS THAT ARE NOT RECORDED ON THE CARD. IM10-IM18 WILL ONLY BE ASKED WHEN A CARD IS NOT AVAILABLE.

IM1. Is there a vaccination card for (NAME)?	Yes, seen.....1 Yes, not seen.....2 No.....3	2⇒IM10 3⇒IM10
(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.	Date of Immunization	
	DAY	MONTH
		YEAR
IM2. BCG	BCG	
IM3A. Polio at birth	OPV0	
IM3B. Polio 1	OPV1	
IM3c. Polio 2	OPV2	
IM3D. Polio 3	OPV3	
IM4A. DPT1	DPT1	
IM4B. DPT2	DPT2	
IM4c. DPT3	DPT3	
IM5A. HepB1Hib (or DPTHepB1Hib)	(DPT)HH1	
IM5B. HepB2Hib (or DPTHepB2Hib)	(DPT)HH2	
IM5c. HepB3Hib (or DPTHepB3Hib)	(DPT)HH3	
IM6. Measles (or MMR)	Measles	
IM7. Yellow Fever	YF	
IM8A. Vitamin A (1)	VitA1	
IM8B. Vitamin A (2)	VitA2	
IM9. In addition to the vaccinations and vitamin A capsules shown on this card, did (NAME) receive any other vaccinations – including vaccinations received in campaigns or immunization days? <i>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, OPV 0-3, DPT 1-3, HEPATITIS B 1-3, MEASLES, YELLOW FEVER VACCINE(S), OR VITAMIN A SUPPLEMENTS.</i>	Yes.....1 <i>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN ON IM2 TO IM8B.)</i> No.....2 DK.....8	1⇒IM19 2⇒IM19 8⇒IM19
IM10. Has (NAME) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?	Yes.....1 No.....2 DK.....8	2⇒IM19 8⇒IM19

IM11. Has (<i>NAME</i>) ever been given a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar?	Yes.....1 No2 DK.....8	
IM12. Has (<i>NAME</i>) ever been given any “vaccination drops in the mouth” to protect him/her from getting diseases – that is, polio?	Yes.....1 No2 DK.....8	2⇒IM15 8⇒IM15
IM13. How old was he/she when the first dose was given – just after birth (within two weeks) or later?	Just after birth (within two weeks)1 Later2	
IM14. How many times has he/she been given these drops?	No. of times <input type="text"/> <input type="text"/>	
IM15. Has (<i>NAME</i>) ever been given “DPT or [DPT]HH vaccination injections” – that is, an injection in the thigh – to prevent him/her from getting tetanus, whooping cough, diphtheria? (sometimes given at the same time as polio)	Yes.....1 No2 DK.....8	2⇒IM17 8⇒IM17
IM16. How many times?	No. of times <input type="text"/> <input type="text"/>	
IM17. Has (<i>NAME</i>) ever been given “Measles vaccination injections” – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	Yes.....1 No2 DK.....8	
IM18. Has (<i>NAME</i>) ever been given “Yellow Fever vaccination injections” – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting yellow fever? (sometimes given at the same time as measles)	Yes.....1 No2 DK.....8	
IM19. Please tell me if (<i>NAME</i>) has benefited from any of the following campaigns, national immunization in the last year and/or vitamin A or child health week:		
IM19A. National Immunization last year	National Immunization.....1 2 8	
IM19B. Vitamin A campaign	Vitamin A1 2 8	
IM19C. Child health week	Child health.....1 2 8	

IM20. DOES ANOTHER ELIGIBLE CHILD RESIDE IN THE HOUSEHOLD FOR WHOM THIS RESPONDENT IS MOTHER/CARETAKER?
CHECK HOUSEHOLD LISTING, COLUMN HL8.

Yes. ⇒ END THE CURRENT QUESTIONNAIRE AND THEN

Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE TO ADMINISTER THE QUESTIONNAIRE FOR THE NEXT ELIGIBLE CHILD.

No. ⇒ END THE INTERVIEW WITH THIS RESPONDENT BY THANKING HIM/HER FOR HIS/HER COOPERATION.

IF THIS IS THE LAST ELIGIBLE CHILD IN THE HOUSEHOLD, GO ON TO ANTHROPOMETRY MODULE.

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.

AN1. Child's weight.	Kilograms (kg) <input type="text"/> <input type="text"/> . <input type="text"/>	
AN2. Child's length or height. CHECK AGE OF CHILD IN UF11: <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 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Height (cm) Standing up 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
AN3. Measurer's identification code.	Measurer code..... <input type="text"/> <input type="text"/>	
AN4. Result of measurement.	Measured..... 1 Not present..... 2 Refused 3 <input type="checkbox"/> Other (specify) 6	

AN5. IS THERE ANOTHER CHILD IN THE HOUSEHOLD WHO IS ELIGIBLE FOR MEASUREMENT?

YES. ⇒ RECORD MEASUREMENTS FOR NEXT CHILD.

NO. ⇒ END THE INTERVIEW WITH THIS HOUSEHOLD BY THANKING ALL PARTICIPANTS FOR THEIR COOPERATION.

GATHER TOGETHER ALL QUESTIONNAIRES FOR THIS HOUSEHOLD AND CHECK THAT ALL IDENTIFICATION NUMBERS ARE INSERTED ON EACH PAGE. TALLY ON THE HOUSEHOLD INFORMATION PANEL THE NUMBER OF INTERVIEWS COMPLETED.

