

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

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| <p><i>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.</i></p> | | |
| UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire? | YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2 | 1 ⇒UF10B 2 ⇒UF10A |
| UF10A. Hello, my name is (<i>your name</i>). We are from Ghana Statistical Services. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being. This interview will take about 25 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being in more detail. This interview will take about 25 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | |
| YES, PERMISSION IS GIVEN..... 1 NO, PERMISSION IS NOT GIVEN 2 | 1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17 | |

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| UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i> | COMPLETED..... 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (specify) _____ 96 |
|---|---|

UNDER-FIVE'S BACKGROUND

UB

| | | |
|---|--|------------------------------|
| <p>UB0. Before I begin the interview, could you please bring <i>(name)</i>'s Birth Certificate, National Child Immunization Record Book, and any immunization record from a private health provider? We will need to refer to those documents.</p> | | |
| <p>UB1. On what day, 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 date of birth, also record the day; otherwise, record '98' for day.</i></p> <p><i>Month and year <u>must</u> be recorded.</i></p> | <p>DATE OF BIRTH DAY__ __</p> <p>DK DAY98</p> <p>MONTH.....__ __</p> <p>YEAR <u>2</u> <u>0</u> <u>1</u> __</p> | |
| <p>UB2. 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>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></p> | <p>AGE (IN COMPLETED YEARS)__</p> | |
| <p>UB3. Check UB2: Child's age?</p> | <p>AGE 0, 1, OR 2.....1</p> <p>AGE 3 OR 42</p> | <p>1 ⇔UB9</p> |
| <p>UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</p> | <p>RESPONDENT IS THE SAME, UF4=HH471</p> <p>RESPONDENT IS NOT THE SAME, UF4≠HH472</p> | <p>2 ⇔UB6</p> |
| <p>UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?</p> | <p>YES, ED10=01</p> <p>NO, ED10≠0 OR BLANK.....2</p> | <p>1 ⇔UB8B</p> <p>2 ⇔UB9</p> |
| <p>UB6. Has <i>(name)</i> ever attended any early childhood education programme, such as nursery, preschool or kindergarten (KG)?</p> | <p>YES.....1</p> <p>NO2</p> | <p>2 ⇔UB9</p> |
| <p>UB7. At any time since September this year (2017), did (he/she) attend (programmes mentioned in UB6)?</p> | <p>YES.....1</p> <p>NO2</p> | <p>1 ⇔UB8A</p> <p>2 ⇔UB9</p> |
| <p>UB8A. Does (he/she) currently attend (programmes mentioned in UB6)?</p> <p>UB8B. You have mentioned that <i>(name)</i> has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?</p> | <p>YES.....1</p> <p>NO2</p> | |
| <p>UB9. Is <i>(name)</i> covered by any health insurance?</p> | <p>YES1</p> <p>NO2</p> | <p>2 ⇔UB11</p> |

| | | |
|---|---|---|
| <p>UB10. What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p> | <p>NATIONAL HEALTH INSURANCE SERVICE A HEALTH INSURANCE THROUGH EMPLOYER..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D OTHER (<i>specify</i>) _____ X</p> | <p>A⇒END B⇒END D⇒END X⇒END</p> |
| <p>UB11. Has (<i>name</i>) ever been registered with a health insurance scheme?</p> | <p>YES, REGISTERED NHIS 1 YES, REGISTERED PRIVATE 2 YES, BOTH NHIS AND PRIVATE 3 NO 4</p> | <p>1⇒END 2⇒END 3⇒END</p> |
| <p>UB12. Why (<i>name</i>) has never been registered with a private insurance or NHIS?</p> <p><i>Record all mentioned.</i></p> | <p>PREMIUM IS TOO HIGH..... A DO NOT HAVE CONFIDENCE IN OPERATUS OF THE SCHEME B NO KNOWLEDGE OF ANY SCHEME C DO NOT KNOW WHERE TO REGISTER D REGISTRATION OFFICE TOO FAR..... E DO NOT NEED HEALTH INSURANCE..... F HEALTH INSURANCE DOES NOT COVER THE SERVICES/FACILITIES I NEED..... G NO MONEY..... H OTHERS(<i>specify</i>) _____ X</p> | |

BIRTH REGISTRATION**BR**

| | | |
|--|----------------------|----------------|
| BR1. Does (<i>name</i>) have a birth certificate? <i>If yes, ask:</i> May I see it? | YES, SEEN.....1 | 1 ⇨ <i>End</i> |
| | YES, NOT SEEN2 | 2 ⇨ <i>End</i> |
| | NO3 | |
| | DK8 | |
| BR2. Has (<i>name</i>)'s birth been registered with births and deaths registry? | YES1 | 1 ⇨ <i>End</i> |
| | NO2 | |
| | DK8 | |
| BR3. Do you know how to register (<i>name</i>)'s birth? | YES1 | |
| | NO2 | |

| 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 <u>0</u> ..</p> <p>TEN OR MORE BOOKS 10</p> | |
| <p>EC2. I am interested in learning about the things that (<i>name</i>) plays with when (he/she) is at home.</p> <p>Does (he/she) play with:</p> <p>[A] Homemade toys, such as dolls, cars, or other toys made at home?</p> <p>[B] Toys from a shop or manufactured toys?</p> <p>[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?</p> | <p>Y N DK</p> <p>HOMEMADE TOYS 1 2 8</p> <p>TOYS FROM A SHOP 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8</p> | |
| <p>EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.</p> <p>On how many days in the past week was (<i>name</i>):</p> <p>[A] Left alone for more than an hour?</p> <p>[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p> <p><i>If 'None' record '0'. If 'Don't know' record '8'.</i></p> | <p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR..... _</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR _</p> | |
| <p>EC4. Check UB2: Child's age?</p> | <p>AGE 0, 1, OR 2 1</p> <p>AGE 3 OR 4 2</p> | 1 ⇒ End |

| <p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with <i>(name)</i>:</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with <i>(name)</i>?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with <i>(name)</i>?</p> <p>[B] Told stories to <i>(name)</i>?</p> <p>[C] Sang songs to or with <i>(name)</i>, including lullabies?</p> <p>[D] Took <i>(name)</i> outside the home?</p> <p>[E] Played with <i>(name)</i>?</p> <p>[F] Named, counted, or drew things for or with <i>(name)</i>?</p> | <table border="1"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>NAMED</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table> | | MOTHER | FATHER | OTHER | NO ONE | READ BOOKS | A | B | X | Y | TOLD STORIES | A | B | X | Y | SANG SONGS | A | B | X | Y | TOOK OUTSIDE | A | B | X | Y | PLAYED WITH | A | B | X | Y | NAMED | A | B | X | Y | |
|---|---|--------|--------|--------|-------|--------|------------|---|---|---|---|--------------|---|---|---|---|------------|---|---|---|---|--------------|---|---|---|---|-------------|---|---|---|---|-------|---|---|---|---|--|
| | MOTHER | FATHER | OTHER | NO ONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| READ BOOKS | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOLD STORIES | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SANG SONGS | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOOK OUTSIDE | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAYED WITH | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAMED | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC6. I would like to ask you some questions about the health and development of <i>(name)</i>. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of <i>(name)</i>'s development.</p> <p>Can <i>(name)</i> identify or name at least ten letters of the alphabet?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC7. Can <i>(name)</i> read at least four simple, popular words?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC8. Does <i>(name)</i> know the name and recognize the symbol of all numbers from 1 to 10?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC9. Can <i>(name)</i> pick up a small object with two fingers, like a stick or a rock from the ground?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC10. Is <i>(name)</i> sometimes too sick to play?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| CHILD DISCIPLINE | | UCD |
|---|---|--------------------|
| UCD1. Check UB2: Child's age? | AGE 0.....1 AGE 1, 2, 3 OR 4.....2 | 1 ⇒End |
| UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with (<i>name</i>) <u>in the past month</u> . | | |
| | YES NO | |
| [A] Took away privileges, forbade something (<i>name</i>) liked or did not allow (him/her) to leave the house. | TOOK AWAY PRIVILEGES.....1 2 | |
| [B] Explained why (<i>name</i>)'s behavior was wrong. | EXPLAINED WRONG BEHAVIOR1 2 | |
| [C] Shook (him/her). | SHOOK HIM/HER1 2 | |
| [D] Shouted, yelled at or screamed at (him/her). | SHOUTED, YELLED, SCREAMED1 2 | |
| [E] Gave (him/her) something else to do. | GAVE SOMETHING ELSE TO DO1 2 | |
| [F] Spanked, hit or slapped (him/her) on the bottom with bare hand. | SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND1 2 | |
| [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. | HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT1 2 | |
| [H] Called (him/her) dumb, lazy or another name like that. | CALLED DUMB, LAZY OR ANOTHER NAME1 2 | |
| [I] Hit or slapped (him/her) on the face, head or ears. | HIT / SLAPPED ON THE FACE, HEAD OR EARS1 2 | |
| [J] Hit or slapped (him/her) on the hand, arm, or leg. | HIT / SLAPPED ON HAND, ARM OR LEG1 2 | |
| [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could. | BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD.....1 2 | |
| UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17? | YES1 NO2 | 2 ⇒UCD5 |
| UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child? | YES1 NO2 | 1 ⇒End |
| UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? | YES1 NO2 DK / NO OPINION8 | 2 ⇒UCD6 2 ⇒UCD6 |

| CHILD FUNCTIONING | | UCF |
|---|---|--|
| UCF1. Check UB2: Child's age? | AGE 0 OR 1 1 AGE 2, 3 OR 4 2 | 1 ⇒ End |
| UCF2. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear glasses? | YES 1 NO 2 | |
| UCF3. Does (<i>name</i>) use a hearing aid? | YES 1 NO 2 | |
| UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking? | YES 1 NO 2 | |
| UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all? | | |
| UCF6. Check UCF2: Child wears glasses? | YES, UCF2=1 1 NO, UCF2=2 2 | 1 ⇒ UCF7A 2 ⇒ UCF7B |
| UCF7A. When wearing (his/her) glasses, does (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4 | |
| UCF8. Check UCF3: Child uses a hearing aid? | YES, UCF3=1 1 NO, UCF3=2 2 | 1 ⇒ UCF9A 2 ⇒ UCF9B |
| UCF9A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4 | |
| UCF10. Check UCF4: Child uses equipment or receives assistance for walking? | YES, UCF4=1 1 NO, UCF4=2 2 | 1 ⇒ UCF11 2 ⇒ UCF13 |
| UCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking? | SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4 | |
| UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4 | 1 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ UCF14 |

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

| BREASTFEEDING AND DIETARY INTAKE | | | | BD |
|---|---|-----|--------|--------------------|
| BD1. Check UB2: Child's age? | AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2 | | | 2 ⇒ End |
| BD2. Has (<i>name</i>) ever been breastfed? | YES.....1 NO2 DK8 | | | 2 ⇒ BD4 8 ⇒ BD4 |
| BD3. Is (<i>name</i>) still being breastfed? | YES.....1 NO2 DK8 | | | |
| BD4. Yesterday, during the day or night, did (<i>name</i>) <u>drink anything from a bottle with a nipple?</u> | YES.....1 NO2 DK8 | | | |
| BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night? | YES.....1 NO2 DK8 | | | |
| BD6. Did (<i>name</i>) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night? | YES.....1 NO2 DK8 | | | |
| BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night. Please include liquids consumed outside of your home. Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night: | | | | |
| | | YES | NO | DK |
| [A] Plain water? | PLAIN WATER | 1 | 2 | 8 |
| [A1] Tea, green tea, flour water (zomkom) or coffee? | TEA, GREEN TEA OR COF- | 1 | 2 | 8 |
| [B] Juice or juice drinks? | JUICE OR JUICE DRINKS | 1 | 2 | 8 |
| [C] Light soup? | LIGHT SOUP | 1 | 2 | 8 |
| [D] Infant formula, such as SMA, Lactogen...? | INFANT FORMULA | 1 | 2 ⚡ | 8 ⚡ |
| | | | BD7[E] | BD7[E] |
| [D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i> | NUMBER OF TIMES DRANK INFANT FORMULA | | | |
| [E] Milk from animals, such as fresh, tinned, or powdered milk? | MILK | 1 | 2 ⚡ | 8 ⚡ |
| | | | BD7[X] | BD7[X] |
| [E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i> | NUMBER OF TIMES DRANK MILK | | | |
| [X] Any other liquids? | OTHER LIQUIDS | 1 | 2 ⚡ | 8 ⚡ |
| | | | BD8 | BD8 |

| | | | | |
|---|-------------------------------------|-----|----------------|---------------------------------|
| [X1] Record all other liquids mentioned. | (Specify) _____ | | | |
| <p>BD8. Now I would like to ask you about <u>everything</u> that (<i>name</i>) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (<i>name</i>) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (<i>name</i>) ate at that time. Probe: Anything else?</i> <i>Record answers using the food groups below.</i></p> <p>- What did (<i>name</i>) do after that? Did (he/she) eat anything at that time? <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p> | | | | |
| <p>For each food group not mentioned after completing the above ask: Just to make sure, did (<i>name</i>) eat (food group items) yesterday during the day or the night</p> | | | | |
| | | YES | NO | DK |
| [A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7 [E] or BD7[X], depending on milk content.</i> | YOGURT | 1 | 2 ² | 8 ⁸ BD8[B] BD8[B] |
| [A1] How many times did (<i>name</i>) eat yogurt? <i>If 7 or more times, record '7'. If unknown, record '8'.</i> | NUMBER OF TIMES ATE YOGURT | | | ___ |
| [B] Any baby food, such as Cerelac, Beechnut, Motherluc, Frisolac, Gerber baby foods, or other fortified baby food? | FORTIFIED BABY FOOD | 1 | 2 | 8 |
| [B1] Any homemade fortified baby food, such as Weanimix? | HOMEMADE F-BABY FOOD | 1 | 2 | 8 |
| [C] Bread, rice, noodles, porridge, or other foods made from grains? | FOODS MADE FROM GRAINS | 1 | 2 | 8 |
| [D] Pumpkin, carrots, squash, or orange fleshed sweet potatoes that are yellow or orange inside? | PUMPKIN, CARROTS, SQUASH, ETC. | 1 | 2 | 8 |
| [E] White potatoes, white yams, cassava, cocoyam or any other foods made from roots? | FOODS MADE FROM ROOTS | 1 | 2 | 8 |
| [F] Any dark green, leafy vegetables, such as kontomire, aleefu, ayoyo, kale, cassava leaves, Baobab leaves, lettuce, Bitor leaves, gbomaa? | DARK GREEN, LEAFY VEGETABLES | 1 | 2 | 8 |
| [G] Ripe mangoes or ripe pawpaw? | RIPE MANGO, RIPE PAPAYA | 1 | 2 | 8 |
| [H] Any other fruits or vegetables, such as banana, orange, okro, eggplant (garden egg), cabbage, mushrooms avocado (pear), apple, pineapple, water melon etc.? | OTHER FRUITS OR VEGETABLES | 1 | 2 | 8 |
| [I] Liver, kidney, heart or other organ meats? | ORGAN MEATS | 1 | 2 | 8 |
| [J] Any other meat, such as beef, pork, bush meat, lamb, goat, chicken, guinea fowl, duck or sausages made from these meats? | OTHER MEATS | 1 | 2 | 8 |
| [J1] Insects such as termites, crickets, caterpillars etc.? | INSECTS | 1 | 2 | 8 |
| [K] Eggs? | EGGS | 1 | 2 | 8 |

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| [L] Fish or shellfish, either fresh or dried, snail, shrimp, oyster, crab? | FRESH OR DRIED FISH | 1 | 2 | 8 |
| [M] Beans, peas, lentils or nuts, including any foods made from these e.g. bean cake, soybean khebab? | FOODS MADE FROM BEANS, PEAS, NUTS, ETC. | 1 | 2 | 8 |
| [N] Cheese or other food made from animal milk? | CHEESE OR OTHER FOOD MADE FROM MILK | 1 | 2 | 8 |
| [O] Any sugary food such as chocolate, sweet candies, pastries, cakes or biscuits? | CHOCOLATE, SWEET CANDIS, PASTRIES, CAKES OF BISCUITS | 1 | 2 | 8 |
| [P] Food made from/with palm oil/red palm oil? | FOOD MADE FROM PALM | 1 | 2 | 8 |
| [X] Other solid, semi-solid, or soft food? | OTHER SOLID, SEMI-SOLID, OR SOFT FOOD | 1 | 2 [⚡] <i>BD9</i> | 8 [⚡] <i>BD9</i> |
| [X1] <i>Record all other solid, semi-solid, or soft food that do not fit food groups above.</i> | <i>(Specify) _____</i> | | | |
| BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night? <i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i> <i>If 7 or more times, record '7'.</i> | NUMBER OF TIMES__ DK8 | | | |

| IMMUNIZATION | | | | | | | | IM | |
|--|--------|--|--|--------------|--|-------------|---|--------------------|--|
| IM1. Check UB2: Child's age? | | AGE 0, 1, OR 2 1 AGE 3 OR 4 2 | | | | | | 2 ⇒ End | |
| IM2. Do you have a <i>Child Health Record Book</i> , immunization records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down? | | YES, HAS ONLY CARD(S) 1 YES, HAS ONLY OTHER DOCUMENT 2 YES, HAS CARD(S) AND OTHER DOCUMENT 3 NO, HAS NO CARDS AND NO OTHER DOCUMENT 4 | | | | | | 1 ⇒ IM5 3 ⇒ IM5 | |
| IM3. Did you ever have a <i>Child Health Record Book</i> or immunization records from a private health provider for (<i>name</i>)? | | YES 1 NO 2 | | | | | | | |
| IM4. Check IM2: | | HAS ONLY OTHER DOCUMENT, IM2=2 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 2 | | | | | | 2 ⇒ IM11 | |
| IM5. May I see the card(s) (and/or) other document? | | YES, ONLY CARD(S) SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD(S) AND OTHER DOCUMENT SEEN 3 NO CARDS AND NO OTHER DOCUMENT SEEN 4 | | | | | | 4 ⇒ IM11 | |
| IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded. | | DATE OF IMMUNIZATION | | | | | | | |
| | | DAY | | MONTH | | YEAR | | | |
| BCG | BCG | | | | | 2 | 0 | 1 | |
| Polio (OPV) (at birth) | OPV0 | | | | | 2 | 0 | 1 | |
| Polio (OPV) 1 | OPV1 | | | | | 2 | 0 | 1 | |
| Polio (OPV) 2 | OPV2 | | | | | 2 | 0 | 1 | |
| Polio (OPV) 3 | OPV3 | | | | | 2 | 0 | 1 | |
| Pentavalent (DPTHibHepB) 1 | Penta1 | | | | | 2 | 0 | 1 | |
| Pentavalent (DPTHibHepB) 2 | Penta2 | | | | | 2 | 0 | 1 | |
| Pentavalent (DPTHibHepB) 3 | Penta3 | | | | | 2 | 0 | 1 | |
| Pneumococcal (Conjugate) 1 (PCV-13 or PCV or Pneumo) | PCV1 | | | | | 2 | 0 | 1 | |
| Pneumococcal (Conjugate) 2 (PCV-13 or PCV or Pneumo) | PCV2 | | | | | 2 | 0 | 1 | |
| Pneumococcal (Conjugate) 3 (PCV-13 or PCV or Pneumo) | PCV3 | | | | | 2 | 0 | 1 | |
| Rotavirus 1 | Rota1 | | | | | 2 | 0 | 1 | |
| Rotavirus 2 | Rota2 | | | | | 2 | 0 | 1 | |

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| Measles-Rubella1 | MR1 | | | | | 2 | 0 | 1 | | |
| Yellow Fever | YF | | | | | 2 | 0 | 1 | | |
| Measles-Rubella2 | MR2 | | | | | 2 | 0 | 1 | | |
| Men A (MenAfriVac) | Men A | | | | | 2 | 0 | 1 | | |
| Vitamin A (at six months) | VitA | | | | | 2 | 0 | 1 | | |
| Vitamin A (at 18 months) | VitA | | | | | 2 | 0 | 1 | | |
| IM7. Check IM6: Are all vaccines (BCG to Men A) (if applicable) recorded? | | YES 1 NO 2 | | | | | | | | 1 ⇒End |
| IM8. Did (<i>name</i>) participate in any of the following campaigns, national immunization days or child health days: | | | | | | | | | | |
| [A] Ghana Child Health Promotion Week (CHPW) or Africa Vaccination Week | | CHPW OR AFRICA VAC-WEEK..... 1 2 8 | | | | | | | | |
| [B] Polio Supplementary Immunization Activities (SIA's) (Last one in 2014) | | POLIO SIA'S 1 2 8 | | | | | | | | |
| [C] Men A and Men A catchup Campaign (three regions only, last in 2016) | | MEN A CAMPAIGN..... 1 2 8 | | | | | | | | |
| IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the campaigns, immunization days or child health days just mentioned? | | YES 1 NO 2 DK 8 | | | | | | | | 2 ⇒End 8 ⇒End |
| IM10. Go back to IM6 and probe for these vaccinations. <i>Record '66' in the corresponding day column for each vaccine received.</i> <i>For vaccinations <u>not</u> received record '00'.</i> <i>When <u>finished</u>, go to End of module.</i> | | | | | | | | | | ⇒End |
| IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunization day or child health day? | | YES 1 NO 2 DK 8 | | | | | | | | |
| IM12. Did (<i>name</i>) participate in any of the following campaigns, national immunization days or child health days: | | | | | | | | | | |
| [A] Ghana Child Health Promotion Week (CHPW) or Africa Vaccination Week | | CHPW OR AFRICA VAC-WEEK..... 1 2 8 | | | | | | | | |
| [B] Polio Supplementary Immunization Activities (SIA's) (Last one in 2014) | | POLIO SIA'S 1 2 8 | | | | | | | | |
| [C] Men A catchup Campaign (three regions only, not national, 2016) | | MEN A CAMPAIGN..... 1 2 8 | | | | | | | | |

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| IM13. Check IM11 and IM12: | ALL NO OR DK 1 AT LEAST ONE YES 2 | 1 ⇨ End |
| IM14. Has (<i>name</i>) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar? | YES 1 NO 2 DK 8 | |
| IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</i> | YES 1 NO 2 DK 8 | 2 ⇨ IM20 8 ⇨ IM20 |
| IM17. Were the first polio drops received in the first two weeks after birth? | YES 1 NO 2 DK 8 | |
| IM18. How many times were the polio drops received? | NUMBER OF TIMES _ | |
| IM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio? <i>Probe to ensure that both were given, drops and injection.</i> | YES 1 NO 2 DK 8 | |
| IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the Polio drops.</i> | YES 1 NO 2 DK 8 | 2 ⇨ IM22 8 ⇨ IM22 |
| IM21. How many times was the Pentavalent vaccine received? | NUMBER OF TIMES _ | |
| IM22. Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus? <i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i> | YES 1 NO 2 DK 8 | 2 ⇨ IM24 8 ⇨ IM24 |
| IM23. How many times was the pneumococcal vaccine received? | NUMBER OF TIMES _ | |
| IM24. Has (<i>name</i>) ever received a rotavirus vaccination – that is, liquid in the mouth to prevent diarrhoea? <i>Probe by indicating that rotavirus vaccination is sometimes given at the same time as the Pentavalent vaccination.</i> | YES 1 NO 2 DK 8 | 2 ⇨ IM26 8 ⇨ IM26 |
| IM25. How many times was the rotavirus vaccine received? | NUMBER OF TIMES _ | |

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| <p>IM26A. Has (<i>name</i>) ever received a MR1 vaccine – that is, a shot in the left upper arm at the age of 9 months or older - to prevent (him/her) from getting measles, mumps and rubella?</p> | | |
| <p>IM27. Has (<i>name</i>) ever received the Yellow Fever vaccination – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting Yellow Fever?</p> <p><i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the MR1 vaccine.</i></p> | <p>YES 1 NO 2 DK 8</p> | |
| <p>IM27A. Has (<i>name</i>) ever received a MR2 vaccine – that is, a shot in the left upper arm at the age of 18 months or older - to prevent (him/her) from getting measles and rubella?</p> | | |
| <p>IM27B. Has (<i>name</i>) ever received the Men A vaccination – that is, a shot in the right upper arm at the age of 18 months or older - to prevent (him/her) from getting meningitis?</p> | | |

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

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| <p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> | |
| <p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called or known as ORS?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Home-made ORS?</p> | <p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS PACKET 1 2 8</p> <p>ZINC TABLETS OR SYRUP 1 2 8</p> <p>HOME-MADE ORS 1 2 8</p> | |
| <p>CA8. Check CA7[A] Was child given any ORS?</p> | <p>YES, YES IN CA7[A] 1</p> <p>NO, 'NO' OR 'DK' IN CA7[A] 2</p> | <p>2 ⇒ CA10</p> |

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| <p>CA9. Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN.....J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT)L</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER.....Z</p> | |
| <p>CA10. Check CA7[C]: Was child given any zinc?</p> | <p>YES, CA7[C]=1 1</p> <p>NO, CA7[C] ≠1 2</p> | <p>2 ⇒ CA12</p> |
| <p>CA11. Where did you get the zinc?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN.....J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT)L</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER.....Z</p> | |

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| CA12. Was anything else given to treat the diarrhoea? | YES..... 1 NO..... 2 DK..... 8 | 2 ⇒ CA14 8 ⇒ CA14 |
| CA13. 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 of brand) _____ (Name of brand) | PILL OR SYRUP ANTIBIOTIC..... A ANTIMOTILITY (ANTI-DIARRHOEA)..... B OTHER PILL OR SYRUP..... G UNKNOWN PILL OR SYRUP..... H INJECTION ANTIBIOTIC..... L NON-ANTIBIOTIC..... M UNKNOWN INJECTION..... N INTRAVENOUS (IV)..... O HOME REMEDY / HERBAL MEDICINE..... Q OTHER (<i>specify</i>)..... X | |
| CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever? | YES..... 1 NO..... 2 DK..... 8 | 2 ⇒ CA16 8 ⇒ CA16 |
| CA15. At any time during the illness, did (<i>name</i>) have blood taken from (his/her) finger or heel for testing? | YES..... 1 NO..... 2 DK..... 8 | |
| CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough? | YES..... 1 NO..... 2 DK..... 8 | |
| CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing? | YES..... 1 NO..... 2 DK..... 8 | 2 ⇒ CA19 8 ⇒ CA19 |
| CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose? | PROBLEM IN CHEST ONLY..... 1 BLOCKED OR RUNNY NOSE ONLY..... 2 BOTH..... 3 OTHER (<i>specify</i>)..... 6 DK..... 8 | 1 ⇒ CA20 2 ⇒ CA20 3 ⇒ CA20 6 ⇒ CA20 8 ⇒ CA20 |
| CA19. Check CA14: Did child have fever? | YES, CA14=1..... 1 NO OR DK, CA14=2 OR 8..... 2 | 2 ⇒ CA30 |
| CA20. Did you seek any advice or treatment for the illness from any source? | YES..... 1 NO..... 2 DK..... 8 | 2 ⇒ CA22 8 ⇒ CA22 |

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| <p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIAN..... J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT) L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> | |
| <p>CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?</p> | <p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p> | <p>2 ⇒ CA30</p> <p>8 ⇒ CA30</p> |

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| <p>CA23. What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine?</p> <p><i>Record all medicines given.</i></p> <p><i>If unable to determine type of medicine, write the brand name and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p><i>Brand names for anti-malarials</i></p> <p><i>SP/Sulphadoxine-Pyrimethamine</i></p> <p><i>Fansidar</i></p> <p><i>Malafan</i></p> <p><i>Palidar</i></p> <p><i>Suldox</i></p> <p><i>DP/Dihydroartemisinin-Piperaquine</i></p> <p><i>P-alaxin</i></p> <p><i>Duo-cotexcin</i></p> <p><i>AA/Artesunate Amodiaquine</i></p> <p><i>Artesunate amodiaquine wintrhop</i></p> <p><i>Arsuamoon</i></p> <p><i>Camoquine plus</i></p> <p><i>G sunate</i></p> <p><i>Co-arsucam</i></p> <p><i>Al/Artemether Lumefantrine</i></p> <p><i>Coartem</i></p> <p><i>Lumarterm</i></p> <p><i>Artefan</i></p> <p><i>Lonart</i></p> <p><i>Gen-m</i></p> <p><i>Artemos Plus</i></p> | <p>ANTI-MALARIALS</p> <p>SP/SULFADOXINE PYRIMETHAMINE A</p> <p>CHLOROQUINE B</p> <p>DP/DIHYDROAPTEMISININ-PIPERAQUINE..... C</p> <p>QUININE D</p> <p>AA/ARTESUNATE AMODIAQUINE E</p> <p>ARTEMISININ..... F</p> <p>AL/ARTEMETHER-LUMEFANTRINE G</p> <p>HERBAL MEDICINE H</p> <p>OTHER ANTI-MALARIAL (<i>specify</i>) K</p> <p>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>COTRIMOXAZOLE M</p> <p>OTHER ANTIBIOTIC PILL/SYRUP N</p> <p>OTHER ANTIBIOTIC INJECTION/IV O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ACETAMINOPHEN..... R</p> <p>ASPIRIN S</p> <p>IBUPROFEN T</p> <p>OTHER (<i>specify</i>) X</p> <p>DK..... Z</p> | |
| <p>CA24. Check CA23: Antibiotics mentioned?</p> | <p>YES, ANTIBIOTICS MENTIONED, CA23=L-O 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED 2</p> | <p>2 ⇒ CA26</p> |

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| <p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN.....J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT)L</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBERZ</p> | |
| <p>CA26. Check CA23: Anti-malarials mentioned?</p> | <p>YES, ANTI-MALARIALS MENTIONED, CA23=A-K..... 1</p> <p>NO, ANTI-MALARIALS NOT MENTIONED 2</p> | <p>2 ⇒ CA30</p> |

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|---|--|---------------------------------|
| <p>CA27. Where did you get the (<i>name of medicine from CA23, codes A to K</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST/CHIP C</p> <p>COMMUNITY HEALTH WORKER..... D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN.....J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT)L</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBERZ</p> | |
| <p>CA28. Check CA23: More than one antimalarial recorded in codes A to K?</p> | <p>YES, MULTIPLE ANTI-MALARIALS MENTIONED 1</p> <p>NO, ONLY ONE ANTIMALARIAL MENTIONED 2</p> | <p>1 ⇒CA29A</p> <p>2 ⇒CA29B</p> |
| <p>CA29A. How long after the fever started did (<i>name</i>) first take the first of the (<i>name all anti-malarials recorded in CA23, codes A to K</i>)?</p> <p>CA29B. How long after the fever started did (<i>name</i>) first take (<i>name of anti-malarial from CA23, codes A to K</i>)?</p> | <p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>2 DAYS AFTER FEVER STARTED..... 2</p> <p>3 OR MORE DAYS AFTER FEVER STARTED..... 3</p> <p>DK..... 8</p> | |
| <p>CA30. Check UB2: Child's age?</p> | <p>AGE 0, 1 OR 2..... 1</p> <p>AGE 3 OR 4..... 2</p> | <p>2 ⇒End</p> |
| <p>CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p> | <p>CHILD USED TOILET / LATRINE 01</p> <p>PUT / RINSED INTO TOILET OR LATRINE 02</p> <p>PUT / RINSED INTO DRAIN OR DITCH..... 03</p> <p>BURIED..... 05</p> <p>LEFT IN THE OPEN..... 06</p> <p>USED DISPOSABLE DIAPERS AND THROWN INTO GARBAGE (SOLID WASTE)..... 07</p> <p>THROWN INTO GARBAGE WITHOUT USING DISPOSABLE DIAPERS (SOLID WASTE)..... 08</p> <p>OTHER (specify) _____ 96</p> <p>DK..... 98</p> | |

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| UF11. Record the time. | HOURS AND MINUTES : .. | |
| UF12. Language of the Questionnaire. | ENGLISH..... 11 AKAN 12 GA..... 13 EWE 15 DAGBANI 17 | |
| UF13. Language of the Interview. | ENGLISH..... 11 AKAN 12 GA..... 13 TWI 14 EWE 15 NZEMA..... 16 DAGBANI 17 KASEM..... 18 GONJA..... 19 OTHER LANGUAGE (specify) 96 | |
| UF14. Native language of the Respondent. | ENGLISH..... 11 AKAN 12 GA..... 13 TWI 14 EWE 15 NZEMA..... 16 DAGBANI 17 KASEM..... 18 GONJA..... 19 OTHER LANGUAGE (specify) 96 | |
| UF15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3 | |
| <p>UF16. Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.</p> <p>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and recorded '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.</p> <p><input type="checkbox"/> No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.</p> <p><input type="checkbox"/> No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.</p> | | |

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

| ANTHROPOMETRY MODULE INFORMATION PANEL | | AN |
|---|--|----|
| AN1. Cluster number: _____ | AN2. Household number: _____ | |
| AN3. Child's name and line number: NAME _____ | AN4. Child's age from UB2: AGE (IN COMPLETED YEARS) | |
| AN5. Mother's / Caretaker's name and line number: NAME _____ | AN6. Interviewer's name and number: NAME _____ | |

| ANTHROPOMETRY | | |
|--|--|--|
| AN7. Measurer's name and number: | NAME _____ | |
| AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> | KILOGRAMS (KG)..... _____ . _____ CHILD NOT PRESENT 99.3 CHILD REFUSED 99.4 RESPONDENT REFUSED 99.5 OTHER (specify) _____ 99.6 | 99.3 ⇨ AN13 99.4 ⇨ AN10 99.5 ⇨ AN10 99.6 ⇨ AN10 |
| AN9. Was the child undressed to the minimum? | YES 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2 | |
| AN10. Check AN4: Child's age? | AGE 0 OR 1 1 AGE 2, 3 OR 4 2 | 1 ⇨ AN11A 2 ⇨ AN11B |
| AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> | LENGTH / HEIGHT (CM) _____ . _____ CHILD REFUSED 999.4 RESPONDENT REFUSED 999.5 OTHER (specify) _____ 999.6 | 999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13 |
| AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> | | |
| AN12. How was the child actually measured? Lying down or standing up? | LYING DOWN 1 STANDING UP 2 | |
| AN13. Today's date: Day / Month / Year: _____ / _____ / 2 0 1 _____ | | |
| AN14. Is there another child under age 5 in the household who has not yet been measured? | YES 1 NO 2 | 1 ⇨ Next Child |
| AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household. | | |

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE