

NMICS

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2010 QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household serial 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 code number: Name _____ code number _____	UF8. Day / Month / Year of interview in BS: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL ACCORDING TO THE **STATISTICS ACT 2015 BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

SHALL WE START NOW ?

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

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 25 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 code number): Name _____ Code Number _____	UF11. Data entry clerk (Name and code number): Name _____ Code Number _____
---	--

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

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE AGE 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
<p>BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?</p> <p><i>If yes, ask:</i> MAY I SEE IT?</p>	<p>Yes, seen..... 1</p> <p>Yes, not seen..... 2</p> <p>No 3</p> <p>DK..... 8</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p>
<p>BR2. HAS <i>(name)</i>'S BIRTH BEEN REGISTERED WITH VDCs OR MUNICIPALITIES ?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1⇒Next Module</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?</p> <p><i>If none write '00'</i></p>	<p>Number of children's books.....__ __</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
	Y	N	DK															
Homemade toys	1	2	8															
Toys from a shop.....	1	2	8															
Household objects or outside objects	1	2	8															
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>[A] ON HOW MANY DAYS IN THE PAST 7 DAYS WAS <i>(name)</i> LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] ON HOW MANY DAYS IN THE PAST 7 DAYS WAS <i>(name)</i> 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) and tick appropriate box.</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 ? <i>(such as a private or government facility, including kindergarten or community child care)</i></p>	<p>Yes1</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 SUCH ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME?</p>	<p>Number of hours.....__ __</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask: 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																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS ?</p>	<p>Yes1</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>Yes1</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 FROM THE GROUND?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				

EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY ?	Yes1 No2 DK.....8	
EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY ?	Yes1 No2 DK.....8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY ?	Yes1 No2 DK.....8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN ?	Yes1 No2 DK.....8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS ?	Yes1 No2 DK.....8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY ?	Yes1 No2 DK.....8	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED ?	Yes 1 No 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS (<i>name</i>) STILL BEING BREASTFED ?	Yes 1 No 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT ?	Yes 1 No 2 DK..... 8	
BF4. DID (<i>name</i>) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT ?	Yes 1 No 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA ?	Number of times _ _	
BF6. DID (<i>name</i>) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT ?	Yes 1 No 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK ?	Number of times _ _	
BF8. DID (<i>name</i>) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT ?	Yes 1 No 2 DK..... 8	
BF9. DID (<i>name</i>) DRINK (<i>mixed beans soup/ Daal soup/ meat soup/vegetable soup</i>) YESTERDAY, DURING THE DAY OR NIGHT ?	Yes 1 No 2 DK..... 8	
BF10. DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT ?	Yes 1 No 2 DK..... 8	

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

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 BREAST MILK). 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. [A] WAS (<i>name</i>) GIVEN ORAL REHYDRATION SOLUTION (ORS) BY MIXING NAWAJEEWAN/JEEWANJAL POWDER IN WATER DURING DIARRHOEA ?	Yes..... 1 No 2 Don't know 8	2⇒CA5 8⇒CA5
CA4F.FROM WHERE WAS THEPACKET OF ORS (NAWAJEEVAN) BROUGHT FROM ?	Health Posts/Sub health posts 11 Female Community Health Volunteer 12 Private health facilities 13 Pharmacy..... 14 Others (<i>Specify</i>) 96	
CA4G. HOW MUCH YOU HAD TO PAY FOR ONE PACKET OF ORS (NAWAJEEVAN)? <i>If received for free write '00'.</i>	Price of one packet of ORS (NRs) __ __ Don't know 98	
CA4H. WAS (<i>name</i>) GIVEN TO TAKE ZINC TABLET ALONG WITH ORS DURING THAT EPISODE OF DIARRHOEA ?	Yes..... 1 No 2 Don't know 8	2⇒CA5 8⇒CA5
CA4I. FROM WHERE WAS ZINC TABLETS BROUGHT FROM ?	Health Posts/Sub health posts 11 Female Community Health Volunteer 12 Private health facilities 13 Pharmacy..... 14 Others (<i>Specify</i>) 96	

<p>CA4J. HOW MUCH YOU HAD TO PAY FOR ONE FILE (10 TABLETS) OF ZINC TABLETS ? <i>If received for free write '00'.</i></p>	<p>Price of one file of zinc tablets (NRs) ___ Don't know 98</p>	
<p>CA5. WAS ANYTHING ELSE GIVEN TO (<i>name</i>) TO TREAT THE EPISODE OF DIARRHOEA ?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒CA7 8⇒CA7</p>
<p>CA6. WHAT ELSE WAS GIVEN TO TREAT THE DIARRHOEA ?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name</i>)</p>	<p><u>Pill or Syrup</u> Antibiotic A Antimotility B Zinc Tablet..... C Other (Not antibiotic, antimotility) G Unknown pill or syrup H</p> <p><u>Injection</u> Antibiotic L Non-antibiotic..... M Unknown injection..... N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine..... Q</p> <p>Other (<i>specify</i>)_____ X</p>	
<p>CA 6A. WHY DO YOU THINK HE/SHE WAS SUFFERING FORM DIARRHOEA ?</p> <p><i>Probe:</i> ANY OTHER REASONS ?</p>	<p>Unsafe drinking water A Eating unhygienic/stale food B Open defecation. C Eating without washing hands with soap..... D</p> <p>Others (<i>specify</i>)_____ X</p> <p>DK..... Z</p>	
<p>CA6B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT FOR DIARRHOEA?</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 style="text-align: center;">(<i>Name of place</i>)</p>	<p><u>Public sector</u> Govt. hospital..... A Primary Health Care Center..... B Health post/Sub health post..... C Village health worker D Mobile / Outreach clinic E FCHV..... F Other public (<i>specify</i>) _____ H</p> <p><u>Private medical sector</u> Private hospital / clinic I Private physician..... J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) _____ O</p> <p><u>Other source</u> Traditional practitioner R Household treatment S Other (<i>specify</i>)_____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only..... 1 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 style="text-align: center;"><i>(Name of place)</i></p>	<p><u>Public sector</u> Govt. hospital A Primary Health Care center B Health Post /Sub Health Post..... C Village health worker D Mobile / Outreach clinic E FCHV.....F Other public (<i>specify</i>) _____ H</p> <p><u>Private medical sector</u> Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) _____ O</p> <p><u>Other source</u> Relative / Friend P Shop Q Home remedy S Dhami/Jhakri T</p> <p>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? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Names of medicines)</i></p>	<p><u>Antibiotic</u> Pill / Syrup/ A Injection B Anti-malarials..... M Paracetamol / Panadol / Acetaminophen... P Aspirin Q Ibuprofen R Other (<i>specify</i>) _____ X DK..... Z</p>	
<p>CA14. Check AG2: Child aged under 3 or not and tick the appropriate box ?</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 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
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> _____ <i>(Name of medicine)</i>	<u>Anti-malarials</u> SP / Fansidar A Chloroquine B Amodiaquine..... C Quinine D Combination with Artemisinin E Other anti-malarial (<i>specify</i>) _____ H <u>Antibiotic drugs</u> Pill / Syrup I Injection J <u>Other medications</u> Paracetamol/ Panadol /Acetaminophen. P Aspirin..... Q Ibuprofen R Other (<i>specify</i>) _____ X DK..... Z	
ML7. WAS (<i>name</i>) 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

<p>ML8. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒ML10 8⇒ML10</p>
<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name</i>)</p>	<p><u>Anti-malarials</u> SP / Fansidar A Chloroquine B Amodiaquine..... C Quinine D Combination with Artemisinin E Other anti-malarial (<i>specify</i>) _____ H</p> <p><u>Antibiotic drugs</u> Pill / Syrup I Injection J</p> <p><u>Other medications</u> Paracetamol/ Panadol/ Acetaminophen P Aspirin..... Q Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X DK..... Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with ML11</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG (DAY) AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>) ?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned and write down the response for the medicine that was taken at first taken after the fever started.</i></p>	<p>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</p>	

Information on Vaccination		IM																																																																																	
<p>If vaccination card is produced by the family, note down all the vaccination dates mentioned in the card in IM3. The questions in IM6-IM16 are for filling in information that are not mentioned in the vaccination card. In case of availability of the vaccination card there is no need to ask the questions from IM6-IM16.</p>																																																																																			
IM1. IS THERE A VACCINATION CARD FOR THE VACCINATIONS ADMINISTERED TO (name) (IF YES) CAN I SEE THE CARD?	Yes, seen 1 Yes, not seen 2 No card 3	1⇒IM3 2⇒IM6																																																																																	
IM2. WAS VACCINATION CARD FOR (name) EVER PREPARED ?	Yes..... 1 No 2	1⇒IM6 2⇒IM6																																																																																	
IM3. (a) Note the date each vaccination was administered from the vaccination card. (b) If the dates are not mentioned in the vaccination card, write '44' in the column for day.	<table border="1"> <thead> <tr> <th colspan="4">Vaccination Dates</th> </tr> <tr> <th>Day</th> <th>Month</th> <th colspan="2">Year</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td>BCG</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>Polio drop 1</td> <td>OPV1</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>Polio drop 2</td> <td>OPV2</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>Polio drop 3</td> <td>OPV3</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>DPT, Hep B - 1</td> <td>DPT, HEP B - 1</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>DPT, Hep B - 2</td> <td>DPT, HEP B - 2</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>DPT, Hep B - 3</td> <td>DPT, HEP B - 3</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>Measles</td> <td>Measles</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>Vitamin A (Latest dose)</td> <td>VIT - A</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> </tbody> </table>			Vaccination Dates				Day	Month	Year		BCG	BCG							Polio drop 1	OPV1							Polio drop 2	OPV2							Polio drop 3	OPV3							DPT, Hep B - 1	DPT, HEP B - 1							DPT, Hep B - 2	DPT, HEP B - 2							DPT, Hep B - 3	DPT, HEP B - 3							Measles	Measles							Vitamin A (Latest dose)	VIT - A						
Vaccination Dates																																																																																			
Day	Month	Year																																																																																	
BCG	BCG																																																																																		
Polio drop 1	OPV1																																																																																		
Polio drop 2	OPV2																																																																																		
Polio drop 3	OPV3																																																																																		
DPT, Hep B - 1	DPT, HEP B - 1																																																																																		
DPT, Hep B - 2	DPT, HEP B - 2																																																																																		
DPT, Hep B - 3	DPT, HEP B - 3																																																																																		
Measles	Measles																																																																																		
Vitamin A (Latest dose)	VIT - A																																																																																		
IM4. SEE QUESTION IM3. HAVE THE DETAILS FOR ALL VACCINATIONS (FROM BCG TO VITAMIN A) HAS BEEN FILLED IN TICK IN THE APPROPRIATE BOX .																																																																																			
<input type="checkbox"/> Yes ⇒ go to question IM18.																																																																																			
<input type="checkbox"/> No ⇒ START FILLING UP FROM QUESTION IM5.																																																																																			

<p>IM5. HAS (<i>name</i>) BEEN ADMINISTERED ANY VACCINATIONS OTHER THAN THOSE MENTIONED IN THE VACCINATION CARD (EVEN IF ON ANY HEALTH CAMP/CAMPAIGN OR IMMUNIZATION DAY) ?</p> <p><i>Tick 'Yes', only if the respondent mentions the names of the vaccines mentioned in the table above.</i></p>	<p>Yes..... 1</p> <p><i>(Find out about vaccines by enquiring in detail and write '66' for every vaccine mentioned by the respondent in the column for vaccination date. Thereafter, go to IM18.)</i></p> <p>No 2</p> <p>Don't know 8</p>	<p>⇒IM18</p> <p>2⇒IM18</p> <p>8⇒IM18</p>
<p>IM6. WAS ANY DISEASE-PREVENTIVE VACCINE EVER ADMINISTERED TO (<i>name</i>) AT A HEALTH CAMP/CAMPAIGN OR IMMUNIZATION DAY OR ON ANY OTHER OCCASION ?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	<p>2⇒IM18</p> <p>8⇒IM18</p>
<p>IM7. HAS THE BCG VACCINE (I.E. INJECTED IN THE ARMS, WHICH ALSO LEAVES MARKS ON THE INJECTED AREA), WHICH IS ADMINISTERED AGAINST TUBERCULOSIS, EVER ADMINISTERED ON (<i>name</i>)</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	
<p>IM8. HAS THE ORAL POLIO DROP AGAINST THE POLIO EVER FED TO (<i>name</i>) ?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	<p>2⇒IM11</p> <p>8⇒IM11</p>
<p>IM10. HOW MANY TIMES WAS POLIO DROP FED?</p>	<p>No. of times..... _ _</p>	
<p>IM11. HAS (<i>name</i>) EVER BEEN ADMINISTERED DPT/HEPB VACCINE (ADMINISTERED ON THIGHS) AGAINST TETANUS, WHOOPING COUGH, DIPHTHERIA, (I.E. A THROAT-RELATED DISEASE ACCOMPANIED BY DIFFICULTY IN BREATHING) ?</p> <p><i>DPT vaccine and polio drop are sometimes administered simultaneously; so, probe to find out.</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM12. HOW MANY TIMES WAS DPT INJECTION ADMINISTERED ?</p>	<p>No. of times..... _</p>	
<p>IM16. HAS (<i>name</i>) EVER BEEN ADMINISTERED VACCINATION AGAINST MEASLES (I.E. INJECTION ADMINISTERED ON ARMS AT THE AGE OF 9 MONTHS OR ABOVE) ?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	

<p>IM18. HAS (<i>name</i>) BEEN FED VITAMIN A (SUCH OR ANY OF THE FOLLOWING) WITHIN 6 MONTHS?</p> <p><i>Show the popular, capsules or syrup drugs to the respondent.</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know 8</p>	
<p>IM19. MENTION IF (<i>name</i>) HAS TAKEN PART IN ANY CAMPAIGNS SUCH AS THE NATIONAL IMMUNIZATION DAY, VITAMIN A DAY OR CHILD HEALTH DAY IN THE PAST ONE YEAR ?</p> <p>[A]National Vitamin A Day, Vitamin A?</p> <p>[B]National Polio Campaign, against Polio.</p>	<p style="text-align: right;">Yes No DK</p> <p>National Vitamin A Day1 2 8</p> <p>Polio Campaign.....1 2 8</p>	
<p>IM20A. See Cover Page. Is the name of the district Dang, Banke, Bardia, Kailali or Kanchanpur written ?</p> <p><input type="checkbox"/> Yes, start from IM20B</p> <p><input type="checkbox"/> No, ⇨ go to next module</p>		
<p>IM20B. HAS (<i>name</i>) EVER RECEIVED AN INJECTION FOR JAPANESE ENCEPHALITIS ? (AN INJECTION GIVEN IN THE ARM AFTER A CHILD IS ONE YEARS OF AGE TO PROTECT FROM JAPANESE ENCEPHALITIS).</p>	<p>Yes (card seen)..... 1</p> <p>Yes (respondent's memory) 2</p> <p>No 3</p> <p>Child below 1 Years age 4</p> <p>Don't know 8</p>	<p>2⇨NEXT MODULE</p> <p>3⇨NEXT MODULE</p> <p>4⇨NEXT MODULE</p> <p>8⇨NEXT MODULE</p>
<p>IM20C. RECORD THE DATE FROM THE IMMUNIZATION CARD. IF DATE IS NOT MENTIONED IN THE CARD MENTION '44'. IF ANY OF THE DAY, MONTH OR YEAR IS MISSING WRITE '98' OR '9998" AS APPLICABLE</p>	<p>Date (day/month/year in BS)</p> <p style="text-align: right;">___ / ___ / _____</p>	

Child Grant (only for Humla, Jumla, Mugu, Kalikot and Dolpa of Karnali)

CG

CG1. See Cover Page. Is the name of the district Humla, Jumla, Mugu, Kalikot or Dolpa written ?

- Yes, start from CG2
 No, ⇨ go to UF13 and note down the time

<p>CG2. HAS (name) EVER RECEIVED MONEY/CASH FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS CHILD GRANT ?</p> <p><i>(This grant is received by the parents of the caretaker of the child. Thus prove to find out whether parents or caretaker has received on behalf of the child)</i></p>	<p>Yes 1 No..... 2 Don't know..... 8</p>	<p>2⇨UF13 8⇨UF13</p>
<p>CG3. WHEN DID (name) RECEIVE MONEY/CASH FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS THE MOST RECENT INSTALLMENT OF THE CHILD GRANT ?</p> <p><i>If less than 7 days ago write in days. If less than a month ago write in weeks. If more than a month write in months.</i></p>	<p>Days ago 1 ___ ___ Weeks ago..... 2 ___ ___ Months ago 3 ___ ___ DK 998</p>	
<p>CG4. WHO IN YOUR FAMILY RECEIVED THE MONEY/CASH FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) ON BEHALF OF (name) ?</p>	<p>Mother 1 Father 2 Others (Specify) 6</p>	
<p>CG5. HOW MUCH MONEY/CASH WAS RECEIVED MOST RECENTLY FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS CHILD GRANT FOR (name) ?</p>	<p>Amount in NRs ___ ___ ___ DK9998</p>	
<p>CG6. HOW MUCH MONEY/CASH IN TOTAL HAS BEEN RECEIVED UNTIL NOW FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS CHILD GRANT FOR (name) ?</p>	<p>Amount in NRs ___ ___ ___ DK9998</p>	
<p>CG7. IN TOTAL FOR HOW MANY MONTHS GRANT HAS (name) RECEIVED THE CHILD GRANT FROM THE GOVERNMENT AUTHORITIES (DDC/VDC) ?</p>	<p>Number of Months ___ ___ DK98</p>	

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

UF14. Read the following instructions carefully and complete the interview as directed below in a sequential manner

- IS THE MOTHER OR CARETAKER OF THE OTHER UNDER FIVE CHILD OF THE FAMILY THE CURRENT RESPONDENT AND THE QUESTIONNAIRE FOR THE CHILD
 - REMAINING TO BE FILLED UP ⇒ FILL UP THE PERSONAL QUESTIONNAIRE FOR CHILDREN BELOW 5 YEARS WITH THIS RESPONDENT.
 - not remaining ⇒ Conclude the interview by thanking the respondent for cooperation.
- Check if there are INDIVIDUAL WOMEN'S QUESTIONNAIRE OR UNDE FIVE CHILDREN QUESTIONNAIRE IN THE HOUSEHOLD THAT REMAIN TO BE FILLED UP
 - REMAINING TO BE FILLED UP ⇒ FILL UP THE PERSONAL QUESTIONNAIRE.
 - Not remaining ⇒ Conclude the interview by thanking the respondent for cooperation.

Collect all the questionnaires filled in this household and fill in the necessary information from HH8 to HH15 in the Household Questionnaire.

After all the questionnaires filled up in this household are collected, check the information panel of each individual questionnaire and check its correctness by comparing it with the household listing form (HL). If necessary to correct any information please do so.

After filling up all necessary information in the covering envelope, keep all the filled questionnaires for this household in this envelope. While keeping in the envelope, put it in the order of HHs questionnaire at the top followed by women questionnaire (in the order of line number in Household Listing Form) and finally the children questionnaire (in the same order of the line number of U5 Children in the Household Listing form). For example if eligible women are listed in the line number 02, 04 and 07, in the household listing form, arrange the questionnaires in the following order. First the HHs questionnaire, followed by women's questionnaire of line no 02 then 04 and finally 07.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations