

QUESTIONNAIRE FOR CHILDREN UNDER 5

UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Facility name and number: NAME _____	
UF3. Child name and sex: NAME _____ MALE 1 FEMALE.....2	UF4. Most knowledgeable person's name NAME _____	
UF5. Interviewer name and number: NAME _____	UF6. Supervisor name and number: NAME _____	
UF7. Day / Month / Year: _____ / _____ / <u>2 0 2</u> _____	UF8. Record the start time: _____	HOURS : MINUTES _____ : _____

UF9. Check completed questionnaires in this facility: Have you or another member of your team already interviewed this respondent for another child under age five or age 5-14?	YES, INTERVIEWED ALREADY1 NO, FIRST INTERVIEW 2	1 ⇨UF9B 2 ⇨UF9A
UF9A. Hello, my name is (your name) and I am one of the interviewers working on an exercise to gather information about residential care facilities in the country. We are from (name of lead implementation agency). I would like to talk to you about (child's name from UF3)'s health and well-being. All the information we obtain will remain strictly confidential and the name of this facility will not be identified or disseminated as part of the findings. Similarly, your name and personal information will not be disclosed. The information you provide will not impact your employment or affect the situation of the child in this facility. Also, it will not impact decisions regarding his/her placement outside of this facility. If you do not wish to answer a question or stop the interview at any time, please let me know. May I start now?	UF9B. Now I would like to talk to you about (child's name from UF3)'s health and well-being. Again, all the information we obtain will remain strictly confidential and the name of this facility will not be identified or disseminated as part of the findings. Similarly, your name and personal information will not be disclosed. The information you provide will not impact your employment or affect the situation of the child in this facility. Also, it will not impact decisions regarding his/her placement outside of this facility. If you do not wish to answer a question or stop the interview at any time, please let me know. May I start now?	
Consent granted?	YES..... 1 NO 2	1 ⇨UB 2 ⇨UF17

UF17. Result of interview for children under 5	COMPLETED01
	PARTLY COMPLETED02
<i>Discuss any result not completed with Supervisor</i>	CONSENT NOT GRANTED03
	NO MOST KNOWLEDGEABLE PERSON IDENTIFIED FOR CHILD UNDER AGE 5.....04
	OTHER (<i>specify</i>) 06

UNDER-FIVE'S BACKGROUND		UB
UB1. On what day, month and year was <i>(name)</i> born? <i>Probe:</i> What is <i>(his/her)</i> birthday? <i>If respondent knows the exact date of birth, also record the day; otherwise, record '98' for day.</i> <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY ____ DK DAY..... 98 MONTH ____ YEAR ____	
UB2. How old is <i>(name)</i> ? <i>Probe:</i> How old was <i>(name)</i> at <i>(his/her)</i> last birthday? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) ____	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2..... 1 AGE 3 OR 4..... 2	1 ⇒ CA Module
UB4. Has <i>(name)</i> ever attended any early childhood education programme, such as <i>insert country-specific programme names</i> ?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ CA Module 8 ⇒ CA Module
UB5. At any time since <i>insert month of beginning of school year</i> , did <i>(he/she)</i> attend <i>(programmes mentioned in UB4)</i> ?	YES..... 1 NO..... 2	2 ⇒ CA Module
UB6. Does <i>(he/she)</i> currently attend <i>(programmes mentioned in UB4)</i> ?	YES..... 1 NO..... 2	

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES 1 NO 2 DK 8	2 ⇒ CA9 8 ⇒ CA9
CA2. 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. During the time (<i>name</i>) had diarrhoea, was (<i>he/she</i>) given less than usual to drink, about the same amount, or more than usual? <i>If 'less', probe:</i> Was (<i>he/she</i>) 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 (<i>he/she</i>) given less than usual to eat, about the same amount, more than usual, or nothing to eat? <i>If 'less', probe:</i> Was (<i>he/she</i>) 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 7 DK 8	
CA4. Did you seek any advice or treatment for the diarrhoea from any source?	YES 1 NO 2 DK 8	2 ⇒ CA6 8 ⇒ CA6

<p>CA5. 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 'Y' 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 HOSPITALA</p> <p>GOVERNMENT HEALTH CENTREB</p> <p>GOVERNMENT HEALTH POSTC</p> <p>COMMUNITY HEALTH WORKERD</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL (specify) F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIANJ</p> <p>PRIVATE PHARMACYK</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT).....L</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify) N</p> <p>DK PUBLIC OR PRIVATEY</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIENDO</p> <p>SHOP / MARKET / STREET P</p> <p>TRADITIONAL PRACTITIONERQ</p> <p>HEALTH SERVICE WITHIN FACILITYR</p> <p>OTHER (specify) X</p>	
<p>CA6. During the time (<i>name</i>) had diarrhoea, was (<i>he/she</i>) given:</p> <p>[A] A fluid made from a special packet called insert local name for ORS packet solution?</p> <p>[B] A pre-packaged ORS fluid called insert local name for pre-packaged ORS fluid?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Insert government-recommended homemade fluid?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS PACKET1 2 8</p> <p>PRE-PACKAGED ORS FLUID1 2 8</p> <p>ZINC TABLETS OR SYRUP1 2 8</p> <p>RECOMMENDED FLUID1 2 8</p>	
<p>CA7. Was anything else given to treat the diarrhoea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒CA9</p> <p>8 ⇒CA9</p>

<p>CA8. 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;">(Name of brand)</p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY (ANTI-DIARRHOEA) B</p> <p>OTHER PILL OR SYRUP G</p> <p>UNKNOWN PILL OR SYRUP H</p> <p>INJECTION</p> <p>ANTIBIOTIC L</p> <p>NON-ANTIBIOTIC M</p> <p>UNKNOWN INJECTION N</p> <p>INTRAVENOUS (IV) O</p> <p>HOME REMEDY / HERBAL MEDICINE Q</p> <p>OTHER (<i>specify</i>) X</p>	
<p>CA9. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>CA10. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>CA11. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ CA13</p> <p>8 ⇒ CA13</p>
<p>CA12. 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</p> <p>BLOCKED OR RUNNY NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER (<i>specify</i>) 6</p> <p>DK 8</p>	<p>1 ⇒ CA14</p> <p>2 ⇒ CA14</p> <p>3 ⇒ CA14</p> <p>6 ⇒ CA14</p> <p>8 ⇒ CA14</p>
<p>CA13. Check CA9: Did child have fever?</p>	<p>YES, CA9=1 1</p> <p>NO OR DK, CA9=2 OR 8 2</p>	<p>2 ⇒ CA20</p>
<p>CA14. Did you seek any advice or treatment for the illness from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ CA16</p> <p>8 ⇒ CA16</p>

<p>CA15. 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 'Y' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITALA</p> <p>GOVERNMENT HEALTH CENTREB</p> <p>GOVERNMENT HEALTH POSTC</p> <p>COMMUNITY HEALTH WORKERD</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL (specify)_____ F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC I</p> <p>PRIVATE PHYSICIANJ</p> <p>PRIVATE PHARMACYK</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT).....L</p> <p>MOBILE CLINICM</p> <p>OTHER PRIVATE MEDICAL (specify)_____ N</p> <p>DK PUBLIC OR PRIVATEY</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIENDO</p> <p>SHOP / MARKET / STREET P</p> <p>TRADITIONAL PRACTITIONERQ</p> <p>HEALTH SERVICE WITHIN FACILITYR</p> <p>OTHER (specify) _____ X</p>	
<p>CA16. 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 ⇒CA20</p> <p>8 ⇒CA20</p>

<p>CA17. 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 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p>	<p>ANTI-MALARIALS</p> <p>ARTEMISININ COMBINATION THERAPY (ACT).....A</p> <p>SP / FANSIDARB</p> <p>CHLOROQUINEC</p> <p>AMODIAQUINED</p> <p>QUININE</p> <p>PILLS.....E</p> <p>INJECTION/IVF</p> <p>ARTESUNATE</p> <p>RECTALG</p> <p>INJECTION/IVH</p> <p>OTHER ANTI-MALARIAL</p> <p>(specify)K</p> <p>ANTIBIOTICS</p> <p>AMOXICILLINL</p> <p>COTRIMOXAZOLEM</p> <p>OTHER ANTIBIOTIC</p> <p>PILL/SYRUP.....N</p> <p>OTHER ANTIBIOTIC</p> <p>INJECTION/IVO</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/</p> <p>ACETAMINOPHEN.....R</p> <p>ASPIRIN.....S</p> <p>IBUPROFENT</p> <p>ONLY BRAND NAME RECORDEDW</p> <p>OTHER (specify)X</p> <p>DK.....Y</p>	
<p>CA18. Check CA17: Were any anti-malarials recorded in codes A to K?</p>	<p>NO ANTI-MALARIALS MENTIONED..... 0</p> <p>YES, MULTIPLE ANTI-MALARIALS MENTIONED 1</p> <p>NO, ONLY ONE ANTIMALARIAL MENTIONED 2</p>	<p>0 ⇒CA20</p> <p>1 ⇒CA19A</p> <p>2 ⇒CA19B</p>
<p>CA19A. How long after the fever started did (<i>name</i>) first take the first of the (<i>name all anti-malarials recorded in CA17, codes A to K</i>)?</p> <p>CA19B. How long after the fever started did (<i>name</i>) first take (<i>name of anti-malarial from CA17, 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>CA20. Check UB2: Child's age?</p>	<p>AGE 0 1</p> <p>AGE 1 2</p> <p>AGE 2, 3 OR 4 3</p>	<p>1 ⇒UF11</p> <p>2 ⇒UCD Module</p> <p>3 ⇒EC Module</p>

<p>EC1. In the past 3 days, did you or any other adult staff or volunteer engage in any of the following activities with (name):</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with (name)?</p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any adult staff or volunteer engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with (name)?</p> <p>[B] Told stories to (name)?</p> <p>[C] Sang songs to or with (name), including lullabies?</p> <p>[D] Took (name) outside the facility?</p> <p>[E] Played with (name)?</p> <p>[F] Named, counted, or drew things for or with (name)?</p>	<table border="1"> <thead> <tr> <th></th> <th>RESPONDENT</th> <th>OTHER STAFF</th> <th>OTHER VOLUNTEER</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>		RESPONDENT	OTHER STAFF	OTHER VOLUNTEER	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	
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NAMED	A	B	X	Y																																	
<p>EC2. I would like to ask you about certain things (name) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.</p> <p>Can (name) walk on an uneven surface, for example, a bumpy or steep road, without falling?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>																																				
<p>EC3. Can (name) jump up with both feet leaving the ground?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>																																				
<p>EC4. Can (name) dress (him/herself), that is, put on pants and a shirt, without help?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>																																				
<p>EC5. Can (name) fasten and unfasten buttons without help?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>																																				

EC6. Can (<i>name</i>) say 10 or more words, like “mama” or “ball”?	YES.....1 NO.....2 DK.....8	
EC7. Can (<i>name</i>) speak using sentences of 3 or more words that go together, for example, “I want water” or “The house is big”?	YES.....1 NO.....2 DK.....8	2 ⇒ EC9 8 ⇒ EC9
EC8. Can (<i>name</i>) speak using sentences of 5 or more words that go together, for example, “The house is very big”?	YES.....1 NO.....2 DK.....8	
EC9. Can (<i>name</i>) correctly use any of the words ‘I,’ ‘you,’ ‘she,’ or ‘he,’ for example, “I want water” or “He eats rice”?	YES.....1 NO.....2 DK.....8	
EC10. If you show (<i>name</i>) an object (<i>he/she</i>) knows well, such as a cup or animal, can (<i>he/she</i>) consistently name it? By consistently we mean that (<i>he/she</i>) uses the same word to refer to the same object, even if the word used is not fully correct.	YES.....1 NO.....2 DK.....8	
EC11. Can (<i>name</i>) recognize at least 5 letters of the alphabet ?	YES.....1 NO.....2 DK.....8	
EC12. Can (<i>name</i>) write (<i>his/her</i>) name?	YES.....1 NO.....2 DK.....8	
EC13. Can (<i>name</i>) recognize all numbers from 1 to 5?	YES.....1 NO.....2 DK.....8	
EC14. If you ask (<i>name</i>) to give you 3 objects, such as 3 stones or 3 beans , does (<i>he/she</i>) give you the correct amount?	YES.....1 NO.....2 DK.....8	
EC15. Can (<i>name</i>) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES.....1 NO.....2 DK.....8	
EC16. Can (<i>name</i>) do an activity, such as colouring or playing with building blocks , without repeatedly asking for help or giving up too quickly?	YES.....1 NO.....2 DK.....8	
EC17. Does (<i>name</i>) ask about familiar people other than parents when they are not there, for example, “Where is Grandma ?”?		

EC18. Does (<i>name</i>) offer to help someone who seems to need help?	YES1 NO2 DK8	
EC19. Does (<i>name</i>) get along well with other children?	YES1 NO2 DK8	
EC20. How often does (<i>name</i>) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year or never?	DAILY1 WEEKLY2 MONTHLY3 A FEW TIMES A YEAR4 NEVER5 DK8	

CHILD FUNCTIONING		UCF
<p>Now I would like to ask you some questions about difficulties (name) may have. Just a reminder before we start that all the answers you give will be kept confidential and will not be linked to the child's name or personal details. The answers you give will not affect the situation of the child in this facility and it will not impact decisions regarding his/her placement outside of this facility.</p>		
<p>UCF1. Does (name) wear glasses?</p>	<p>Yes.....1 No.....2</p>	2⇒UCF3
<p>UCF2. When wearing (his/her) glasses, does (name) have difficulty seeing?</p> <p>Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	<p>1⇒UCF4 2⇒UCF4 3⇒UCF4 4⇒UCF4</p>
<p>UCF3. Does (name) have difficulty seeing?</p> <p>Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	
<p>UCF4. Does (name) use a hearing aid?</p>	<p>Yes.....1 No.....2</p>	2⇒UCF6
<p>UCF5. When using (his/her) hearing aid, does (name) have difficulty hearing sounds like peoples' voices or music?</p> <p>Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	<p>1⇒UCF7 2⇒UCF7 3⇒UCF7 4⇒UCF7</p>
<p>UCF6. Does (name) have difficulty hearing sounds like peoples' voices or music?</p> <p>Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	
<p>UCF7. Does (name) use any equipment or receive assistance for walking?</p>	<p>Yes.....1 No.....2</p>	2⇒UCF10
<p>UCF8. Without (his/her) equipment or assistance, does (name) have difficulty walking?</p> <p>Would you say (name) has: some difficulty, a lot of difficulty or cannot do at all?</p>	<p>Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	
<p>UCF9. With (his/her) equipment or assistance, does (name) have difficulty walking?</p> <p>Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	<p>1⇒UCF11 2⇒UCF11 3⇒UCF11 4⇒UCF11</p>
<p>UCF10. Compared with children of the same age, does (name) have difficulty walking?</p> <p>Would you say (name) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	

<p>UCF11. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (<i>his/her</i>) hand?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	
<p>UCF12. Does (<i>name</i>) have difficulty understanding you?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	
<p>UCF13. When (<i>name</i>) speaks, do you have difficulty understanding (<i>him/her</i>)?</p> <p>Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	
<p>UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	
<p>UCF15. Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p> <p>Would you say (<i>name</i>) has: no difficulty, some difficulty, a lot of difficulty or cannot do at all?</p>	<p>No difficulty1 Some difficulty2 A lot of difficulty.....3 Cannot do at all.....4</p>	
<p>UCF16. 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, the same or less, more or a lot more?</p>	<p>Not at all.....1 The same or less2 More3 A lot more4</p>	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 01	1 ⇒ UF11
	AGE 1, 2, 3 OR 4..... 2	

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 you or any other adult staff, volunteer or other official in this facility has used this method with (name) in the past month.

Just a reminder that your answers are private and will not be shared with anyone else, including other staff or volunteers in this facility. Similarly, your answers will not impact your employment in this facility.

YES NO

[A] Took away privileges or forbade something (name) liked.

TOOK AWAY PRIVILEGES 1 2

[B] Explained why (name)'s behavior was wrong.

EXPLAINED WRONG
BEHAVIOR 1 2

[C] Shook (him/her).

SHOOK HIM/HER 1 2

[D] Shouted, yelled at or screamed at (him/her).

SHOUTED, YELLED,
SCREAMED 1 2

[E] Gave (him/her) something else to do.

GAVE SOMETHING ELSE
TO DO 1 2

[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.

SPANKED, HIT, SLAPPED ON
BOTTOM WITH BARE HAND 1 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
OBJECT 1 2

[H] Called (him/her) dumb, lazy or another name like that.

CALLED DUMB, LAZY OR
ANOTHER NAME 1 2

[I] Hit or slapped (him/her) on the face, head or ears.

HIT / SLAPPED ON THE FACE,
HEAD OR EARS 1 2

[J] Hit or slapped (him/her) on the hand, arm, or leg.

HIT / SLAPPED ON HAND,
ARM OR LEG 1 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

[L] Did not allow (him/her) to have contact with relatives.

NOT ALLOWED CONTACT
WITH RELATIVES 1 2

[M] Made (him/her) do excessive work or chores around the facility.

EXCESSIVE WORK OR CHORES 1 2

[N] Tied up or locked (him/her) somewhere in the facility.

TIED UP OR LOCKED 1 2

UCD3. Check UF4: Has this respondent already responded to the following question (UCD4 or FCD3) for another child?	YES 1 NO 2	1 ⇒ UF11
UCD4. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES 1 NO 2 DK / NO OPINION 8	

UF11. <i>Record the end time.</i>	HOURS AND MINUTES : ..	
UF12. <i>Language of the Questionnaire.</i>	ENGLISH..... 1 LANGUAGE 2 2 LANGUAGE 3 3	
UF13. <i>Language of the Interview.</i>	ENGLISH..... 1 LANGUAGE 2 2 LANGUAGE 3 3 OTHER LANGUAGE (specify) 6	
UF14. <i>Native language of the Respondent.</i>	ENGLISH..... 1 LANGUAGE 2 2 LANGUAGE 3 3 OTHER LANGUAGE (specify) 6	
UF15. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	
<p>UF16. <i>Tell the respondent that you will need to measure the weight and height of the child 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.</i></p> <p><i>Is the respondent the most knowledgeable person of another child age 0-4 living in this facility?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.</p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>Is the respondent the most knowledgeable person of another child age 5-14 living in this facility?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-14 to be administered to the same respondent.</p> <p><input type="checkbox"/> <i>No</i> ⇒ 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 facility.</p>		

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Facility name and number: NAME _____	
AN3. Child name: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS) _____	
AN5. Most knowledgeable person's name: NAME _____	AN6. Interviewer name and number: NAME _____	

ANTHROPOMETRY		
AN7. Measurer 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 UNDERESSED 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> 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>	LENGTH / HEIGHT (CM) _____ . _____ CHILD REFUSED 999.4 RESPONDENT REFUSED 999.5 OTHER (specify) 999.6	999.4 ⇨ AN13 999.5 ⇨ AN13 999.6 ⇨ AN13
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 2 _____		
AN14. Is there another child under age 5 in the facility 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.		

INTERVIEWER'S NOTES

INTERVIEWER'S NOTES FOR ANTHROPOMETRY MODULE**MEASURER'S NOTES FOR ANTHROPOMETRY MODULE**