

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</u> <u>0</u> <u>1</u> _____	UF8. Record the time:	HOURS : MINUTES _____ : _____

<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 (your name). We are from Tonga Statistics Department. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (child's name from UF3)'s health and well-being. This interview will take about 30 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 (child's name from UF3)'s health and well-being in more detail. This interview will take about 30 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 1 NO / NOT ASKED..... 2	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

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
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UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (name) 's Birth Certificate, National Immunization Card and any immunisation record from a private health provider? We will need to refer to those documents.		
UB1. On what day, month and year was (name) born? <i>Probe:</i> What is (his/her) birthday? <i>If the mother/caretaker 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..... <u>2</u> <u>0</u> <u>1</u> _	
UB2. How old is (name) ? <i>Probe:</i> How old was (name) at (his/her) 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 ⇒ UB9
UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the Household Questionnaire?	YES, RESPONDENT IS THE SAME, UF4=HH47 1 NO, RESPONDENT IS NOT THE SAME, UF4≠HH47 2	2 ⇒ UB6
UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?	YES, ED10=0 1 NO, ED10≠0 OR BLANK..... 2	1 ⇒ UB8B 2 ⇒ UB9
UB6. Has (name) ever attended any early childhood education programme, such as Kindergarten?	YES 1 NO 2	1 ⇒ UB7
UB6A. What is the main reason for (name) not attending any early childhood education programme?	NOT IMPORTANT 1 NOT AFFORDABLE..... 2 TEACHER LACK QUALIFICATION 3 TOO FAR 4 POOR SCHOOL QUALITY 5 OTHER 6 (SPECIFY)	1 ⇒ UB9 2 ⇒ UB9 3 ⇒ UB9 4 ⇒ UB9 5 ⇒ UB9 6 ⇒ UB9
UB7. At any time since February, did (he/she) attend (programmes mentioned in UB6)?	YES 1 NO 2	1 ⇒ UB8A 2 ⇒ UB9

UB8A. Does (he/she) currently attend (<i>programmes mentioned in UB6</i>)?	YES 1 NO 2	
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?		
UB9. Is (<i>name</i>) covered by any health insurance/social security?	YES 1 NO 2	2 ⇒ End
UB10. What type of health insurance is (<i>name</i>) covered by? <i>Record all mentioned.</i>	HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER (<i>specify</i>) X	

BIRTH REGISTRATION		BR
BR0. Does (<i>name</i>) have a live birth notification?	YES 1 NO..... 2 DK..... 8	
BR1. Does (<i>name</i>) have a birth certificate? <i>If yes, ask:</i> May I see it?	YES, SEEN..... 1 YES, NOT SEEN..... 2 NO..... 3 DK..... 8	1 ⇒ <i>End</i> 2 ⇒ <i>End</i>
BR2. Has (<i>name</i>)'s birth been registered with the Ministry of Justice?	YES 1 NO..... 2 DK..... 8	1 ⇒ <i>End</i>
BR3. Do you know how to register (<i>name</i>)'s birth?	YES 1 NO..... 2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (<i>name</i>)?	NONE 00 NUMBER OF CHILDREN'S BOOKS.....__ __ TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that (<i>name</i>) plays with when (he/she) is at home. Does (he/she) play with:	Y N DK [A] Homemade toys, such as dolls, cars, or other toys made at home? HOMEMADE TOYS 1 2 8 [B] Toys from a shop or manufactured toys? TOYS FROM A SHOP 1 2 8 [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8	
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. On how many days in the past week was (<i>name</i>):	 [A] Left alone for more than an hour? NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR__ [B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour? NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR__ <i>If 'None' record '0'. If 'Don't know' record '8'.</i>	
EC4. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	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 (name):</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with (name)?</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 (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 home?</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>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	
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<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 2 1</p> <p>AGE 3 OR 4 2</p>	<p>1 ⇒ End</p>																																			
<p>EC6. I would like to ask you some questions about the health and development of (name). 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 (name)'s development.</p> <p>Can (name) 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 (name) read at least four simple, popular words?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>																																				
<p>EC8. Does (name) 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 (name) 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>																																				

EC10. Is (<i>name</i>) sometimes too sick to play?	YES..... 1 NO 2 DK 8	
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 (name) <u>in the past month</u> . [A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house. [B] Explained why (name) 's behavior was wrong. [C] Shook (him/her). [D] Shouted, yelled at or screamed at (him/her). [E] Gave (him/her) something else to do. [F] Spanked hit or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. [H] Called (him/her) dumb, lazy or another name like that. [I] Hit or slapped (him/her) on the face, head or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	YES NO TOOK AWAY PRIVILEGES..... 1 2 EXPLAINED WRONG BEHAVIOR..... 1 2 SHOOK HIM/HER 1 2 SHOUTED, YELLED, SCREAMED 1 2 GAVE SOMETHING ELSE TO DO 1 2 SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2 HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2 CALLED DUMB, LAZY OR ANOTHER NAME 1 2 HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2 HIT / SLAPPED ON HAND, ARM OR LEG 1 2 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 NO.....2	2 ⇒UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES1 NO.....2	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?	YES 1 NO..... 2 DK / NO OPINION..... 8	

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

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

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 NO.....2 DK.....8	2 ⇒ BD3A 8 ⇒ BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES.....1 NO.....2 DK.....8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 2.....2	2 ⇒ End
BD4. 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	
BD5. Did (<i>name</i>) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES.....1 NO.....2 DK.....8	
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 NO.....2 DK.....8	

<p>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.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>	<div>YES NO DK</div>			
[A] Plain water?	PLAIN WATER	1	2	8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8
[C] Hu'a supo?	CLEAR BROTH	1	2	8
[D] Infant formula, such as SMA, Karicare, S-26?	INFANT FORMULA	1	2 ∇	8 ∇ BD7[E] BD7[E]
<p>[D1] How many times did (<i>name</i>) drink infant formula?</p> <p><i>If 7 or more times, record '7'</i> <i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK INFANT FORMULA__</p> <p>DK.....8</p>			
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 ∇	8 ∇ BD7[X] BD7[X]
<p>[E1] How many times did (<i>name</i>) drink milk?</p> <p><i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i></p>	<p>NUMBER OF TIMES DRANK MILK.....__</p>			
[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 (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>Think about when (name) woke up yesterday. Did (he/she) eat anything at that time?</p> <p><i>If 'Yes' ask:</i></p> <p><i>Record answers using the food groups below.</i></p> <p>- What did (name) do after that? Did (he/she) eat anything at that time?</p> <p><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:</p> <p>Just to make sure, did (name) eat (food group items) yesterday during the day or the night</p>		YES	NO	DK
<p>[A] Yogurt made from animal milk?</p> <p><i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i></p>	YOGURT	1	2 ∇ BD8[B]	8 ∇ BD8[B]
<p>[A1] How many times did (name) eat yogurt?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES ATE YOGURT.....</p> <p>DK.....8</p>			
[B] Any baby food, such as Cerelac, Gerber, Hero or Nestum?	FORTIFIED 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 sweet potatoes that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
[E] White potatoes, white yams, cassava, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8
[F] Any dark green, leafy vegetables, such as taro leaves?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G] Ripe mangoes, ripe papayas, ripe banana?	RIPE MANGO, RIPE PAPAYA	1	2	8
[H] Any other fruits or vegetables, such as watermelon, apple, pear, most commonly eaten fruits and vegetables?	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, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K] Eggs?	EGGS	1	2	8
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M] Beans, peas, lentils or nuts, including any foods made from these?	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

[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD 1 2 8 BD9 BD9	
[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.	(Specify) _____	
BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night? If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1]. If 7 or more times, record '7'.	NUMBER OF TIMES.....__ DK.....8	

IMMUNISATION										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 National Immunization card, immunisation 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 National Immunization card or immunisation 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 IMMUNISATION									
		DAY		MONTH		YEAR					
HepB (at birth)	HepB0					2	0	1			
BCG	BCG					2	0	1			
Polio (OPV) 1	OPV1					2	0	1			
Polio (OPV) 2	OPV2					2	0	1			
Polio (OPV) 3	OPV3					2	0	1			
IPV 1	IPV1					2	0	1			
Pentavalent (DTPHibHepB) 1	Penta1					2	0	1			
Pentavalent (DTPHibHepB) 2	Penta2					2	0	1			
Pentavalent (DTPHibHepB) 3	Penta3					2	0	1			
DTP4	DTP4					2	0	1			
MR 1	MR1					2	0	1			
MR 2	MR2					2	0	1			
IM7. Check IM6: Are all vaccines (HepB to MR2) recorded?		YES..... 1 NO..... 2							1 ⇨ End		

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, immunisation week just mentioned?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ End 8 ⇒ End
IM10. Go back to IM6 and probe for these vaccinations. Record '66' in the corresponding day column for each vaccine received. For each vaccination <u>not</u> received record '00' in day column. When <u>finished</u> , go to End of module.		⇒ End
IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign on Immunization week?	YES..... 1 NO..... 2 DK..... 8	
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	
IM15. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?	YES, WITHIN 24 HOURS..... 1 YES, BUT NOT WITHIN 24 HOURS 2 NO..... 3 DK..... 8	
IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio? Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.	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..... — DK..... 8	
IM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio? Probe to ensure that both were given, drops and injection.	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?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ IM26 8 ⇒ IM26

<i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i>		
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES..... _ DK..... 8	
IM26. Has (<i>name</i>) ever received a MR vaccine – that is, a shot in the arm at the age of 1 year or older - to prevent (him/her) from getting measles, mumps and rubella?	YES 1 NO..... 2 DK..... 8	2 ⇒END 8 ⇒END
IM26A. How many times was the MR vaccine received?	NUMBER OF TIMES..... _ DK..... 8	
IM28. <i>Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child. Complete the Information Panel on that Questionnaire</i>		

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES1 NO2 DK8	2 ⇒ CA14 8 ⇒ CA14
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK.....1 NO OR DK, BD3=2 OR 82	1 ⇒ CA3A 2 ⇒ CA3B
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. 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? 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. 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 LESS1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE4 NOTHING TO DRINK5 DK8	
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? <i>If 'less', probe:</i> Was (he/she) given much less than usual to eat or somewhat less?	MUCH LESS1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE4 STOPPED FOOD.....5 NEVER GAVE FOOD7 DK8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES1 NO2 DK8	2 ⇒ CA7 8 ⇒ CA7

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else? Na'e toe 'iai ha feitu'u kehe?</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 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTRE..... B</p> <p>COMMUNITY HEALTH WORKER D</p> <p>OTHER PUBLIC MEDICAL (specify) _____ H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE / CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>DK PUBLIC OR PRIVATE W</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>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[B] A pre-packaged ORS fluid called Vai masima for pre-packaged ORS fluid?</p> <p>[C] Zinc tablets or syrup?</p>	<p style="text-align: right;">Y N DK</p> <p>PRE-PACKAGED ORS FLUID 1 2 8</p> <p>ZINC TABLETS OR SYRUP..... 1 2 8</p>	
<p>CA8. Check CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[B] 1</p> <p>NO, 'NO' OR 'DK' IN CA7[B] 2</p>	<p>2 ⇒ CA12</p>

<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 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTRE..... B</p> <p>COMMUNITY HEALTH WORKER D</p> <p>OTHER PUBLIC MEDICAL (specify) H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT) L</p> <p>OTHER PRIVATE MEDICAL (specify) O</p> <p>DK PUBLIC OR PRIVATE W</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>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇒ CA14</p> <p>8 ⇒ CA14</p>
<p>CA13. What else was given to treat the diarrhoea?</p> <p><i>Probe:</i></p> <p>Anything else?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name of brand)</p> <p>_____</p> <p>(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 (specify) X</p>	
<p>CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	

CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?	YES1 NO2 DK8	
CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?	YES1 NO2 DK8	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 ONLY1 BLOCKED OR RUNNY NOSE ONLY2 BOTH3 OTHER (<i>specify</i>) 6 DK8	1 ⇒ CA20 2 ⇒ CA20 3 ⇒ CA20 6 ⇒ CA20 8 ⇒ CA20
CA19. Check CA14: Did child have fever?	YES, CA14=11 NO OR DK, CA14=2 OR 82	2 ⇒ CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES1 NO2 DK8	2 ⇒ CA22 8 ⇒ CA22
CA21. From where did you seek advice or treatment? Na'a ke kumi fale'i ki fe'ia <i>Probe: Anywhere else?</i> <i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i> <i>Probe to identify each type of provider.</i> <i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> <hr/> (Name of place)	PUBLIC MEDICAL SECTOR HOSPITALA HEALTH CENTREB COMMUNITY HEALTH WORKERD OTHER PUBLIC MEDICAL (<i>specify</i>)H PRIVATE MEDICAL SECTOR PRIVATE CLINICI PRIVATE PHYSICIANJ PRIVATE PHARMACYK COMMUNITY HEALTH WORKER (NON-GOVERNMENT)L OTHER PRIVATE MEDICAL (<i>specify</i>)O DK PUBLIC OR PRIVATEW OTHER SOURCE RELATIVE / FRIENDP SHOP / MARKET / STREETQ TRADITIONAL PRACTITIONERR OTHER (<i>specify</i>)X DK / DON'T REMEMBERZ	
CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?	YES1 NO2 DK8	2 ⇒ CA30 8 ⇒ CA30

<p>CA23. What medicine was (<i>name</i>) given? Ko e ha e faito'o na'e 'oange kia (<i>hingo</i>a)?</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>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>COTRIMOXAZOLE M</p> <p>OTHER ANTIBIOTIC</p> <p>PILL/SYRUP..... N</p> <p>OTHER ANTIBIOTIC</p> <p>INJECTION/IV..... O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/</p> <p>ACETAMINOPHEN R</p> <p>ASPIRIN..... S</p> <p>IBUPROFEN..... T</p> <p>ONLY BRAND NAME RECORDED W</p> <p>OTHER (<i>specify</i>)..... X</p> <p>DK/ DON'T REMEMBER..... Z</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED,</p> <p>CA23=L-O 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED 2</p>	<p>2 ⇒ CA30</p>
<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 'W' 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>HOSPITAL A</p> <p>HEALTH CENTRE..... B</p> <p>COMMUNITY HEALTH WORKER D</p> <p>OTHER PUBLIC MEDICAL</p> <p>(<i>specify</i>) H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC I</p> <p>PRIVATE PHYSICIAN J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER</p> <p>(NON-GOVERNMENT) L</p> <p>OTHER PRIVATE MEDICAL</p> <p>(<i>specify</i>) O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (<i>specify</i>)..... X</p> <p>DK / DON'T REMEMBER Z</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>

CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?	CHILD USED TOILET / LATRINE.....01	
	PUT / RINSED INTO TOILET	
	OR LATRINE02	
	PUT / RINSED INTO DRAIN OR DITCH.....03	
	THROWN INTO GARBAGE	
	(SOLID WASTE).....04	
	BURIED05	
	LEFT IN THE OPEN06	
	OTHER (<i>specify</i>)_____ 96	
	DK.....98	

UF11. <i>Record the time.</i>	HOURS AND MINUTES : ..	
UF12. <i>Language of the Questionnaire.</i>	ENGLISH..... 1 TONGAN..... 2	
UF13. <i>Language of the Interview.</i>	ENGLISH..... 1 TONGAN..... 2 CHINESE..... 3 OTHER LANGUAGE (specify) 6	
UF14. <i>Native language of the Respondent.</i>	ENGLISH..... 1 TONGAN..... 2 CHINESE..... 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 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.</i></p> <p><i>Check if IM4=2 and IM5=4, Issue the Questionnaire Form for Vaccination Records at Health Facility for this Child?</i></p> <p><i>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?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ 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.</i></p> <p><input type="checkbox"/> <i>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?</i></p> <p><input type="checkbox"/> <i>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.</i></p> <p><input type="checkbox"/> <i>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.</i></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 AFTER REVISITS ... 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: _____ / _____ / <u>2 0 1</u> _____		
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