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:* ___ ___ /___ ___ / 2 0 1 ___	**UF8**. *Record the time:* HOURS : MINUTES __ __ : __ __

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.

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 National Statistics Office of Georgia. 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 15 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 15 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*
 	
Codes refer to mother/caretaker.
Discuss any result not completed with Supervisor.
	COMPLETED..01
	NOT AT HOME 02
	REFUSED...03
	PARTLY COMPLETED 04
	INCAPACITATED
	  (*specify*) _____ 05
	
	NO ADULT CONSENT FOR MOTHER/
	  CARETAKER AGE 15-17 06
	
	OTHER (*specify*)_____ 96

UNDER-FIVE'S BACKGROUND		UB

UB1. On what day, month and year was (***name***) born?
 	
Probe:
What is (his/her) birthday?
 	
If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.
 	
Month and year <u>must</u> be recorded.
	DATE OF BIRTH
	  DAY ....__ __
	
	  DK DAY 98
	
	  MONTH...__ __
	
	  YEAR .... 2 0 1 __	

UB2. How old is (***name***)? *Probe*: How old was (***name***) at (his/her) last birthday? *Record age in completed years.* *Record '0' if less than 1 year.* *If responses to UB1 and UB2 are inconsistent, probe further and correct.*	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):*	RESPONDENT IS THE SAME, UF4=HH47.......1 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 kindergarten in the current school year?*	YES, ED10=0 ....1 NO, ED10≠0 OR BLANK....................................2	1 ⇨UB8B 2 ⇨UB9
UB6. Has (***name***) ever attended kindergarten?	YES...1 NO 2	2 ⇨UB9
UB7. At any time since September 2018, did (he/she) attend kindergarten?	YES...1 NO 2	1 ⇨UB8A 2 ⇨UB9
UB8A. Does (he/she) currently attend kindergarten? **UB8B**. You have mentioned that (***name***) has attended kindergarten this school year. Does (he/she) currently attend kindergarten?	YES...1 NO 2	2 ⇨UB9
UB8C. Does (***name***) attend public or private kindergarten?	PUBLIC KINDERGARTEN ....1 PRIVATE KINDERGARTEN .... 2 OTHER (*specify*) _____ 6	
UB9. Is (***name***) covered by any health insurance?	YES ....1 NO 2	2 ⇨End

UB10. What type of health insurance is (***name***) covered by?
 	
Record all mentioned.
	HEALTH INSURANCE THROUGH
	  EMPLOYER...B
	OTHER PRIVATELY PURCHASED
	  COMMERCIAL HEALTH INSURANCE........D
	UNIVERSAL HEALTH CARE PROGRAM .....E
	
	OTHER (*specify*)_____X	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (*name*)?	NONE ....00 NUMBER OF CHILDREN'S BOOKS .... 0 __ TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that (*name*) plays with when (he/she) is at home. Does (he/she) play with: [A] Homemade toys, such as dolls, cars, or other toys made at home? [B] Toys from a shop or manufactured toys? [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?	Y N DK HOMEMADE TOYS...................................1 2 8 TOYS FROM A SHOP...............................1 2 8 HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8	
EC2D. During the past 7 days did (*name*) watch, play with electronic devices, such as computer, mobile, tablet or watch TV? *If 'Yes', ask:* *In the days when he used these devices, about how many hours does (name) spend on these activities in a day during the past 7 days?*	NONE ....0 YES, LESS THEN 1 HOUR A DAY ....1 YES, FROM 1 TO 2 HOURS A DAY ....2 YES, ABOUT MORE THAN 2 HOURS A DAY 3	

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 7 days was (*name*):
 	
[A] 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?
 	
If 'None' record '0'. If 'Don't know' record '8'.
	NUMBER OF DAYS LEFT ALONE FOR
	MORE THAN AN HOUR.......................................__
	
	NUMBER OF DAYS LEFT WITH
	  ANOTHER CHILD FOR MORE
	  THAN AN HOUR ....__	

EC4. *Check UB2: Child's age?*	AGE 0 OR 1..1 AGE 2, 3 OR 4..2	1⇨*End*

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*): *If 'Yes', ask:* Who engaged in this activity with (*name*)? *A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.* *Record all that apply.* *'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.*		MOTHER	FATHER	OTHER	NO ONE	
[A] Read books or looked at picture books with (*name*)?	READ BOOKS	A	B	X	Y	
[B] Told stories to (*name*)?	TOLD STORIES	A	B	X	Y	
[C] Sang songs to or with (*name*), including lullabies?	SANG SONGS	A	B	X	Y	
[D] Took (*name*) outside the home?	TOOK OUTSIDE	A	B	X	Y	
[E] Played with (*name*)?	PLAYED WITH	A	B	X	Y	
[F] Named, counted, or drew things for or with (*name*)?	NAMED	A	B	X	Y	
EC5G. *Check UB2: Child's age?*	AGE 2 ....1 AGE 3 OR 4..2					1 ⇨*End*
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. Can (*name*) identify or name at least ten letters of the alphabet?	YES...1 NO...2 DK...8					
EC7. Can (*name*) read at least four simple, popular words?	YES...1 NO...2 DK...8					
EC8. Does (*name*) know the name and recognize the symbol of all numbers from 1 to 10?	YES...1 NO...2 DK...8					
EC9. Can (*name*) pick up a small object with two fingers, like a stick or a rock from the ground?	YES...1 NO...2 DK...8					

EC10. Is (*name*) sometimes too sick to play?	YES...1 NO..2 DK..8	
EC11. Does (*name*) follow simple directions on how to do something correctly?	YES...1 NO..2 DK..8	
EC12. When given something to do, is (*name*) able to do it independently?	YES...1 NO..2 DK..8	
EC13. Does (*name*) get along well with other children?	YES...1 NO..2 DK..8	
EC14. Does (*name*) kick, bite, or hit other children or adults?	YES...1 NO..2 DK..8	
EC15. Does (*name*) 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 30 days.</u>		
	YES NO	
[A] Took away privileges, forbade something *(name)* liked or did not allow (him/her) to leave the house.	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	

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?*	YES ....1 NO 2	2 ⇨*UCD5*
UCD4. *Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?*	YES ....1 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 (*name*) may have. Does (*name*) wear glasses?	YES .... 1 NO 2	
UCF3. Does (*name*) use a hearing aid?	YES .... 1 NO 2	
UCF4. Does (*name*) 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 (*name*) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* Remember the four possible answers: Would you say that (*name*) 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 (*name*) have difficulty seeing? **UCF7B**. Does (*name*) 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 (*name*) have difficulty hearing sounds like peoples' voices or music? **UCF9B**. Does (*name*) 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 (*name*) have difficulty walking?	SOME DIFFICULTY... 2 A LOT OF DIFFICULTY .... 3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (*name*) 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 (*name*) 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 (*name*) 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 (*name*) have difficulty understanding you?	NO DIFFICULTY ....1 SOME DIFFICULTY..2 A LOT OF DIFFICULTY ....3 CANNOT UNDERSTAND AT ALL 4	
UCF16. When (*name*) 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 (*name*) 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 (*name*) 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 (*name*) 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 (*name*) ever been breastfed?	YES ....1 NO ....2 DK 8	2⇨*BD3A* 8⇨*BD3A*
BD3. Is (*name*) 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 (*name*) <u>drink anything from a bottle with a nipple</u>?	YES ....1 NO ....2 DK 8	
BD5. Did (*name*) <u>drink Oral Rehydration Salt solution (ORS)</u> such as Rehydron, Ayesole, Altaflora, Humana Electrolyt yesterday, during the day or night?	YES ....1 NO ....2 DK 8	
BD6. Did (*name*) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES ....1 NO ....2 DK 8	

		YES	NO	DK
BD7. Now I would like to ask you about all other liquids that (*name*) may have had yesterday during the day or the night. Please include liquids consumed outside of your home. Did (*name*) drink (*name of item*) yesterday during the day or the night:				
[A] Plain water?	PLAIN WATER	1	2	8
[B1] 100% real juice made from apricot, sour cherries, dried peach, persimmon or carrots?	VITAMIN A-RICH 100% REAL JUICE	1	2	8
[B2] 100% real juice made from any other fruits or vegetables such as oranges, apples (homemade or packaged)?	100% REAL JUICE	1	2	8
[B3] Any packaged sweet-tasting drink (not 100% real juice) such as Sandora, Kampa, Kula or any similar packaged sweet tasting juice drink?	NON-NUTRITIOUS DRINKS/BEVERAGES	1	2	8
[D] Infant formula, such as Humana, Hipp, Nestle, Similac, etc?	INFANT FORMULA	1	2 � *BD7[E]*	8 ☫ *BD7[E]*
[D1] How many times did (*name*) drink infant formula? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES DRANK INFANT FORMULA ....__			
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 ☫ *BD7[P]*	8 ☫ *BD7[P]*
[E1] How many times did (*name*) drink milk? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES DRANK MILK ....__			
[P] Clear tea/Tea made without milk /dairy products?	WATER-BASED TEA	1	2	8
[Q1] Cocoa made without milk /dairy products?	WATER-BASED COCOA	1	2	8
[Q2] Cocoa made with milk	COCOA MADE WITH MILK	1	2 ☫ *BD7[X]*	8 ☫ *BD7[X]*
[Q3] How many times did (*name)* drink Cocoa made with milk? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES DRANK MILK-BASED COCOA .....___			
[X] Any other liquids?	OTHER LIQUIDS	1	2 ☫ *BD8*	8 ☫ *BD8*
[X1] *Record all other liquids mentioned.*	(*Specify*) _____			

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. **-** Think about when (*name*) woke up yesterday. Did (he/she) eat anything at that time? *If 'Yes' ask:* Please tell me everything (*name*) ate at that time. *Probe:* Anything else? *Record answers using the food groups below.* **-** What did (*name*) do after that? Did (he/she) eat anything at that time? *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.*					

For each food group not mentioned after completing the above ask: Just to make sure, did (*name*) eat (*food group items*) yesterday during the day or the night		YES	NO	DK	
[A] Yogurt or "matsoni"? *Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.*	YOGURT OR "MATSONI"	1	2 �ügö *BD8[B]*	8 ☝ *BD8[B]*	
[A1] How many times did (*name*) eat yogurt or "matsoni"? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES ATE YOGURT OR "MATSONI"......................................__				
[B] Any manufactured baby food, such as Nestle, Humana etc.?	MANUFACTURED BABY FOOD	1	2	8	
[C] Bread, rice, noodles, buckwheat, porridge or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8	
[D] Pumpkin, carrots, squash that are yellow or orange inside?	PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8	
[E] Potatoes or any other foods made from roots (such as turnip)?	FOODS MADE FROM ROOTS	1	2	8	
[F] Any dark green, leafy vegetables, such as spinach, lettuce, broccoli?	DARK GREEN, LEAFY VEGETABLES	1	2	8	
[G] Vitamin A-rich fruits Apricot, fresh sour cherries, dried peach, persimmon?	APRICO,TSOUR CHERRY, PEACH, PERSIMMON	1	2	8	
[H] Any other fruits or vegetables, such as apple, pear, peach, bananas, strawberries, grapes?	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, either fresh or dried?	FRESH OR DRIED FISH	1	2	8	
[M] Beans, peas, soybean, lentils, including any foods made from these?	FOODS MADE FROM BEANS, PEAS ETC.	1	2	8	
[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8	
[O] Nuts?	NUTS	1	2	8	
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 ☝ *BD9*	8 ☝ *BD9*	
[X1] *Record all other solid, semi-solid, or soft food that do not fit food groups above.*	(*Specify*) _____				

BD9. How many times did (*name*) 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	

CARE OF ILLNESS		CA
CA1. In the last 14 days, has (*name*) had diarrhoea?	YES ....1 NO ....2 DK 8	 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 8...................................2	1⇨*CA3A* 2⇨*CA3B*
CA3A. I would like to know how much (*name*) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) such as Rehydron, Ayesole, Altaflora, Humana Electrolyt and other liquids given with medicine. During the time (*name*) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? *If 'less', probe*: Was (he/she) given much less than usual to drink, or somewhat less? **CA3B**. I would like to know how much (*name*) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) such as Rehydron, Ayesole, Altaflora, Humana Electrolyt and other liquids given with medicine. During the time (*name*) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? *If 'less', probe*: 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	
CA4. During the time (*name*) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat? *If 'less', probe:* 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.......................................7 DK 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES ....1 NO ....2 DK 8	 2⇨*CA7* 8⇨*CA7*

CA6. Where did you seek advice or treatment?
 	
Probe: Anywhere else?
 	
Record all providers mentioned, but do <u>not</u> prompt with any suggestions.
 	
Probe to identify each type of provider.
	VILLAGE DOCTOR .... S
	VILLAGE NURSE... T
	POLYCLINIC/PRIMARY HEALTH CENTRE
	/AMBULATORY ....U
	PRIVATE PHYSICIAN ....J
	PHARMACY ....K
	EMERGENCY TEAM V
	HOSPITAL DOCTOR .... F
	EMERGENCY DEPARTMENT.....................G
	
	OTHER SOURCE
	   RELATIVE / FRIEND .... P
	   SHOP / MARKET / STREET ....Q
	   TRADITIONAL PRACTITIONER ....R
	
	OTHER (*specify*) _____ X	

CA7. During the time (**name**) had diarrhoea, was (he/she) given: [A] A fluid made from a special packet such as Rehydron, Ayesole, Altaflora, Humana Electrolyt etc.? [C] Zinc tablets or syrup?	Y N DK FLUID FROM ORS PACKET................ 1 2 8 ZINC TABLETS OR SYRUP................. 1 2 8	
CA8. *Check CA7[A]: Was child given any ORS?*	YES, YES IN CA7[A].. 1 NO, 'NO' OR 'DK' IN CA7[A]...2	2⇨*CA10*

CA9. Where did you get the (*ORS mentioned in CA7[A]*)?
 	
Probe to identify the type of source.
 	
If 'Already had at home', probe to learn if the source is known.
	VILLAGE DOCTOR .... S
	VILLAGE NURSE... T
	POLYCLINIC/PRIMARY HEALTH CENTRE
	/AMBULATORY ....U
	PRIVATE PHYSICIAN ....J
	PHARMACY ....K
	EMERGENCY TEAM V
	HOSPITAL DOCTOR .... F
	EMERGENCY DEPARTMENT.....................G
	
	OTHER SOURCE
	   RELATIVE / FRIEND .... P
	   SHOP / MARKET / STREET ....Q
	   TRADITIONAL PRACTITIONER ....R
	
	OTHER (*specify*) _____ X
	DK / DON'T REMEMBER ....Z	

CA10. *Check CA7[C]: Was child given any zinc?*	YES, CA7[C]=1 ....1 NO, CA7[C] ≠1 2	2⇨*CA12*
CA11. Where did you get the zinc? *Probe to identify the type of source.* *If 'Already had at home', probe to learn if the source is known.*	VILLAGE DOCTOR .... S VILLAGE NURSE... T POLYCLINIC/PRIMARY HEALTH CENTRE /AMBULATORY ....U PRIVATE PHYSICIAN ....J PHARMACY ....K EMERGENCY TEAM ....V HOSPITAL DOCTOR .... F EMERGENCY DEPARTMENT.....................G **OTHER SOURCE** RELATIVE / FRIEND .... P SHOP / MARKET / STREET ....Q TRADITIONAL PRACTITIONER ....R OTHER (*specify*) _____ X	
CA12. Was anything else given to treat the diarrhoea?	YES ....1 NO ....2 DK 8	2⇨*CA14* 8⇨*CA14*
CA13. What else was given to treat the diarrhoea? *Probe*: Anything else? *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ *(Name of brand)* _____ *(Name of brand)*	**PILL OR SYRUP** ANTIBIOTIC ....A ANTIMOTILITY (ANTI-DIARRHOEA) ......B PREPARATIONS FOR RESTORATION OF THE INTESTINAL FLORA ....V ANTI-EMETIC TREATMENT ....W OTHER PILL OR SYRUP ....G UNKNOWN PILL OR SYRUP ....H **INJECTION** ANTIBIOTIC .... L NON-ANTIBIOTIC .... M UNKNOWN INJECTION..............................N INTRAVENOUS (IV)..O HOME REMEDY / HERBAL MEDICINE....................................Q OTHER (*specify*) _____ X	
CA14. At any time in the last 14 days, has (*name*) been ill with a fever?	YES ....1 NO ....2 DK 8	
CA16. At any time in the last 14 days, has (*name*) had an illness with a cough?	YES ....1 NO ....2 DK 8	

CA17. At any time in the last 14 days, has (*name*) had fast, short, rapid breaths or difficulty breathing, like wheezing?	YES ....1 NO ....2 DK 8	2⇨*CA19* 8⇨*CA19*
CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY ....1 BLOCKED OR RUNNY NOSE ONLY ....2 BOTH..3 OTHER (*specify*) _____6 DK..8	1⇨*CA20* 2⇨*CA20* 3⇨*CA20* 6⇨*CA20* 8⇨*CA20*
CA19. *Check CA14: Did child have fever?*	YES, CA14=1...1 NO OR DK, CA14=2 OR 8................................2	 2⇨*CA30*
CA20. Did you seek any advice or treatment for the illness from any source?	YES ....1 NO ....2 DK 8	2⇨*CA22* 8⇨*CA22*

CA21. From where did you seek advice or treatment?
 	
Probe: Anywhere else?
 	
Record all providers mentioned, but do <u>not</u> prompt with any suggestions.
 	
Probe to identify each type of provider.
	VILLAGE DOCTOR .... S
	VILLAGE NURSE... T
	POLYCLINIC/PRIMARY HEALTH CENTRE
	/AMBULATORY ....U
	PRIVATE PHYSICIAN ....J
	PHARMACY ....K
	EMERGENCY TEAM.....................................V
	HOSPITAL DOCTOR .... F
	EMERGENCY DEPARTMENT.....................G
	
	OTHER SOURCE
	  RELATIVE / FRIEND .... P
	  SHOP / MARKET / STREET ....Q
	  TRADITIONAL PRACTITIONER ....R
	
	OTHER (*specify*) _____ X	

CA22. At any time during the illness, was (*name*) given any medicine for the illness?	YES ....1 NO ....2 DK 8	2⇨*CA30* 8⇨*CA30*

CA23. What medicine was (*name*) given?
 	
Probe:
Any other medicine?
 	
Record all medicines given.
 	
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.
 	
_____
(Name of brand)
 	
_____
(Name of brand)
	ANTIBIOTICS
	    AMOXICILLIN L
	    COTRIMOXAZOLE.. M
	    OTHER ANTIBIOTIC
	        PILL/SYRUP..N
	    OTHER ANTIBIOTIC
	        INJECTION/IV ....O
	
	OTHER MEDICATIONS
	    PARACETAMOL/PANADOL/
	        ACETAMINOPHEN ....R
	    ASPIRIN .... S
	    IBUPROFEN..T
	
	ONLY BRAND NAME RECORDED..............W
	
	OTHER (*specify*) _____ X
	DK..Z	

CA24. *Check CA23: Antibiotics mentioned?*	YES, ANTIBIOTICS MENTIONED, CA23=L-O...1 NO, ANTIBIOTICS NOT MENTIONED 2	2⇨*CA30*

CA25. Where did you get the (*name of medicine from CA23, codes L to O*)?
 	
Probe to identify the type of source.
 	
If 'Already had at home', probe to learn if the source is known.
	
	    VILLAGE DOCTOR .... S
	    VILLAGE NURSE.. T
	    POLYCLINIC/PRIMARY HEALTH CENTRE
	    /AMBULATORY ....U
	    PRIVATE PHYSICIAN ....J
	    PHARMACY ....K
	    EMERGENCY TEAM V
	    HOSPITAL DOCTOR .... F
	    EMERGENCY DEPARTMENT....................G
	
	OTHER SOURCE
	    RELATIVE / FRIEND .... P
	    SHOP / MARKET / STREET ....Q
	    TRADITIONAL PRACTITIONER ....R
	
	OTHER (*specify*) _____ X	

CA30. *Check UB2: Child's age?*	AGE 0, 1 OR 2 ....1 AGE 3 OR 4 2	2⇨*End*

CA31. The last time *(name)* passed stools, what was done to dispose of the stools?	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 (*specify*) _____96
	DK..98	

UF11. *Record the time.*	HOURS AND MINUTES ....__ __ : __ __
UF12. *Language of the Questionnaire.*	GEORGIAN .... 1 AZERBAIJANI .... 2 ARMENIAN 3
UF13. *Language of the Interview.*	GEORGIAN .... 1 AZERBAIJANI .... 2 ARMENIAN .... 3 OTHER LANGUAGE (*specify*) _____ 6
UF14. *Native language of the Respondent.*	GEORGIAN .... 1 AZERBAIJANI .... 2 ARMENIAN .... 3 RUSSIAN .... 4 OTHER LANGUAGE (*specify*) _____ 6
UF15. *Was a translator used for any parts of this questionnaire?*	YES, THE ENTIRE QUESTIONNAIRE .... 1 YES, PARTS OF THE QUESTIONNAIRE................ 2 NO, NOT USED 3

UF16. *Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.*
Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ *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.*
☐ *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?*

  ☐ *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.*
  ☐ *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.*

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:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	KILOGRAMS (KG) ....___ ___ . ___ CHILD NOT PRESENT ....99.3 CHILD REFUSED ....99.4 RESPONDENT REFUSED ....99.5 OTHER (*specify*) _____99.6	 99.3⇨*AN13* 99.4⇨*AN10* 99.5⇨*AN10* 99.6⇨*AN10*
AN9. *Was the child undressed to the minimum?*	YES ....1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM....................2	
AN10. *Check AN4: Child's age?*	AGE 0 OR 1 .... 1 AGE 2, 3 OR 4 2	1⇨*AN11A* 2⇨*AN11B*
AN11A. *The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer:* *Read the record back to the Measurer and also ensure that he/she verifies your record.* **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:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	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 1 ___		
AN14. *Is there another child under age 5 in the household who has not yet been measured?*	YES ....1 NO 2	1⇨*Next Child*
AN15. *Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.*		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE