

## UZBEKISTAN NATIONAL NUTRITION SURVEY 2017 CHILD QUESTIONNAIRE

CID1. Cluster number ..... <input type="text"/> <input type="text"/> <input type="text"/>	CID2.HH number on cluster control form <input type="text"/> <input type="text"/>
CID3. Name of this child: .....	CID3.Child line number from HH roster <input type="text"/> <input type="text"/>
CID5. Child caregiver's line number from HH roster..... <input type="text"/> <input type="text"/>	CID6.Child label number <b>C</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CID7.Date of data collection <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Day Month Year	CID8. Final result of child data collection: <input type="text"/> .....

### FINAL RESULT CODES:

Completed interview, accepted participation in anthropometry and in blood collection ..... 1	Refused interview and all data collection ..... 4
Completed interview, accepted participation in anthropometry, refused participation in blood collection ..... 2	Child not at home at time of visit..... 5
Completed interview, refused participation in anthropometry and refused blood collection ..... 3	Other (specify ..... )... 8

### Written consent given?

Yes, permission is given -> Begin the interview.

Yes ..... 1

No, permission is not given -> Complete this cover page and discuss result with your team Leader.

No ..... 2

### CHILD INFORMATION

Before I begin the interview, could you please bring (name)'s Birth Certificate, National Child Immunization Record, and any immunization record from a private health provider? We will need to refer to those documents.

<b>CBI1. Is (NAME) a boy or girl?</b>	Male..... 1 Female ..... 2	
<b>CBI2. On what day, month and year was (NAME) born?</b>  Ask for document and copy date of birth from document, if available,	D. Date..... <input type="text"/> <input type="text"/> (enter '15' if unknown)  M. Month..... <input type="text"/> <input type="text"/>  Y. Year..... 2 0 1 <input type="text"/>	
<b>CBI3. How old is (NAME)?</b> Probe: <b>How old was (NAME) at his / her last birthday?</b>  Record '0' if less than 1 month. Record '99' if unknown. Compare Q8 and Q9; correct one if necessary.	Age ..... <input type="text"/> <input type="text"/>  (in completed months)	
<b>CBI4. Does (NAME) have a birth certificate?</b>	Yes ..... 1 No ..... 2 Don't know ..... 9	->Next Q ->CBI 6 ->CBI 6
<b>4. Could you please show me (NAME)'s birth certificate?</b>	Birth certificate shown ..... 1 Birth certificate not shown ..... 2	-   -> CBI 7 -
<b>5. Why does (NAME) not have a birth certificate?</b>	Does not know it is necessary .....A Does not know how to register birth .....B Does not have money to pay for the certificate ... C Does not have money to go to registration office. D Does not have time to go to registration office ....E Does not have necessary documents .....F	

	Other (specify _____) .. G Don't know ..... I	
<b>CBI7. Was (NAME) weighed at birth?</b>	Yes ..... 1 No ..... 2 Don't know ..... 9	-> Next Q ->CBI 9 ->CBI 9
<b>CBI8. How much did (NAME) weigh?</b>  <i>Record weight from health card, if available</i>	A. From card (kg) ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or B. From recall (kg) ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know ..... 9.999 in B	
<b>CBI9. Did you give birth to this child?</b>	Yes ..... 1 if "Yes", note her line number from the household roster (Q17)  A. Mother number..... <input type="text"/> <input type="text"/> No ..... 2	-> CBI 12   -> Next Q
<b>CBI10. Is the woman who gave birth to (NAME) alive?</b>	Yes ..... 1 No ..... 2 Don't know ..... 9	NEXT ->CBI12 ->CBI12
<b>CBI11. Does (NAME's) biological mother live in this household?</b>	Yes ..... 1 if "Yes", note her line number on the household roster (Q17)  A. Mother number..... <input type="text"/> <input type="text"/> No ..... 2	
<b>CBI12. Have you ever attended school?</b>	Yes ..... 1 No ..... 2 Don't know ..... 9	->Next Q -> CBI15 -> CBI15
<b>CBI13. What is the highest level of school you have attended: Primary, secondary, secondary special or higher?</b>	Primary ..... 1 Secondary ..... 2 Secondary special ..... 3 Higher ..... 4 Don't know ..... 9	
<b>CBI14. What is the highest year (NAME's) mother completed at that level?</b> If the first grade at this level is not completed, enter "00".	Grade ..... <input type="text"/> <input type="text"/> Don't know ..... 9	
<b>CBI15. Is (NAME's) father alive?</b>	Yes ..... 1 No ..... 2	->NEXT Q->CBF1
<b>CBI16. Does (NAME's) biological father live in this household?</b>	Yes ..... 1 if "Yes", note his line number on the household roster (Q17)  A. Father line number..... <input type="text"/> <input type="text"/> No ..... 2	

<b>CBF1. Has (NAME) ever been breastfed?</b> Include giving breast milk by spoon or bottle or breastfeeding by other women.	Yes ..... 1 No ..... 2 Don't know ..... 9	-> Next Q -> CBF6 -> CBF6
<b>CBF2. How long after birth was (NAME) first put to the breast?</b> If respondent reports she put the infant to the breast immediately after birth, circle '00' for 'immediately'.	Immediately ..... 00 or 1. Hours ..... <input type="text"/> <input type="text"/>	

<p>If less than 1 hour, circle '1' for hours and record '00' hours.          If less than 24 hours, circle '1' and record number of completed hours, from 01 to 23.          If 24 hours or longer, circle '2' and record number of completed days.</p>	<p>or</p> <p>2. Days ..... <input type="checkbox"/> <input type="checkbox"/></p> <p>Don't know ..... 9</p>	
<p><b>CBF3. Is (NAME) still being breastfed?</b></p>	<p>Yes ..... 1          No ..... 2          Don't know ..... 9</p>	
<p><b>CBF4. Was (NAME) breastfed yesterday during the day or at night?</b></p>	<p>Yes ..... 1          No ..... 2          Don't know ..... 9</p>	
<p><b>CBF5. Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby.</b></p> <p><b>Did (NAME) consume breast milk in any of these ways yesterday during the day or at night?</b></p>	<p>Yes ..... 1          No ..... 2          Don't know ..... 9</p>	
<p><b>CBF6. Could you please tell me advantages of breastfeeding?</b></p> <p><i>Do not prompt. Mark all responses mentioned</i></p>	<p>Protect from illnesses ..... A          Protect from allergies..... B          May boost intelligence ..... C          Protect from obesity..... D          Contains important nutrients . E          Babies benefit emotionally .....F          Reduce mothers stress level and risk of postpartum depression..... G          Reduce mothers risk of some types of cancer ..... H          Reduce mothers risk of postpartum bleeding ..... I          Other (specify _____) .K          Other (specify _____) .L          Don't know .....M</p>	
<p><b>CBF7. Where did you get the information about the advantages of breastfeeding from?</b></p> <p><i>Do not prompt. Mark all responses mentioned</i></p>	<p>Doctor ..... A          Nurse / midwife..... B          Patronage nurse..... C          Mother-in-law ..... D          friend..... E          Mass media..... F          Other (specify _____) G          Other (specify _____) .H          Don't remember..... I</p>	
<p><b>DIET - CHILDREN UNDER 2 YEARS OLD</b></p> <p>*NOTE: Dietary questions CBF8- CBF15 are to be asked ONLY about children less than 2 years of age.</p> <p>Now I will ask you questions about (NAME)'s diet. Please answer only for (NAME). Do not confuse (NAME) with other young children in the household.</p>		
<p><b>CBF8. Yesterday, during the day or night, did (NAME) drink anything from a bottle with a nipple?</b></p>	<p>Yes ..... 1          No ..... 2          Don't know ..... 9</p>	
<p><b>CBF96. Did (NAME) drink ORS (oral rehydration solution) yesterday, during the day or night</b></p>	<p>Yes ..... 1          No ..... 2          Don't know ..... 9</p>	
<p><b>CBF10. Did (NAME) drink or eat vitamin or mineral</b></p>	<p>Yes ..... 1</p>	

supplements or any medicines yesterday, during the day or night?	No .....	2
	Don't know .....	9

CBF11. Next, I would like to ask you about (other) liquids that (NAME) may have had yesterday during the day or the night. I am interested to know whether (NAME) had the item even if combined with other foods.  Please include liquids consumed outside of your home.  Did (NAME) have any (item from the list)?: Read the list of liquids starting with 'plain water'.	Yes	No	DK	CBF12 How many times yesterday during the day or at night did (NAME) consume any (item from list)?
A. Plain water?	1	2	9	
B. Infant formula, for example Nestlé or Malutka?	1	2	9	B. .... <input type="checkbox"/> If 7 or more times, record '7'. If unknown, record '9'.
C. Milk such as tinned, powdered, or fresh animal milk?	1	2	9	C. .... <input type="checkbox"/> If 7 or more times, record '7'. If unknown, record '9'.
D. Juice or juice drinks?	1	2	9	
E. Clear broth?	1	2	9	
F. Yogurt?				F. .... <input type="checkbox"/> If 7 or more times, record '7'. If unknown, record '9'.
G. Thin porridge?	1	2	9	
H. Liquids such as sweet tea, herbal tea or soda (Coca Cola, Fanta) drinks?	1	2	9	
I. Any other liquids?	1	2	9	

**CBF13. Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.**

**a) Think about when (NAME) first woke up yesterday. Did (NAME) eat anything at that time? If yes: Please tell me everything (NAME) ate at that time. Probe: Anything else?** Until respondent says nothing else. If no, continue to Question b).

**b) What did (NAME) do after that? Did (NAME) eat anything at that time?**  
If yes: **Please tell me everything (NAME) ate at that time. Probe: Anything else?** Until respondent says nothing else.  
Repeat question b) above until respondent says the child went to sleep until the next day.  
If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:

**c) What ingredients were in that (MIXED DISH)? Probe: Anything else?** Until respondent says nothing else.

As the respondent recalls foods, underline the corresponding food and circle '1' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group.

Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question and Circle '1' if respondent says yes, '2' if no and '9' if don't know:

**Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)?**

	Yes	No	DK
A. Bread, rice, noodles, porridge, or other foods made from grains such as [wheat, rice, buckwheat]?	1	2	9

	Yes	No	DK
<b>B. Pumpkin, carrots, squash, carrot, paprika or other vegetables that are yellow or orange inside?</b>	1	2	9
<b>C. White potatoes, radish and other commonly consumed roots, or any other foods made from roots?</b>	1	2	9
<b>D. Any dark green leafy vegetables?</b>	1	2	9
<b>E. Any other vegetables?</b>			
<b>F. Apricot, peach, oranges, plums, melon, ebony and other vitamin A rich fruits commonly consumed?</b>	1	2	9
<b>G. Any other fruits or vegetables?</b>	1	2	9
<b>H. Liver, kidney, heart, or other organ meats?</b>	1	2	9
<b>I. Any meat, such as beef, lamb, goat, chicken, rabbit or duck?</b>	1	2	9
<b>J. Eggs?</b>	1	2	9
<b>K. Fresh or dried fish or shellfish?</b>	1	2	9
<b>L. Any foods made from beans, peas, lentils?</b>	1	2	9
<b>M. Any foods made from seeds or nuts?</b>	1	2	9
<b>N. Cheese, yogurt, or other food made from milk?</b>	1	2	9
<b>O. Oils, fats or butter added to food or used for cooking?</b>	1	2	9
<b>P. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</b>	1	2	9
<b>Q. Condiments for flavor, such as pepper, hot pepper, onions, spices, herbs, or fish powder?</b>	1	2	9
<b>Other foods:</b>			
<b>Check categories A – Q. If all "No" -&gt; Next Q If at least 1 "Yes" -&gt; CF13</b>			
<b>CBF14. Did (NAME) eat any other solid or semi-solid (soft, mushy) food yesterday, during the day or night, that I have not mentioned?</b>  If '1' for this question and all foods above = NO, go back to probe.	Yes ..... 1 No ..... 2 Don't know ..... 9	-> Be sure foods recorded above	
<b>CBF15. How many times did (NAME) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?</b>	Number of times ..... <input type="text"/> <input type="text"/>	Be sure consistent with foods listed above	
<b>CBF16. Yesterday, during the day or night, did (NAME) drink anything from a bottle with a nipple?</b>	Yes ..... 1 No ..... 2 Don't know ..... 9		

<b>FORTIFIED FOODS AND MICRONUTRIENT SUPPLEMENTS – ALL CHILDREN &lt;5 YEARS</b>		
<b>CFS1. Now I would like to ask you about some particular foods (NAME) may have eaten. I am interested in whether your child had the item even if it was combined with other foods. Yesterday, during the day or night, did (NAME) consume any fortified bread?</b>	Yes ..... 1 No ..... 2 Don't know ..... 9	
<b>CFS2. Yesterday, during the day or night, did (NAME) consume any infant formula containing extra iron, such as Nestogen or Nutrilon 2?</b>	Yes ..... 1 No ..... 2 Don't know ..... 9	

<b>CFS37. Yesterday, during the day or night, did (NAME) eat any commercially fortified baby cereal, for example Heinz or Nestle?</b>	Yes ..... 1 No ..... 2 Don't know ..... 9	
<b>CFS48. During the last six months was (NAME) given a vitamin A capsule?</b>  Show vitamin A capsule.	Yes ..... 1 No ..... 2 Not sure if it was vitamin A.... 3 Don't know ..... 9	→next Q → CFS6 → CFS6 → CFS6
<b>CFS5. When did (NAME) receive a vitamin A capsule?</b>  <i>Enter date only if within 6 months of the interview. If longer ago, go back to previous question</i>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Day      Month      Year	
<b>CFS69. Could you please tell me benefits of vitamin A?</b>	Protect from "night blindness" ..... 1 Protect from illness and death from childhood infections ..... 2 Support the health and growth of child ..... 3 Other (specify) ..... 4 Other (specify) ..... 5 Don't know ..... 9	-  -  -  -  -  -  ->Next Q ->CIL1
<b>CFS7. Who did you get the information about the advantages of vitamin A?</b>	Doctor ..... 1 Nurse / midwife..... 2 Patronage nurse..... 3 Mother-in-law ..... 4 Friend..... 5 Mass media..... 6 Other (specify) ..... 7 Don't remember..... 9	

<b>CHILD ILLNESS</b>		
Now I would like to ask you about any illnesses (NAME) may have had in the past 2 weeks. Please keep in mind only this time period; do not include any illnesses (NAME) had before 2 weeks ago.		
<b>CIL1. At any time in the last 2 weeks, has (NAME) had an illness with a cough?</b>	Yes ..... 1 No..... 2 Don't know ..... 9	-> Next Q -> CIL7 -> CIL7
<b>CIL2. When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?</b>	Yes ..... 1 No ..... 2 Don't know ..... 9	
<b>CIL3. Were the symptoms due to a problem in the chest or a blocked nose?</b>	Problem in chest ..... 1 Blocked nose ..... 2 Both ..... 3 Other (specify _____) .. 6 Don't know ..... 9	
<b>CIL4. Did you seek any advice or treatment for this illness from any source?</b>	Yes ..... 1 No..... 2 Don't know ..... 8	-> CIL6 -> Next Q -> CIL7
<b>CIL5. Why you did not seek any advice or treatment for the illness?</b>	I don't trust doctors ..... 1 I have knowledge of treatment..... 2 Husband/mother in-law didn't allow..... 3 Transport problem..... 4 I don't have funds to apply for medical care ..... 5 Think is not serious ..... 6 Other (specify _____) 7 Don't know ..... 9	→CIL7

<p><b>CIL610. From where did you seek advice or treatment?</b></p> <p>Probe: <b>Anywhere else?</b></p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p><b>Public sector</b>  Republican hospital..... A  City hospital ..... B  Regional hospital ..... C  District hospital ..... D  Policlinic..... E  Rural health post (SVP)..... F  Other public  (specify _____) . G  <b>Private medical sector</b>  Private hospital / clinic..... H  Private physician..... I  Private pharmacy ..... J  Other private medical  (specify _____) . J  <b>Other source</b>  Relative / Friend..... K  Pharmacy ..... O  Traditional practitioner ..... P  Other (specify _____) . Q</p>	
<p><b>CIL7. At any time in the last 2 weeks, has (NAME) had diarrhoea?</b>  Diarrhoea = watery stool at least three times per day</p>	<p>Yes..... 1  No ..... 2  Don't know..... 9</p>	<p>-&gt; Next Q  -&gt; CIL11  -&gt; CIL11</p>
<p><b>CIL8. Did you seek any advice or treatment for the illness from any source?</b></p>	<p>Yes..... 1  No..... 2  Don't know..... 9</p>	<p>-&gt; CIL10  -&gt; Next Q  -&gt; CIL11</p>
<p><b>CIL9. Why you did not seek any advice or treatment for the illness?</b></p>	<p>I don't trust doctors ..... 1  I have knowledge  of treatment..... 2  Husband/mother in-law  didn't allow ..... 3  Transport problem..... 4  I don't have funds to apply  for medical care ..... 5  Think is not serious..... 6  Other (specify _____) 7  Don't know..... 9</p>	<p>→ CIL 11</p>
<p><b>CIL10. From where did you seek advice or treatment?</b></p> <p>Probe: <b>Anywhere else?</b></p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p><b>Public sector</b>  Republican hospital..... A  City hospital ..... B  Regional hospital ..... C  District hospital ..... D  Policlinic..... E  Rural health post (SVP)..... F  Other public  (specify _____) . G  <b>Private medical sector</b>  Private hospital / clinic..... H  Private physician..... I  Private pharmacy ..... J  Other private medical  (specify _____) . J  <b>Other source</b>  Relative / Friend..... K  Pharmacy ..... O  Traditional practitioner ..... P  Other (specify _____) ...Q</p>	
<p><b>CIL11. At any time in the last 2 weeks, has (NAME) been ill with a fever at any time?</b></p>	<p>Yes..... 1  No..... 2  Don't know..... 9</p>	<p>-&gt; Next Q  -&gt; CED1  -&gt; CED1</p>

<b>CIL12. Did you seek any advice or treatment for the illness from any source?</b>	Yes ..... 1 No..... 2 Don't know ..... 8	-> CIL14 -> Next Q -> CED1
<b>CIL1311. Why you did not seek any advice or treatment for the illness?</b>	I don't trust doctors ..... 1 I have knowledge of treatment..... 2 Husband/mother in-law didn't allow ..... 3 Transport problem.....4 I don't have funds to apply for medical care ..... 5 Think is not serious..... 6 Other (specify _____) 7 Don't know ..... 9	
<b>CIL14. From where did you seek advice or treatment?</b>  Probe: <b>Anywhere else?</b>  Circle all providers mentioned, but do NOT prompt with any suggestions.  Probe to identify each type of source.  If unable to determine if public or private sector, write the name of the place.  _____ (Name of place)	<b>Public sector</b> Republican hospital ..... A City hospital ..... B Regional hospital ..... C District hospital ..... D Polyclinic..... E Rural health post (SVP)..... F Other public (specify _____) . G <b>Private medical sector</b> Private hospital / clinic..... H Private physician ..... I Private pharmacy ..... J Other private medical (specify _____) . J <b>Other source</b> Relative / Friend ..... K Pharmacy ..... O Traditional practitioner ..... P <b>Other</b> (specify _____) ..Q	→CIM1

IMMUNIZATION											
If an immunization (child health) card is available, copy the dates in CIM3 for each type of immunization and Vitamin A recorded on the card.											
<b>CIM1. Do you have a card where (NAMES)'s vaccinations are written down?</b>  If yes: <b>May I see it please?</b> If no: Check with health care facility if the card available				Yes, seen ..... 1 Yes, not seen ..... 2 No card..... 3				-> CIM3			
<b>CIM2. Did you ever have a vaccination (child health) card for (NAME)?</b>				Yes..... 1 No ..... 2				-> CIM5 -> CIM5			
<b>CIM3.</b> (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.				Date of Immunization							
				Day		Month		Year			
<b>BCG</b>		<b>BCG</b>									
<b>HEPB 1</b>		<b>HEPB1</b>									
<b>POLIO AT BIRTH</b>		<b>OPV0</b>									
<b>POLIO 1</b>		<b>OPV1</b>									



POLIO 2	OPV2									
POLIO 3	OPV3									
POLIO 4	OPV4									
PENTAVALENT (DPT, HEPB, Hib) 1	PENTA1									
PENTAVALENT (DPT, HEPB, Hib) 2	PENTA2									
PENTAVALENT (DPT, HEPB, Hib) 3	PENTA3									
DPT 4	DPT4									
ROTA 1	ROTA1									
ROTA 2	ROTA2									
PNEUMO 1	PNEUMO1									
PNEUMO 2	PNEUMO2									
PNEUMO 3	PNEUMO3									
MMR 1	MEASLES									
VITAMIN A (FIRST DOSE)	VITA1									
VITAMIN A (SECOND DOSE)	VITA2									
CIM4. Check Q CIM3. Are all vaccines (BCG to MMR) recorded? <input type="checkbox"/> Yes ⇒ Go to CIM6. <input type="checkbox"/> No ⇒ Continue with CIM3.										
CIM5. Has (NAME) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day or child health day?		Yes..... 1			No ..... 2			DK..... 9		
					-> Next Q					
								-> Q CIM7		
								-> Q CIM7		

<p><b>CIM6. WHY DO YOU GO TO VACCINATE YOUR CHILD?</b></p>	<p>Prevents deaths ..... A  Prevents diseases ..... B  Prevents disabilities ..... C  Build new immunity against diseases ..... D  Cost-effective ..... E  Eliminating disease ..... F  Was called by med staff ..... H  Other (<i>specify</i>) ..... G  Don't know ..... K</p>	<p>        I-&gt; Q CIM8          </p>
<p><b>CIM7. Please tell me the reasons why do not you go for vaccination?</b></p>	<p>I am against vaccination ..... A  Complications after immunization..... B  My child doesn't have contacts with sick children..... C  I don't trust the quality of vaccines ..... D  I don't trust the health care providers ..... E  Too many vaccines in a one shot ..... F  My child has often been ill..... H  Not advised by doctor ..... G  Facility is too far ..... K  I have another child at home ..... L  I forgot to go for vaccination ..... M  I do not have a child birth certificate ..... N  Vaccination time is not suitable ..... O  I don't have money ..... P  No body invited me ..... Q  Other (<i>specify</i>) ..... R  Don't know ..... S</p>	<p>        I-&gt; Q CIM24  </p>
<p><b>CIM8. DO YOU KNOW AGAINST WHICH DISEASE IS BCG VACCINE (THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR)?</b></p>	<p>Tetanus ..... 1  Polio ..... 2  Measles ..... 3  Tuberculosis ..... 4  Other (<i>specify</i>) ..... 5  Don't know ..... 9</p>	<p></p>

<b>CIM9. Has (NAME) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar?</b>	Yes..... 1 No ..... 2 DK..... 9	
<b>CIM10. Do you know against which disease is Polio vaccine (usually given as a drop to the mouth)?</b>	Tetanus ..... 1 Polio ..... 2 Measles ..... 3 Tuberculosis ..... 4 Other ( <i>specify</i> ) ..... 5 Don't know ..... 9	
<b>CIM11. Has (NAME) ever received any vaccination to protect him/her from polio?</b> Probe by indicating that it may be drops in the mouth.	Yes..... 1 No ..... 2 DK..... 9	
<b>CIM12. Do you know against which disease is pentavalent vaccine (injection in the thigh)</b> <i>Probe by indicating that Penta vaccination is sometimes given at the same time as drops in the mouth.</i>	Tetanus ..... 1 Whooping cough..... 2 Diphtheria..... 3 Hepatitis B ..... 4 Haemophilus influenza type B..... 5 Other ( <i>specify</i> ) ..... 6 Don't know ..... 9	
<b>CIM13. Has (NAME) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent him/her from getting tetanus, whooping cough, diphtheria, hepatitis B and haemophilus influenzae type b?</b> <i>Probe by indicating that Penta vaccination is sometimes given at the same time as drops in the mouth.</i>	Yes..... 1 No ..... 2 DK..... 9	-> CIM15 -> CIM15
<b>CIM1412. How many times was the Penta vaccine received?</b>	Number of times ..... <input type="checkbox"/> DK..... 9	
<b>CIM15. Do you know against what disease is PCV vaccination (an injection in the thigh)</b> Probe by indicating that PCV vaccination is sometimes given at the same time as Pentavalent vaccine.	Pneumonia ..... 1 Otitis ..... 2 Bronchitis ..... 3 Other ( <i>specify</i> ) ..... 4 Don't know ..... 9	
<b>CIM16. Has (NAME) ever received a PCV vaccination – that is, an injection in the thigh to prevent him/her from getting pneumonia and otitis?</b> Probe by indicating that PCV vaccination is sometimes given at the same time as Pentavalent vaccine.	Yes..... 1 No ..... 2 DK..... 9	-> Next Q -> CIM18 -> CIM18
<b>CIM17. How many times was the PCV vaccine received?</b>	Number of times ..... <input type="checkbox"/> DK..... 9	
<b>CIM18. Do you know against what disease Rotavirus vaccine is?(an injection in the thigh)</b> Probe by indicating that the Rota vaccine is sometimes given at the same time as PCV and Penta vaccines.	Intestinal infection causing diarrhea ..... 1 Bronchial asthma ..... 2 Allergy ..... 3 Tuberculosis ..... 4 Other ( <i>specify</i> ) ..... 5 Don't know ..... 9	

<p><b>CIM19. Has (name) ever received a Rotavirus vaccination – that is, an injection in the thigh to prevent him/her from getting intestinal infections/causing diarrhea?</b> Probe by indicating that the Rota vaccine is sometimes given at the same time as PCV and Penta vaccines.</p>	<p>Yes..... 1 No ..... 2 DK..... 9</p>	<p>-&gt; Next Q -&gt; CIM21 -&gt; CIM21</p>
<p><b>CIM20. How many times did (NAME) get the Rota vaccine received?</b></p>	<p>Number of times ..... <input type="text"/> DK..... 9</p>	
<p><b>CIM2113. Do you know against what disease MMR vaccine is? (shot in the arm at the age of 12 months or older)</b></p>	<p>Mumps ..... 1 Measles..... 2 Rubella..... 3 Other (<i>specify</i>)..... 4 Don't know ..... 9</p>	
<p><b>CIM2214. Has (NAME) ever received a vaccination against Measles, Mumps and Rubella – that is, a shot in the arm at the age of 12 months or older - to prevent him/her from getting measles, mumps and rubella?</b></p>	<p>Yes..... 1 No ..... 2 DK..... 9</p>	
<p><b>CIM2315. Did (NAME) get the first hepatitis B vaccine within 24 hours after birth?</b></p>	<p>Yes..... 1 No ..... 2 DK..... 9</p>	
<p><b>CIM24. Please tell me, are you ready to immunize your children in accordance with the national immunization calendar</b></p>	<p>Yes..... 1 No ..... 2 DK..... 9</p>	
<p><b>CIM25. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take a child under the age of 5 to a health facility right away?</b> Probe: <b>Any other symptoms?</b> Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. CIRCLE ALL SYMPTOMS MENTIONED, BUT DO <u>NOT</u> PROMPT WITH ANY SUGGESTIONS</p>	<p>Child not able to drink or breastfeed..... A Child becomes sicker..... B Child develops a fever ..... C Child has fast breathing/ difficulty breathing..... D Child has blood in stool..... E Child has convulsion..... F Child has vomiting ..... G Child unconscious/ lethargic ..... H Other (specify.....)..... X Don't know ..... K</p>	

<b>CIM26. From where did you get the information about the benefits of immunization?</b>	Doctor ..... 1 Nurse / midwife ..... 2 Patronage nurse ..... 3 Mother-in-law/spouse ..... 4 Friend ..... 5 Mass media ..... 6 Other (specify _____) ... 7 Other (specify) _____) ... 8 Don't remember ..... 9	
<b>CIM27. Form where do you want to get an information about vaccination?</b>	Doctor ..... 1 Nurse / midwife ..... 2 Patronage nurse ..... 3 Mother-in-law/spouse ..... 4 Friend ..... 5 Mass media ..... 6 Brochures in health facilities ..... 7 Posters in in health facilities ..... 8 Books and magazines..... 9 Makhalla advisors..... 10 Other (specify _____) .. 11 Other (specify) _____) . 12	

**INTERVIEWER'S OBSERVATIONS**