



**HOUSEHOLD CARING FOR HEALTHY CHILDREN**  
**AND RECOGNITION OF CHILD SICKNESS MODULE**

**Ask these Qs to child caretaker at every household with a child under age 5.**

Household Serial Number								Total	
<b>Value of Raising Healthy Children</b>									
1	We know you really care for your children. What can the family do to make life good for them? <i>Do not prompt .</i>								
	Ensure that children receive an education.								Y
	Feed them properly.								Y
	Provide good housing								Y
	Save money for their future.								Y
	Other (specify)								
	DNK								
	Does nothing								Y
<b>Available promotive activities:</b>									
2	On how many days during the past week were your children given any of the following foods: <i>Prompt and write the number of days in the appropriate box as per the categories defined below.</i>								
	<b>BF</b>								
	<b>Starches : grains, bread, rice, macaroni</b>								
	<b>Leafy vegetables : cooked vegetables – uncooked vegetables</b>								
	<b>Other vegetables : green beans, okra, eggplants, spinach, carrots .. etc.</b>								
	<b>Fruits: citrus, non citrus</b>								
	<b>Protein : meat, eggs, fish, poultry ... etc.</b>								
	<b>Fats : oil, butter, plant samn, natural samn ... etc.</b>								
	<b>Tubers : potatoes, colcasia ... etc</b>								
	<b>Pulses : beans, legumes and lentils... etc.</b>								
	<b>Dairy : cheese, yogurt, milk and milk pudding ... etc.</b>								
<i><b>Note:</b> If the opportunity arises, observe what foods children are eating. If you see a child eating a food type not mentioned by the caretaker, make a tick to the right of that food and circle it.</i>									

**General Instructions :** a) tick off each mentioned response under specific column  
b) unless specified, tick (✓) for Yes, (X) for No and (-) for DNK

Household Serial Number									Total	
3	How are your children usually served food? <i>Prompt</i> <i>If it is meal time, validate the answers by observation and put a <b>circle</b> in the right box</i>									
	Served separately									Y
	Served from common pot.									
	A combination of both									
4	Has any health provider ever had a discussion with you about the nutrition requirements of the children ? <i>If the caretaker responds with either a <u>No</u> or DNK, proceed to Q 6. If <u>Yes</u> ask:</i>									
5	Do you know or remember what the health worker said about feeding this(ese) child (ren)? <i>Do not prompt.</i>									
	Promotion of breastfeeding									Y
	Weaning practices									Y
	Complementary feeding									Y
	Feeding during illness									Y
	Other ( specify)									
	DNK/DNRemember									
6	What type of salt is usually used for cooking in your household? <i>Ask to see a packet of iodised salt</i>									
	Packaged iodised salt									Y
	Packaged non-iodised salt									
	Loose salt (non packaged)									
	Other (specify)									
Domestic Environmental Sanitation										
7	What is the source of water for members of your household? <i>Do not prompt.</i>									
	Tap in house									Y
	Public pump									Y
	Private hand pump									
	Vendor									
	Other (specify)									
8	Is water always available for domestic use?									
9	Is water always available for drinking?									Y
10	Do your family need to store drinking water, either outside or inside your house? <i>If <u>No</u> proceed to Q. 14</i>									

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	Household Serial Number										Total
11	<b>Why do you store water?</b> <i>Do not prompt.</i>										
	Hand pump is not working all the time.										
	Tap water is insufficient										
	Other (specify)										
12	<b>Is the water container covered ?</b> <i>Validate by observation. Circle and write a C if observation is consistent.</i>										
13	<b>How do you get the water out of the container for drinking?</b> <i>Do not prompt</i>										
	With tap attached to the container										
	With cup										
	Other (specify)										
14	<b>On which occasions do you use soap when practicing hand-washing ?</b> <i>Do not prompt but probe.</i>										
	After using the WC.										Y
	Before eating										Y
	Before cooking & serving food.										Y
	After washing child feces.										Y
	After sweeping and removing dust from home (urban)										Y
	After having given animal care in stable (rural)										Y
	Other (specify)										
15	<b>What kind of toilet facility does your household use?</b> <i>Prompt &amp; explain</i>										
	<b>Flush toilet system.</b>										Y
	<b>Non flushed toilet</b>										Y
	<b>No Facilities</b> <i>If no facility, proceed to Q. 17</i>										
16	<b>What is the type of human waste disposal attached to this house?</b> <i>Prompt.</i>										
	<b>Public sewer system.</b>										Y
	<b>Cesspool</b>										Y
	<b>Other (specify)</b>										
	<b>DNK</b>										

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Household Serial Number								Total
17	<b>How do you handle or dispose off children's feces?</b> <i>Do not prompt. Tick off all responses that apply.</i>							
	Children usually use the latrine							Y
	Child's feces are thrown into the latrine.							Y
	Child's feces are covered with dust.							Y
	Child' feces are thrown outside dwelling.							
	Child feces are rinsed away							
	Child can defecate anywhere.							
	Other ( specify )							
18	<b>How do you dispose of garbage or domestic waste material?</b> <i>Do not prompt.</i>							
	Garbage is thrown into the street							
	Garbage is burned							Y
	Garbage is thrown into waste disposal bin							
	Garbage is collected by scavengers							Y
	Garbage is stored on the house roof for dry fuel							
	Other ( specify)							
19	<b>Do you use bio-mass for fuel? Explain (dried crop stems, animal dung cake).</b>							Y
20	<b>Are you involved in poultry breeding ? If No, proceed to Q. 22.</b>							Y
21	<i>If the response is Yes and opportunity allows, observe the following behaviors and tick off the response. If not observed, tick (-)</i>							
	Washes with water and soap after working with poultry							
	Poultry are allowed to enter home.							
	Poultry are kept in special cage at home.							
	Poultry have access to children's food and / or water storage							
22	<b>Do you have an animal stable inside your home , or domestic pets ( birds dogs and cats)?</b>							
<b>Caring for child feeding</b>								
23	<i>If the child is 6 months or more, proceed to Q. 29</i> <b>How should a mother breastfeed a child within a 24 hrs period? Do not prompt.</b>							
	On demand during the da y.							Y
	On demand during the night							Y
	On demand during day and night							Y
	8 times or more within 24 hrs period.							Y
	Less than 8 times within 24 hrs period							
	Other ( specify)							

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	Household Serial Number										Total
24	Have you ever been encouraged to provide a substitute for breast milk? <i>If No, proceed to Q. 27</i>										Y
25	What were the reasons for that? <i>Do not prompt</i>										
	Mother did/does not have enough milk.										
	Mother was/has been in poor health										
	Mother was/is working										
	Mother was/is pregnant										
	Age of child was/is greater than four months.										
	Other (specify)										
26	Who encouraged you to do so? <i>Do not prompt.</i>										
	Husband										
	Family Member										
	Health providers										
	Other (specify )										

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	Household Serial Number										Total
	Child's name										
	Sex: M = Male                      F = Female										M: F:
	Age :    Write age in month										
27	Since this time yesterday, has ( child's name ) been given anything to drink from a bottle with a nipple or teat? <i>If No, proceed to Q. 29.</i>										
28	Since this time yesterday, did (child's name ) receive any of the following ? <i>Prompt and tick items mentioned.</i>										
	Vitamin / Mineral supplementation or medicine /ORS										
	Plain Water										
	Tinned, powered or fresh milk or infant formula										
	Other fluids										
29	<i>If the child is 24 months or more , proceed to Q.45</i> How many times ( child's name) was fed yesterday ? <i>Record the numbers of times.</i>										
30	Is ( child's name) being breastfed? <i>If No proceed to Q 34</i>										Y
31	<i>If Yes, ask : "since this time yesterday, has ( child's name) been breastfed?"</i> <i>If No, proceed to Q. 33</i>										
32	How many times ? <i>If the response is not numeric , probe for approximate number. Write number and proceed to Q 34.</i>										
33	Why (child's name) is not breastfed ? <i>Do not prompt.</i>										
	Child is sick										
	Mother is sick										
	Other (specify)										
34	Show the caretaker either a child card or a birth certificate and ask : Do you have a document like this that shows (child's name) has been vaccinated? <i>If No health card or birth certificate for the child, or if information was not available on either, proceed to Q 45.</i> <i>If Yes copy the dates of vaccinations received as well as vitamin A supplementation (as listed below) and proceed to Q 45.</i>										Y
	BCG										Y
	DPT1, OPV1,HB1										
	DPT2, OPV2,HB2										
	DPT3, OPV3,HB3										Y
	Measles / OPV4										Y
	MMR and booster DPT + Polio										Y
	Vitamin A supplementation dose 1										Y
	Vitamin A2 supplementation dose 2										
35	Show Vitamin A capsule and ask: Has (child's name) ever received a Vitamin A capsule ( supplement) like this one? <i>If No proceed to Q 37</i>										Y

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Household Serial Number										Total
Child's name										
Sex: M = Male                      F = Female										M: F:
Age :    Write age in month										
36    How many times did ( child's name) take this capsule? <i>Write down the number of times for each child, if the caretaker does not know, write (-) for DNK.</i>										Y
37    Has (child's name ) been given an injection on the top of the left arm that cause a scar ?										Y
38    Has (child's name) ever been given vaccination injections – that is, an injection in front of left thigh to prevent him or her from getting tetanus, whooping cough, and diphtheria?										
39    Has (child's name) ever been given vaccination drops to protect him or her from getting polio?										Y
40    Can you recall how many months ago that (child' s name) last received such drops?										
41    Has ( child's name ) even been given an injection to the right thigh to prevent him/ her from getting hepatitis										
42    Has (child's name) ever been given a vaccination injection ( that is, a shot in the right arm, at the age of 9 months or more ) to prevent him or her from getting measles?										Y
43    Has (child's name) ever been given a vaccination injection ( that is, a shot in the right arm, at the age of 18 months or more ) to prevent him or her from getting measles, German measles and mumps?										Y
44    Has (child's name) ever been given a vaccination injection ( that is, a shot in the left thigh, at the age of 18 months or more, the booster dose of DPT and OPV)?										Y
45    Has (child's name) been participated in a national or local polio campaign? <i>If "No", proceed to Q. 47</i>										
46    Can you recall when the (child's name) attended one of these campaigns? <i>If known, record the date as given by the caretaker. If the date is unknown, or the caretaker is unsure, place (-) in the box.</i>										
47    Does ( child's name) have any problem seeing in the night-time?										

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Household Serial Number								Total
<b>Recognition of Child Illness</b>								
48	<b>When should you take a sick child to a health facility right away.</b> <i>Do not prompt . Keep asking for more signs and/or symptoms until the caretaker cannot recall any additional ones.</i> <i>Tick all signs and/or symptoms mentioned.</i>							
	Convulsions							
	Vomiting everything							
	Not able to drink or breastfeed							
	Unconsciousness / Lethargy							
	Fever							
	Severe diarrhoea							
	Other ( specify )							
49	<b>What symptoms or signs become apparent when you suspect your child is coming down with (cultural Arabic name for pneumonia)?</b> <i>Do not prompt – keep asking for more signs and/or symptoms until the care giver cannot recall any additional ones. Tick all signs and/or symptoms mentioned.</i>							
	Cough							
	Difficult Breathing							Y
	Fast Breathing							Y
	Wheezing							Y
	Fever							
	Other (Specify)							
50	<b>What symptoms or signs become apparent when you suspect your child is coming down with diarrhoea / dehydration?</b> <i>Do not prompt . Keep asking for more signs and / or symptoms until the caretaker cannot recall any additional ones.</i> <i>Tick all signs and /or symptoms mentioned</i>							
	Blood in stool							
	Frequent soft or watery stool.							
	Sunken eyes							
	Eager to drink							
	Other (specify )							
	DNK							

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Household Serial Number											Total
51	<b>What symptoms or signs become apparent when you suspect your child is coming down with measles?</b>  <i>Do not prompt . Keep asking for more signs and/or symptoms until the caretaker cannot recall any additional ones. Tick all signs and/or symptoms mentioned.</i>										
	Generalized skin rash										
	Redness of eyes										
	Runny nose										
	Other (Specify )										
	DNK										
52	<b>What symptoms or signs become apparent when you suspect your child is suffering from malnutrition?</b>  <i>Do not prompt . Keep asking for more signs and/or symptoms until the caretaker cannot recall any additional ones. Tick all sign and/or symptoms mentioned.</i>										
	Bloated ( swollen) abdomen										
	Palmar (and/or facial) pallor										
	Oedema of both feet										
	Loss of weight / wasting										
	Other (Specify )										
	DNK										

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