

IMCI MULTI-COUNTRY EVALUATION

HOUSEHOLD SURVEY QUESTIONNAIRE

Review 9 – 3 August 2001

Note: questions are in **bold**; interviewers' instructions in *italics*. Adaptation notes are in **red**.

Adaptation note: The identification module is to be added in each country. It should include: questionnaire number, child's name, parents' names, address, child's age (or date of birth) and sex, locally relevant socioeconomic variables (parental education, income, household belongings, land tenure, occupation, etc).

The present version of the questionnaire is appropriate for the first child from each caretaker. A shorter version should be developed for subsequent children, to avoid repetition of questions on socioeconomic indicators, caretaker knowledge, distance from closest health facility, etc.

BREASTFEEDING MODULE

1. Has <CHILD> ever been breastfed? MICS
 (1) Yes
 (0) No → *Skip to question # 5*
 (9) Doesn't know → *Skip to question # 5*

2. Is he/she still being breastfed? MICS
 (1) Yes
 (0) No → *Skip to question # 5*
 (9) Doesn't know → *Skip to question # 5*

3. Since this time yesterday, did he/she receive any of the following? (*Prompt*) MICS

Vitamin, mineral supplements or medicine	(1) Yes (0) No (9) DK
Plain water	(1) Yes (0) No (9) DK
Sweetened, flavoured water or fruit juice or tea or infusion	(1) Yes (0) No (9) DK
ORS (oral rehydration solution)	(1) Yes (0) No (9) DK
tinned, powdered or fresh milk or infant formula	(1) Yes (0) No (9) DK
any other liquids (specify: _____)	(1) Yes (0) No (9) DK
solid or semi-solid (mushy) food	(1) Yes (0) No (9) DK

CHECK:
received ONLY breastmilk (1) Yes (0) No (9) DK

IF INTAKE OF SOLID OR SEMI-SOLID FOOD IS MENTIONED, ASK:

4. Since this time yesterday, how many times did he/she eat? _____ (*ask caretaker to mention all feeds and count; do not include milk feeds nor other liquids*)
NEW - compatible with WHO Feeding Recs

5. Since this time yesterday, has <CHILD> been given anything to drink from a bottle with a nipple or teat? MICS
 (1) Yes
 (0) No
 (9) Doesn't know

NUTRITION COUNSELLING MODULE

Adaptation note: the next two questions apply to countries where mother's cards are not distributed:

6. Have you ever been shown a card like this? (*Show a laminated copy of the mothers' card*) NEW
(1) Yes
(0) No → Skip to question # 10
(9) Doesn't know → Skip to question # 10
7. Do you know what it means? NEW
(1) Nutrition, diet, feeding, growth, or similar concept
(9) Doesn't know
() Other (*specify*): _____

Adaptation note: the next two questions apply to countries where mother's cards are being distributed

- x. **Has <CHILD> ever received a card that looks like this?** (*Show a copy of the mother's card*) NEW
(1) Yes
(0) No → Skip to question # 10
(9) Doesn't know → Skip to question # 10
- y. **Could you show me the card?** NEW
(1) Card seen
(0) Card not seen

IF A CARD WAS GIVEN OR SHOWN, ASK THE FOLLOWING TWO QUESTIONS:

8. Who showed to/gave you this card?
(1) Health worker or other health professional
(2) Other person
(3) Posted on health facility wall
(4) Other
(specify): _____
(9) Doesn't know
9. When was the card given/shown? _____ / _____ NEW
(99/9999) Doesn't know Month Year

THE NEXT QUESTION APPLIES TO ALL MOTHERS OF BABIES AGED UNDER 2 YEARS:

10. Did a health worker ever ask you to breastfeed the baby in front of him/her? NEW
(1) Yes
(0) No
(9) Doesn't know

THE NEXT TWO QUESTIONS APPLY TO ALL MOTHERS:

11. Can you tell me until what age a baby should receive only breastmilk, that is, no other food, water or teas?
____ months (99=doesn't know) NEW
12. Can you tell me what foods, in addition to breast milk, should be given to an 8-month-

old baby?

Do not prompt.

NEW

Recommended food #1 (1) Mentioned (0) Not mentioned

Recommended food #2 (1) Mentioned (0) Not mentioned

Recommended food #3 (1) Mentioned (0) Not mentioned

Recommended food #4 (1) Mentioned (0) Not mentioned

Other (specify): _____

Other (specify): _____

Other (specify): _____

Adaptation note: The foods recommended by the local IMCI adaptation should be listed.

BEDNET MODULE

Adaptation note: The next questions apply to countries where impregnated bednets are being promoted.

12. Did <CHILD> sleep under a bednet last night?

(1) Yes

Modified from WHO/AFRO

(0) No → **Why not?** _____

(9) Doesn't know → *Skip to question # 16*

13. Was this bednet ever treated with a product to kill insects?

(1) Yes

Modified from WHO/AFRO

(0) No → *Skip to question # 16*

(9) Doesn't know → *Skip to question # 16*

14. When was the bednet treated for the last time?

(99/9999)

Doesn't know

Month

Year

NEW

VACCINATION MODULE

15. Is there a vaccination card for <CHILD>? MICS
- () Yes → **May I see it?**
- (1) Card seen
- (2) Card not seen → *Skip to question # 19*
- (0) No → *Skip to question # 19*
- (9) Doesn't know → *Skip to question # 19*

13. *Copy all dates of vaccinations from the card to the table below:* MICS

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4
Measles	___/___/___	___/___/___	___/___/___	___/___/___
DPT	___/___/___	___/___/___	___/___/___	___/___/___
Polio	___/___/___	___/___/___	___/___/___	___/___/___
BCG	___/___/___	___/___/___	___/___/___	___/___/___

16. In addition to the doses shown in this card, did <CHILD> receive any other vaccinations?
- (1) Yes → *Ask questions 19-23, recording only additional doses*
- (0) No → *Skip to question # 24*
- (9) Doesn't know → *Skip to question # 24*

IF CHILD DOES NOT HAVE A CARD, OR IF CARD WAS NOT SEEN, ASK QUESTIONS 19-23:

17. Has <CHILD> ever been given a BCG vaccination against tuberculosis—that is, an injection in the left shoulder that caused a scar? MICS
- (1) Yes
- (0) No
- (9) Doesn't know

18. *INSPECT LEFT SHOULDER FOR PRESENCE OF BCG SCAR:* MICS
- (1) Present
- (0) Absent
- (9) Unable to examine/ unable to tell

19. Has <CHILD> ever been given “vaccination injections”—that is, an injection in the thigh or buttocks—to prevent him/her from getting tetanus, whooping cough, diphtheria? MICS
- () Yes → **How many times? _____**
- (0) No
- (9) Doesn't know

20. Has <CHILD> ever been given any “vaccination drops” to protect him/her from getting diseases—that is, polio? MICS
- () Yes → **How many times has he/she been given these drops? _____**
- (0) No
- (9) Doesn't know

21. Has <child> ever been given “vaccination injections”—that is, a shot in the arm, at the

age of 9 months or older — to prevent him/her from getting measles?

MICS

(1) Yes

(0) No

(9) Doesn't know

VITAMIN A MODULE

Adaptation note: The next six questions apply to countries with a vitamin A supplementation policy.

22. Has <CHILD> ever received a Vitamin A capsule (supplement) like this one, that was squeezed into his/her mouth? (*Show capsule or dispenser*)
- (1) Yes MICS
(0) No → Skip to question # 26
(9) Doesn't know → Skip to question # 26

23. When did <CHILD> take the last dose? _____ / _____ MICS
(99/9999) Doesn't know Month Year

ASK THE NEXT FOUR QUESTIONS ONLY IF THE CHILD IS AGED TWO YEARS OR MORE:

24. Does your child have any problem seeing in the daytime?
- (1) Yes WHO/NUT
(0) No
(9) Doesn't know

25. Does your child have any problem seeing in the nighttime?
- (1) Yes WHO/NUT
(0) No → Skip to question # 29
(9) Doesn't know → Skip to question # 29

26. Is this problem different from other children in your community?
- (1) Yes WHO/NUT
(0) No
(9) Doesn't know

27. Does your child have night blindness? (*Use local term that describes night blindness*)
- (1) Yes WHO/NUT
(0) No
(9) Doesn't know

MISCELLANEOUS MORBIDITY MODULE

28. Sometimes children have severe diseases and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away? *Do not prompt - keep asking for more signs/symptoms until the caretaker cannot recall any additional ones.* Compatible with CDD/ARI HH survey manual

Child not able to drink or breastfeed	(1) Mentioned	(0) Not mentioned
Child becomes sicker	(1) Mentioned	(0) Not mentioned
Child develops a fever	(1) Mentioned	(0) Not mentioned
Child has fast breathing	(1) Mentioned	(0) Not mentioned
Child has difficult breathing	(1) Mentioned	(0) Not mentioned
Child has blood in the stool	(1) Mentioned	(0) Not mentioned
Child is drinking poorly	(1) Mentioned	(0) Not mentioned
Other (<i>specify</i>): _____		
Other (<i>specify</i>): _____		
Other (<i>specify</i>): _____		

29. When a child is ill, should you offer him/her more food, less food or about the same as usual?
 (1) None NEW, compatible with CDD/ARI HH survey manual and MICS1
 (2) Much less than usual
 (3) Somewhat less than usual
 (4) About the same as usual
 (5) More than usual
 (9) Doesn't know

30. Can you tell me which is the closest health facility to your home? (*Use local name for government health facility and write down the location - village, borough, street, etc*)^{NEW}

31. How far is this from your home, and how long does it take you to get there? (*If possible, collect information on distance and time required*) NEW

Distance: _____ (amount/units)
 Time: _____ (amount/units)

32. Did <CHILD> ever attend this health facility? NEW
 (1) Yes
 (0) No → **Why not?** _____

 (9) Doesn't know

33. In this past year, that is, from <MONTH> of last year to now, has <CHILD> been admitted to a hospital or a health centre? NEW
 (1) Yes
 (0) No → *Skip to question # 37*
 (9) Doesn't know → *Skip to question # 37*

34. Can you tell me how many times he/she was admitted and for what diseases? NEW
- | | | |
|------------------------|--|---|
| ARI/pneumonia | (1) Yes → How many times? _____ | (0) No (9) DK → How many days? _____ |
| Diarrhoea | (1) Yes → How many times? _____ | (0) No (9) DK → How many days? _____ |
| Malaria | (1) Yes → How many times? _____ | (0) No (9) DK → How many days? _____ |
| Measles | (1) Yes → How many times? _____ | (0) No (9) DK → How many days? _____ |
| Malnutrition or anemia | (1) Yes → How many times? _____ | (0) No (9) DK |
| Other (specify): | _____ | → How many days? _____ |
| Other (specify): | _____ | → How many days? _____ |
| Other (specify): | _____ | → How many days? _____ |

TWO-WEEK MORBIDITY MODULE

35. Does <CHILD> have any illness or health problem today? NEW
 (1) Yes → Skip to question # 39
 (0) No
 (9) Doesn't know
36. In the last two weeks, that is, since <WEEKDAY> of the week before last, has <CHILD> had any illness or health problem? NEW
 (1) Yes
 (0) No → Go to the Anthropometry module
 (9) Doesn't know → Go to the Anthropometry module

FILL IN THE MODULE BELOW IF THE CHILD WAS ILL IN THE PREVIOUS TWO WEEKS. IF THE CHILD HAD MORE THAN ONE EPISODE, CONSIDER ONLY THE LAST ONE.

37. For how many days was <CHILD> ill? _____ days NEW
38. (a) Did (does) <CHILD> have? (prompt) Compatible with CDD/ARI HH survey manual
 Convulsions (1) Yes (0) No (9) DK
 Very sleepy (1) Yes (0) No (9) DK
 Vomiting everything (1) Yes (0) No (9) DK
 Drinking poorly/
 not able to drink or breastfeed (1) Yes (0) No (9) DK
- (b) Did (does) <CHILD> have? (prompt) Compatible with CDD/ARI HH survey manual
IF YES, ASK NO. OF DAYS SINCE IT STARTED
 Fever (1) Yes (0) No (9) DK → How many days? _____ days
 Illness with cough (1) Yes (0) No (9) DK → How many days? _____ days
 Difficult breathing* (1) Yes (0) No (9) DK → How many days? _____ days
 Diarrhoea** (1) Yes (0) No (9) DK → How many days? _____ days
- (c) Did (does) <CHILD> have? (prompt) Compatible with CDD/ARI HH survey manual
 Ear pain (1) Yes (0) No (9) DK
 Loss of appetite (1) Yes (0) No (9) DK
 Blocked or runny nose (1) Yes (0) No (9) DK
 Sore throat (1) Yes (0) No (9) DK
 Fast breathing* (1) Yes (0) No (9) DK
 Eye problems (1) Yes (0) No (9) DK
 Generalized rash (1) Yes (0) No (9) DK
 Other sign/symptom: _____
 Other sign/symptom: _____
 Other sign/symptom: _____

*IF * SYMPTOMS (FAST/DIFFICULT BREATHING) WERE TICKED, ASK:*

39. Was/were <* SYMPTOMS> due to a problem in the chest or a blocked nose? CDD/ARI HH survey manual
 (1) Chest
 (2) Nose
 (3) Both
 () Other: _____
 (9) Doesn't know

IF ** (DIARRHOEA) WAS TICKED, ASK:

40. During the diarrhoea, did <CHILD> have...? (*prompt*) CDD/ARI HH survey manual
How many watery stools a day? _____ (99) DK
Repeated vomiting (1) Yes (0) No (9) DK
Marked thirst (1) Yes (0) No (9) DK
Not eating/drinking well (1) Yes (0) No (9) DK
Blood in stool (1) Yes (0) No (9) DK
Not getting better/getting sicker/
very sick (1) Yes (0) No (9) DK

41. In your opinion, was <CHILD'S> disease mild, severe or so-so?
(1) Mild NEW
(2) Average
(3) Severe
() Other. *Specify:* _____
(9) Doesn't know

42. Was your child's life in danger during this episode?
(1) Yes NEW
(0) No
(9) Doesn't know

Adaptation note: The question above may not be culturally acceptable in some settings. If so, should be reworded to investigate if the caretaker perceived the episode as life-threatening.

43. During <CHILD'S> disease, did <CHILD> drink much less, more or about the same amount of total fluids (including breastmilk and formula) as usual? Compatible with CDD/ARI HH survey manual
(1) None
(2) Much less than usual
(3) Somewhat less than usual
(4) About the same as usual
(5) More than usual
(9) Doesn't know

44. During <CHILD'S> disease, did <CHILD> eat much less, more or about the same amount of food as usual?
(1) None Compatible with CDD/ARI HH survey manual and MICSI
(2) Much less than usual
(3) Somewhat less than usual
(4) About the same as usual
(5) More than usual
(8) Does not apply (exclusively breastfed child, or child receiving only fluids)
(9) Doesn't know

45. Did you seek care outside the home for <CHILD> when he/she was ill?
(1) Yes NEW
(0) No → *Go to the Additional Drugs Module*

46. Tell me where or from whom did you seek care first. *After the first reply, ask: **And after that, did you receive care again from <FIRST PROVIDER> or from someone else?** Keep asking until all providers are mentioned. Fill in the spaces with 1 for the first provider sought, 2 for the second (if applicable), and so on. If a provider was not sought, fill in with 0. Prompt only for traditional healers. If the same provider was visited more than once, fill in both columns. Write the name or location (village, borough, street, etc) of the facility in the space provided.*

Compatible with CDD/ARI HH survey manual

Hospital _____	_____	_____	→ Go on to the provider's module
Health centre _____	_____	_____	→ Go on to the provider's module
Dispensary _____	_____	_____	→ Go on to the provider's module
Village health worker _____	_____	_____	→ Go on to the provider's module
MCH clinic _____	_____	_____	→ Go on to the provider's module
Mobile/outreach clinic _____	_____	_____	→ Go on to the provider's module
Private hospital, health center or clinic _____	_____	_____	→ Go on to the provider's module
Traditional healer			
TBAs _____	_____	_____	
Religious healer _____	_____	_____	
Quack _____	_____	_____	
Pharmacy or Western drug seller _____	_____	_____	
Traditional drug seller _____	_____	_____	
Relative or friend (outside the household) _____	_____	_____	
Other provider: _____	_____	_____	

TO BE CODED LATER: WAS AN IMCI FACILITY USED (1) YES (0) NO (9) DK

GO TO THE ADDITIONAL DRUGS MODULE IF NO WESTERN MEDICINE PROVIDER WAS SOUGHT.

PROVIDERS MODULE

FILL IN A SEPARATE PROVIDER'S MODULE FOR EACH OCCASION, IN THE LAST TWO WEEKS, THAT THE CHILD WAS TAKEN TO A QUALIFIED PROVIDER (GOVERNMENT HOSPITAL, HEALTH CENTRE OR CLINIC, OR A COMMUNITY BASED PRACTITIONER, OR A PRIVATE HEALTH CENTER/CLINIC. IF THE CHILD WAS TAKEN TO THE SAME PROVIDER TWICE, FILL IN TWO FORMS, ONE FOR EACH VISIT.

47. Was this the closest health facility to your home, the one you mentioned before? NEW
(1) Yes → Skip to question # 52
(0) No
48. How far is this facility from your home?
_____ (amount) _____ (distance units)
49. Why was <CHILD> taken to this <PROVIDER> and not to the closest one?

50. Did the health worker say your child had to be taken to a hospital or another health centre? NEW
(1) Yes
(0) No → Skip to question # 54
(9) Doesn't know → Skip to question # 54
51. Did you/they take <CHILD> to hospital/health centre? NEW
(1) Yes
(0) No → **Why not?** _____

(9) Doesn't know
52. Did the health worker ask you/they to bring <CHILD> back to the clinic in a few days? NEW
(1) Yes
(0) No → Skip to question # 58
(9) Doesn't know → Skip to question # 58
53. When did he/she say that <CHILD> should be brought back? NEW
(1) Before today's date
(2) After today's date → Skip to question # 57
(9) Doesn't know → Skip to question # 58
54. Did you/they take <CHILD> back? NEW
(1) Yes → Record answer and skip to question # 58
(0) No → **Why not?** _____

(9) Doesn't know
55. Will you take him/her back? NEW
(1) Yes
(0) No → **Why not?** _____

(9) Doesn't know

CLIENT COSTS MODULE

REPEAT THE MODULE BELOW FOR EACH PROVIDER SOUGHT DURING THIS EPISODE:
(if the same provider was seen more than once, repeat the block for each visit)

I would now like to ask you some questions about what happened when your child was seen by <PROVIDER>. We are asking these questions because we want to find out how much time and money people spend when they have to take their children to a health facility.

56. Did the <PROVIDER> come to your home or was the child taken to him/her?
 (1) Home → Skip to question # 68
 (2) Provider's place
 () Other place: _____

57. Who took the child to <PROVIDER>?
 Mother (1) Yes (0) No
 Father (1) Yes (0) No
 Other adult (specify): _____ (1) Yes (0) No
 A child (specify): _____ (1) Yes (0) No

58. How did you/they get there, how long did it take, and how much did it cost?

From	To	Means	Time	Cost

59. How did you/they come back, how long did it take, and how much did it cost?

From	To	Means	Time	Cost

60. After arriving at the <PROVIDER'S> place, how much time was spent until you/they were finished? (include waiting time)
 ___ ___ ___ (amount) _____ (time units)

61. After leaving the <PROVIDER'S> place, did you/they have to spend more time getting drugs or laboratory tests?
 (1) Yes → How much time? ___ ___ ___ (amount) _____ (time units)
 (0) No
 (9) Doesn't know

62. Did you/they have to spend the night away from home either going there or coming back?

- (1) Yes
(0) No → Skip to question # 66
(9) Doesn't know → Skip to question # 66

63. How much did you/they spend for lodging?
____ (amount) _____ (cost units)

64. To make sure I got everything right, can you tell me again how much time you/they spent between leaving home and getting back after the consultation?
____ (amount) _____ (time units)

65. Did you/they have to spend money to buy food or drinks while you were away for the consultation?

- (1) Yes → **How much?** ____ (amount) _____ (cost units)
(0) No
(9) Doesn't know

66. Did you/they have to pay for the consultation?

- (1) Yes → **How much?** ____ (amount) _____ (cost units)
(0) No
(9) Doesn't know

67. Did the <PROVIDER> prescribe <CHILD> any drugs, such as pills, syrups, capsules or injections?

- (1) Yes
(0) No → Skip to question # 72
(9) Doesn't know → Skip to question # 72

68. Did you have to pay to get these medicines?

- (1) Yes → **How much?** ____ (amount) _____ (cost units)
(0) No
(9) Doesn't know

69. Please tell me which drugs were prescribed, even if the child did not take them. *For each drug, ask: Did you/they get it for free or did you/they have to buy it? If purchased: How much did it cost for the whole treatment? How many bottles, pills or injections were prescribed/ purchased/ received? For each drug, also ask: Did <CHILD> take it? and, if yes, ask whether he/she took all or part of the treatment.*

Drug: _____
Amount prescribed: _____ (number/units)

- () Free. *Specify where obtained:* _____
() Purchased. Cost: _____ (amount/cost units)
() Not obtained. **Why?** _____

Amount received/purchased: _____ (number/units)

Did <CHILD> take it? (1) Yes, all (2) Yes, partly (0) No (9) DK

Drug: _____
Amount prescribed: _____ (number/units)

- () Free. *Specify where obtained:* _____

() Purchased. Cost: _____ (amount/cost units)

() Not obtained. **Why?** _____

Amount received/purchased: _____ (number/ units)

Did <CHILD> take it? (1) Yes, all (2) Yes, partly (0) No (9) DK

Drug: _____

Amount prescribed: _____ (number/units)

() Free. *Specify where obtained:* _____

() Purchased. Cost: _____ (amount/cost units)

() Not obtained. **Why?** _____

Amount received/purchased: _____ (number/ units)

Did <CHILD> take it? (1) Yes, all (2) Yes, partly (0) No (9) DK

Drug: _____

Amount prescribed: _____ (number/units)

() Free. *Specify where obtained:* _____

() Purchased. Cost: _____ (amount/cost units)

() Not obtained. **Why?** _____

Amount received/purchased: _____ (number/units)

Did <CHILD> take it? (1) Yes, all (2) Yes, partly (0) No (9) DK

COMPLETE ANOTHER PROVIDER'S MODULE IF MORE THAN ONE PROVIDER WAS SEEN DURING THE EPISODE, OR IF THE SAME PROVIDER WAS SEEN MORE THAN ONCE.

ADDITIONAL DRUGS MODULE

IF A PROVIDER'S MODULE WAS FILLED IN, ASK:

70. Did <CHILD> take any other drugs during the illness?
- (1) Yes
 - (0) No → Skip to question # 75
 - (9) Doesn't know → Skip to question # 75

IF A PROVIDER'S MODULE WAS NOT FILLED IN, ASK:

71. Did <CHILD> take any drugs during the illness?
- (1) Yes
 - (0) No → Skip to question # 75
 - (9) Doesn't know → Skip to question # 75

72. Please tell me which drugs. *For each drug, ask: Did you get it for free or did you have to buy it? If purchased: How much did it cost for the whole treatment?*

Drug: _____

- () Free. *Specify where obtained:* _____
- () Purchased. Cost: _____ (amount/units)

Amount received/purchased: _____ (number/units)

Drug: _____

- () Free. *Specify where obtained:* _____
- () Purchased. Cost: _____ (amount/units)

Amount received/purchased: _____ (number/units)

Drug: _____

- () Free. *Specify where obtained:* _____
- () Purchased. Cost: _____ (amount/units)

Amount received/purchased: _____ (number/units)

73. Did you have to spend on anything else due to <CHILD'S> illness, such as syringes, bandages, etc?
- (1) Yes → How much? _____ (amount) _____ (cost units)
 - (0) No
 - (9) Doesn't know

ANTHROPOMETRY AND BLOOD COLLECTION MODULE

74. *Conditions under which anthropometry took place:*

- (1) Cooperative child
 - (2) Child did not cooperate but exam was possible
 - (3) Examination was not possible. Reason:
-

75. *Was the child wearing any clothes when weighed?*

(1) Yes → *List all clothes being worn:* _____

(2) No _____

76. Child's weight: _____. ____ kg

FOR CHILDREN AGED UNDER 2 YEARS:

77. Child's recumbent length: _____. ____ cm

FOR CHILDREN AGED 2 YEARS OR MORE:

78. Child's standing height: _____. ____ cm

IF EXAMINATION WAS REPEATED BY SUPERVISOR:

79. Child's weight: _____. ____ kg

80. Child's height or length: _____. ____ cm

Adaptation note: The block of questions below should be adapted to the examinations to be carried out in each country.

81. *Was blood collected?*

- (1) Cooperative child
 - (2) Child did not cooperate but collection was possible
 - (3) Blood collection was not possible. Reason:
-

RESULTS OF BLOOD EXAMINATIONS:

82. Hemoglobin level: _____. ____ g/dl

83. Retinol level: _____. ____ $\mu\text{mol/l}$

84. Malaria parasitemia: _____ parasites per 100 fields

Adaptation note: A mortality module will have to be developed for countries where the evaluation will include a mortality survey. The MICS mortality module may be adapted for this purpose.

