Complete for all births in the household since May 1, 2005. This includes all children, aged 0-36 months now living in the household and all live newborns (i.e., breathing, moving or crying) since May 1, 2005 who subsequently died. The mother may currently be alive or dead. The respondent must be either the mother or some other responsible person.

IDENTIFICATION

1. Study No. 002  2. Township No. 150  3. Cluster No. __ __
4. Identification Number (4 digits) __ __          __  __
   Cluster No.  Child No. in Cluster

NAME OF THE CHILD _______________________________________________


7. Date of Death  __ __ / __ __ / __ __  (if UNK/NR, enter 99)
   MO     DAY      YR

8. Age of child at death  __ __ mos. (if <1 mo., enter 00; if UNK/NR, enter 99; Go to Q.10)

9. Age of living child  __ __ mos. (if <1 mo., enter 00; if UNK/NR, enter 99)

NAME OF THE RESPONDENT ____________________________________________


11. Age of mother   __ __ years   (if dead, enter 98; if UNK/NR, enter 99)

INTERVIEW FOR ALL NEWBORNS SINCE May 1, 2005 (INCLUDING DEATHS)

12. When...was born, who was the main person attending the birth?
    Relative, friend, or other untrained person [3]
    Midwife or Lady Health Visitor [4]
    Auxiliary midwife [5]
    Hospital staff or Physician [6]
    Unattended [7]
    Unknown or no response [9]

NAME OF ATTENDANT (if not sure of category) _____________________________
This concludes the interview and examination. Thank you for taking the time to participate in this survey.

YOUNG CHILD CLUSTER SURVEY (continued)

IF THE CHILD IS NOW DEAD, GO TO Q. 26, OTHERWISE CONTINUE

HAS...HAD THE FOLLOWING IMMUNIZATIONS?

<table>
<thead>
<tr>
<th></th>
<th>First Dose</th>
<th></th>
<th>Second Dose</th>
<th></th>
<th>Third Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes No</td>
<td>UNK/NR</td>
<td>Yes No</td>
<td>UNK/NR</td>
<td>Yes No</td>
</tr>
<tr>
<td>DPT</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>13.</td>
<td>[1] [2]</td>
<td>[9]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(injection in the buttock against diphtheria, whooping cough and tetanus)</td>
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</tr>
<tr>
<td>14.</td>
<td>[1] [2]</td>
<td>[9]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>[1] [2]</td>
<td>[9]</td>
<td></td>
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<tr>
<td>OPV</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16.</td>
<td>[1] [2]</td>
<td>[9]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(drops in the mouth against poliomyelitis)</td>
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<td></td>
</tr>
<tr>
<td>17.</td>
<td>[1] [2]</td>
<td>[9]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>[1] [2]</td>
<td>[9]</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BCG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>[1] [2]</td>
<td>[9]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(injection in the arm against tuberculosis)</td>
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<td></td>
</tr>
</tbody>
</table>

20. Is... currently being breast fed? [1] [2] [9]
21. Is... currently eating eggs, fish or meat? [1] [2] [9]

EXAMINATION

22. Does the child have the characteristic BCG scar?  

23. Weight __ __ . __ kg. (if UNK, enter 999)

24. Which growth chart zone does the child fall into?  
    Green (normal) [1]  Yellow (borderline) [2]  

This concludes the interview and examination. Thank you for taking the time to participate in this survey.

25. DATE INTERVIEW WAS COMPLETED __ / __ / __ (if UNK/NR, enter 99)

26. CODE NO. OF INTERVIEWER/EXAMINER __ (if UNK/NR, enter 99)