



33655

Children Short Individual Questionnaire (CSIQ)

Questionnaire to be answered by parents or guardians of children and adolescent subjects aged less than 15 years old

This information is confidential

Section 1 - Study site information

Q1. Household DSS or Census Number:

Q2. Today's Date: / / [dd/mm/yyyy]

Section 2 - Child and respondent's identification

Q3. What is your relationship to this child? Parent (1) Guardian (2)

Q4. Child's Last Name:

Q5. Child's First Name(s):

Q6. Child's DSS or Census Number:

Q7. Child's age (in years), If >= 1 year old [years]

Q8. Child's age (in months), if age < 1 year old: [months]

Q9. Sex Female (1) Male (2)

Q10. Does your child live in this house?

Yes, s/he live here (1) No, s/he is a visitor who slept here last night (0)

Q11. How long has your child been living in this house?

Since birth (1) More than 5 years, but not since birth (2)

Between 6 months and 5 years, but not since birth (3) Less than 6 months, but not since birth (4)





33655

--	--	--	--	--

Section 3 - Child's education, socio-behaviour and health

Q12. How many years has your child been attending school [Enter "00" if child has been at school for <1year]

--	--

Q13. In the last week, has your child been to a social event or meeting places?

- (a) Market Yes (1) No (0)
- (b) Wedding Yes (1) No (0)
- (c) Funeral Yes (1) No (0)
- (d) Ceremony, e.g. circumcision Yes (1) No (0)
- (e) Social Club or Bar Yes (1) No (0)
- (f) Other Yes (1) No (0)

If other, specify

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Q14. How many people usually sleep on your child's bedroom, including your child?

--	--

Q15. How many people usually sleep on your child bed/sleeping mat including your child?

--	--

Q16. Has your child had any of these symptoms now or in the last week?

- (a) Runny nose Yes (1) No (0)
- (b) Sore throat Yes (1) No (0)
- (c) Cough Yes (1) No (0)

Q17. Has your child been injected with vaccine against meningitis in the past 6 months?

- Yes (1)
- No (0)
- I Don't know (9)

Thank you for completing the questionnaire.

Interviewer Code:

--	--	--

Interviewer Signature: -----

Supervisor Code:

--	--	--

Supervisor Signature: -----

