



**HOUSEHOLD QUESTIONNAIRE**

*Nepal Multiple Indicator Cluster Survey 2014*

**HOUSEHOLD INFORMATION PANEL HH**

<b>HH1.</b> Cluster number: _____	<b>HH2.</b> Household number: _____																																
<b>HH3.</b> Interviewer's name and number: Name _____	<b>HH4.</b> Supervisor's name and number: Name _____																																
<b>HH5.</b> Day / Month / Year of interview in Bikram Sambat (Nepali Calendar): _____ / _____ / 2 0 7 _____	<b>HH7. SUB-REGION:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">EASTERN</td> <td style="width: 50%;">WESTERN</td> </tr> <tr> <td>MOUNTAIN....01</td> <td>TERAI.....09</td> </tr> <tr> <td>EASTERN</td> <td>MID-WESTERN</td> </tr> <tr> <td>HILL.....02</td> <td>MOUNTAIN.10</td> </tr> <tr> <td>EASTERN</td> <td>MID-WESTERN</td> </tr> <tr> <td>TERAI.....03</td> <td>HILL.....11</td> </tr> <tr> <td>CENTRAL</td> <td>MID-WESTERN</td> </tr> <tr> <td>MOUNTAIN....04</td> <td>TERAI.....12</td> </tr> <tr> <td>CENTRAL</td> <td>FAR-WESTERN</td> </tr> <tr> <td>HILL.....05</td> <td>MOUNTAIN..13</td> </tr> <tr> <td>CENTRAL</td> <td>FAR-WESTERN</td> </tr> <tr> <td>TERAI.....06</td> <td>HILL.....14</td> </tr> <tr> <td>WESTERN</td> <td>FAR-WESTERN</td> </tr> <tr> <td>MOUNTAIN...07</td> <td>TERAI.....15</td> </tr> <tr> <td>WESTERN</td> <td></td> </tr> <tr> <td>HILL.....08</td> <td></td> </tr> </table>	EASTERN	WESTERN	MOUNTAIN....01	TERAI.....09	EASTERN	MID-WESTERN	HILL.....02	MOUNTAIN.10	EASTERN	MID-WESTERN	TERAI.....03	HILL.....11	CENTRAL	MID-WESTERN	MOUNTAIN....04	TERAI.....12	CENTRAL	FAR-WESTERN	HILL.....05	MOUNTAIN..13	CENTRAL	FAR-WESTERN	TERAI.....06	HILL.....14	WESTERN	FAR-WESTERN	MOUNTAIN...07	TERAI.....15	WESTERN		HILL.....08	
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HILL.....08																																	
<b>HH6. AREA:</b> Urban ..... 1 Rural ..... 2																																	
<b>HH8A.</b> Is the household selected for water quality? Yes.....1 No.....2	<b>HH8B.</b> Is the household selected for source water testing? Yes.....1 No.....2																																

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **25** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?

Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.

No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.

**HH9.** Result of household interview:

Completed .....	.01
No household member or no competent respondent at home at time of visit .....	.02
Entire household absent for extended period of time .....	.03
Refused .....	.04
Dwelling vacant / Address not a dwelling .....	.05
Dwelling destroyed .....	.06
Dwelling not found .....	.07
Other ( <i>specify</i> ) .....	96

After the household questionnaire has been completed, fill in the following information:

<b>HH10.</b> Respondent to Household Questionnaire: Name _____	
<b>HH11.</b> Total number of household members: _____	<i>After all questionnaires for the household have been completed, fill in the following information:</i>
<b>HH12.</b> Number of women age 15-49 years: _____	<b>HH13.</b> Number of women's questionnaires completed: _____
<b>HH14.</b> Number of children under age 5: ..... _____	<b>HH15.</b> Number of under-5 questionnaires completed: _____
<b>HH15A.</b> <i>If the household was selected for water quality testing (HH8A=1),</i> Is the water quality questionnaire complete?	Yes ..... 1 No ..... 2
<b>HH16.</b> Field editor's name and number: Name _____	<b>HH17.</b> Main data entry clerk's name and number: Name _____

HH18. Record the time.		LIST OF HOUSEHOLD MEMBERS										HL	
Hour ..... Minutes .....		FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4) Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the List of Household Members have been used.										For children age 0-14	
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	For women age 15-49		For children age 0-4	For children age 0-17 years						For children age 0-14	
HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7.	HL7B.	HL11.	HL12.	HL12A.	HL13.	HL14.	HL14A.	HL15.		
	98 DK 9998 DK	Record in complete d years. If age is 95 or above, record '95'	Circle line no. if woman age 15-49	Circle line no. if age 0-4	IS (name)'S MOTHER ALIVE?	DOES (name)'S MOTHER LIVE IN THIS HOUSEHOLD?	WHERE DOES (name)'S MOTHER LIVE?	IS (name)'S FATHER ALIVE?	DOES (name)'S FATHER LIVE IN THIS HOUSEHOLD?	WHERE DOES (name)'S FATHER LIVE?	Record line no. of mother and go to HL13	Record line no. of father and go to HL15	Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	M F	Month	Year	Age	Y N DK	Mother	1 2 3 8	Y N DK	Father	1 2 3 8	Mother	1 2 3 8	Mother
01	1 2	01	01	0-4	1 2 8	1 2 3 8	1 2 3 8	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
02	1 2	02	02	0-4	1 2 8	1 2 3 8	1 2 3 8	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
03	1 2	03	03	0-4	1 2 8	1 2 3 8	1 2 3 8	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
04	1 2	04	04	0-4	1 2 8	1 2 3 8	1 2 3 8	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
05	1 2	05	05	0-4	1 2 8	1 2 3 8	1 2 3 8	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
06	1 2	06	06	0-4	1 2 8	1 2 3 8	1 2 3 8	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?  1 Male 2 Female	For women age 15-49		For children age 0-4	For children age 0-17 years						For children age 0-14						
				HL7. Circle line no. if woman age 15-49	HL7B. Circle line no. if age 0-4		HL5. WHAT IS (name)'S DATE OF BIRTH?  98 DK 9998 DK	HL6. HOW OLD IS (name)?  Record in completed years. If age is 95 or above, record '95'	HL11. IS (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No 8 DK	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 If "No" Record 00 for "No"	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?  1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No 8 DK		HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 If "No" Record 00 for "No"	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?  1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?			
Line	Name	Relation*	M	F	15-49	0-4	Month	Year	Age	Y	N	DK	Mother	Father	1	2	3	8	Mother
07			1	2	07	07									1	2	3	8	Mother
08			1	2	08	08									1	2	3	8	
09			1	2	09	09									1	2	3	8	
10			1	2	10	10									1	2	3	8	
11			1	2	11	11									1	2	3	8	
12			1	2	12	12									1	2	3	8	
13			1	2	13	13									1	2	3	8	
14			1	2	14	14									1	2	3	8	
15			1	2	15	15									1	2	3	8	

Tick here if additional questionnaire used

Probe for additional household members.  
 Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.  
 Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.  
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.  
 You should now have a separate questionnaire for each eligible woman, and each child under five in the household.

\* Codes for **HL3:**  
 Relationship to head of household:

01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster / Stepchild
02 Spouse/Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)
03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative	96 Other (Not related)
				98 DK

EDUCATION		ED											
		For household members age 5 and above					For household members age 5-24 years						
ED1. Line Num-ber	ED2. Name and age Copy from HL2 and HL6	ED2A. DOES (name) KNOW TO READ AND WRITE?	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED3A. HAS (name) EVER PARTICIPATED IN LITERACY PROGRAM OR ANY OTHER PROGRAM THAT INVOLVES LEARNING TO READ AND WRITE?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED? Grade Codes: 00=Less than 1 grade completed. 01-10=Grades 1 – 10. 11= SLC 12= +2 (11 and 12 grade) 13=Bachelor 14= Masters and above. 94=Preschool 98=DK	ED5. DURING THE 2013- 2014/2014- 2015 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH GRADE IS/WAS (name) ATTENDING? Grade Codes: 01-10=Grades 1– 10. 11= SLC 12= +2 (11 and 12 grade) 13=Bachelor 14= Masters and above. 94=Preschool 98=DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012- 2013/2013-2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH GRADE DID (name) ATTEND? Grade Codes: 01-10=Grades 1– 10. 11= SLC 12= +2 (11 and 12 grade) 13=Bachelor 14= Masters and above. 94=Preschool 98=DK				
Line	Name	Age	Yes	No	Grade	Yes	No	DK	Grade	Yes	No	DK	Grade
01		—	1	2	3	1	2			1	2	8	
02		—	1	2	3	1	2			1	2	8	
03		—	1	2	3	1	2			1	2	8	
04		—	1	2	3	1	2			1	2	8	
05		—	1	2	3	1	2			1	2	8	
06		—	1	2	3	1	2			1	2	8	
07		—	1	2	3	1	2			1	2	8	
08		—	1	2	3	1	2			1	2	8	
09		—	1	2	3	1	2			1	2	8	
10		—	1	2	3	1	2			1	2	8	
11		—	1	2	3	1	2			1	2	8	
12		—	1	2	3	1	2			1	2	8	
13		—	1	2	3	1	2			1	2	8	
14		—	1	2	3	1	2			1	2	8	
15		—	1	2	3	1	2			1	2	8	

**SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE SL**

**SL1.** Check HL6 in the List of Household Members and write the total number of children age 1-17 years.

Total number ..... \_\_\_\_

**SL2.** Check the number of children age 1-17 years in SL1:

- Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module
- One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age
- Two or more ⇒ Continue with SL2A

**SL2A.** List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6
Rank	Line	Name	M	F	Age
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___

**SL8.** Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

**SL9.** Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child

Rank number ..... \_\_\_\_

Line number ..... \_\_\_\_

Name \_\_\_\_\_

Age ..... \_\_\_\_

<b>CHILD LABOUR</b>		<b>CL</b>
<p><b>CL1. Check selected child's age from SL9:</b></p> <p><input type="checkbox"/> 1-4 years ⇒ Go to Next Module</p> <p><input type="checkbox"/> 5-17 years ⇒ Continue with CL2</p>		
<p><b>CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.</b></p> <p>SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?</p> <p>[A] DID [<i>name</i>] DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?</p> <p>[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?</p> <p>[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?</p> <p>[D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?  <i>If "No", Probe:</i>                      PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.</p>	<p>..... Yes No</p> <p>Worked on plot / farm / food garden / looked after animals ..... 1 2</p> <p>Helped in family / relative's business/ ran own business..... 1 2</p> <p>Produce / sell articles / handicrafts / clothes / food or agricultural products ..... 1 2</p> <p>Any other activity ..... 1 2</p>	
<p><b>CL3. Check "CL2,A to D"</b></p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to CL8</p>		
<p><b>CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</b></p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours..... _ _</p>	
<p><b>CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	1 ⇒ CL8
<p><b>CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	1 ⇒ CL8



<p><b>CL7.</b> HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (<i>name</i>)?</p> <p>[A] Is (<i>name</i>) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] Is (<i>name</i>) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] Is (<i>name</i>) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] Is (<i>name</i>) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] Is (<i>name</i>) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] Is (<i>name</i>) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (<i>name</i>)'S HEALTH OR SAFETY?</p>	<p>Yes ..... 1 No ..... 2</p> <p>Yes ..... 1 No ..... 2</p> <p>Yes ..... 1 No ..... 2</p> <p>Yes ..... 1 No ..... 2</p> <p>Yes ..... 1 No ..... 2</p> <p>Yes ..... 1 No ..... 2</p>	<p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p>
<p><b>CL8.</b> SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒ CL10</p>
<p><b>CL9.</b> IN TOTAL, HOW MANY HOURS DID (<i>name</i>) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (<i>day of the week</i>)? <i>If less than one hour, record "00"</i></p>	<p>Number of hours..... __ __</p>	
<p><b>CL10.</b> SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<p>..... Yes No</p> <p>Shopping for household . 1 2</p> <p>Repair household equipment..... 1 2</p> <p>Cooking / cleaning utensils /house ..... 1 2</p> <p>Washing clothes ..... 1 2</p> <p>Caring for children ..... 1 2</p> <p>Caring for old / sick ..... 1 2</p> <p>Other household tasks .. 1 2</p>	
<p><b>CL11.</b> Check CL10, A to G</p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module</p>		
<p><b>CL12.</b> SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES IN TOTAL? <i>If less than one hour, record "00"</i></p>	<p>Number of hours..... __ __</p>	

<b>CHILD DISCIPLINE</b>		<b>CD</b>
<p><b>CD1. Check selected child's age from SL9:</b></p> <p><input type="checkbox"/> 1-14 years ⇒ Continue with CD2</p> <p><input type="checkbox"/> 15-17 years ⇒ Go to Next Module</p>		
<p><b>CD2. Write the line number and name of the child from SL9.</b></p>	<p>Line number ..... ____</p> <p>Name .....</p>	
<p><b>CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.</b></p>	<p style="text-align: right;">..... Yes No</p>	
<p>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</p>	<p>Took away privileges ..... 1 2</p>	
<p>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</p>	<p>Explained wrong behaviour ..... 1 2</p>	
<p>[C] SHOOK HIM/HER.</p>	<p>Shook him/her ..... 1 2</p>	
<p>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Shouted, yelled, screamed ..... 1 2</p>	
<p>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Gave something else to do ..... 1 2</p>	
<p>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Spanked, hit, slapped on bottom with bare hand ..... 1 2</p>	
<p>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Hit with belt, hairbrush, stick, or other hard object ... 1 2</p>	
<p>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Called dumb, lazy, or another name ..... 1 2</p>	
<p>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Hit / slapped on the face, head or ears ..... 1 2</p>	
<p>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Hit / slapped on hand, arm or leg ..... 1 2</p>	
<p>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Beat up, hit over and over as hard as one could .. 1 2</p>	
<p><b>CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK/ No opinion ..... 8</p>	

HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A.</b> WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Hindu ..... 01 Buddhism ..... 02 Islam ..... 03 Kirat ..... 04 Christianity ..... 05 Prakriti ..... 06 Bon ..... 07 Jainism ..... 08 Bahai ..... 09 Sikhism ..... 10 No religion ..... 11  Other religion ( <i>specify</i> ) ..... 96	
<b>HC1B.</b> WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?  <i>Write both name and code</i>	Mother Tongue _____ _____  Other language ( <i>specify</i> ) ..... 996	
<b>HC1C.</b> TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?  <i>Write both name and code</i>	Ethnic group _____  Other ethnic group ( <i>specify</i> ) ..... 996	
<b>HC2.</b> HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
<b>HC3.</b> <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>	Natural floor Earth / Sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm / Bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Linoleum ..... 36  Other ( <i>specify</i> ) ..... 96	

<p><b>HC4. Main material of the roof.</b></p> <p><i>Record observation.</i></p>	<p>Natural roofing</p> <p>Thatch / Palm leaf..... 12</p> <p>Sod ..... 13</p> <p>Rudimentary roofing</p> <p>Rustic mat..... 21</p> <p>Wood planks ..... 23</p> <p>Finished roofing</p> <p>Metal / Tin..... 31</p> <p>Wood ..... 32</p> <p>Calamine / Cement fibre ..... 33</p> <p>Ceramic tiles ..... 34</p> <p>Cement ..... 35</p> <p>Roofing shingles ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p><b>HC5. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls ..... 11</p> <p>Cane / Palm / Trunks ..... 12</p> <p>Dirt ..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud ..... 21</p> <p>Stone with mud ..... 22</p> <p>Plywood ..... 24</p> <p>Cardboard ..... 25</p> <p>Reused wood ..... 26</p> <p>Finished walls</p> <p>Cement ..... 31</p> <p>Stone with lime / cement ..... 32</p> <p>Bricks ..... 33</p> <p>Cement blocks ..... 34</p> <p>Wood planks / shingles ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p><b>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</b></p>	<p>Electricity ..... 01</p> <p>Liquefied Petroleum Gas (LPG) ..... 02</p> <p>Natural gas ..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene ..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal ..... 07</p> <p>Wood ..... 08</p> <p>Straw / Shrubs / Grass ..... 09</p> <p>Animal dung ..... 10</p> <p>Agricultural crop residue ..... 11</p> <p>No food cooked in household ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>

<p><b>HC7.</b> IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house            In a separate room used as kitchen 1            Elsewhere in the house ..... 2            In a separate building ..... 3            Outdoors..... 4            Other (<i>specify</i>) ..... 6</p>																																																							
<p><b>HC8.</b> DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] AN IMPROVED COOKING STOVE (ICS)</p> <p>[G] TABLE</p> <p>[H] CHAIR</p> <p>[I] BED/COT</p> <p>[J] SOFA</p> <p>[K] WARDROBE</p> <p>[L] COMPUTER-DESKTOP</p> <p>[M] WALL CLOCK</p> <p>[N] ELECTRIC FAN</p> <p>[O] DHIKI/JATO</p> <p>[P] MICROWAVE OVEN</p> <p>[Q] WASHING MACHINE</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Improved cooking stove .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Table .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Chair.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bed/Cot .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Wardrobe .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer-Desktop .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Wall clock .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Electric fan.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Dhiki/Jato.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Microwave oven .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity .....	1	2	Radio .....	1	2	Television .....	1	2	Non-mobile telephone .....	1	2	Refrigerator .....	1	2	Improved cooking stove .....	1	2	Table .....	1	2	Chair.....	1	2	Bed/Cot .....	1	2	Sofa .....	1	2	Wardrobe .....	1	2	Computer-Desktop .....	1	2	Wall clock .....	1	2	Electric fan.....	1	2	Dhiki/Jato.....	1	2	Microwave oven .....	1	2	Washing machine .....	1	2	
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<p><b>HC9.</b> DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE/RIKSHAW?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT?</p> <p>[H] A LAPTOP COMPUTER</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>Watch .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile telephone .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal-drawn cart .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Laptop .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	.....			Watch .....	1	2	Mobile telephone .....	1	2	Bicycle .....	1	2	Motorcycle / Scooter .....	1	2	Animal-drawn cart .....	1	2	Car / Truck.....	1	2	Boat.....	1	2	Laptop .....	1	2																									
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<p><b>HC10.</b> DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own ..... 1</p> <p>Rent ..... 2</p> <p>Other (<i>specify</i>) ..... 6</p>	
<p><b>HC11.</b> DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒HC13
<p><b>HC12.</b> HOW MANY ROPANIS OR BIGHAS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If respondent answer in Ropani, circle "1" and enter the value and if answer in Bigha, circle "2" and enter the value. If unknown, circle '998'.</i></p>	<p>Ropani (ropani, ana, paisa) ... 1 _ / _ / _</p> <p>Bigha (bigha, kattha, dhur) .... 2 _ / _ / _</p> <p>DK.....998</p>	
<p><b>HC13.</b> DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒HC15
<p>[A] MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKEN/DUCKS /PIGEON?</p> <p>[F] PIGS/SWINE?</p> <p>[G] YAK NAK OR CHAURI</p> <p>[H] BUFFALO</p> <p><i>If none, record '00'. If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Milk cows, or bulls ..... _ _</p> <p>Horses, donkeys, or mules ..... _ _</p> <p>Goats ..... _ _</p> <p>Sheep ..... _ _</p> <p>Chicken/ducks/pigeon ..... _ _</p> <p>Pigs ..... _ _</p> <p>Yak Nak or Chauri ..... _ _</p> <p>Buffaloes ..... _ _</p>	
<p><b>HC15.</b> DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT INCLUDING COOPERATIVES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

WATER AND SANITATION		WS
<b>WS1.</b> WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling..... 11	11⇒WS6
	Piped into compound, yard or plot..... 12	12⇒WS6
	Piped to neighbour ..... 13	13⇒WS6
	Public tap / standpipe ..... 14	14⇒WS3
	Tube Well, Borehole ..... 21	21⇒WS3
	Dug well	
	Protected well ..... 31	31⇒WS3
	Unprotected well ..... 32	32⇒WS3
	Water from spring	
	Protected spring ..... 41	41⇒WS3
	Unprotected spring ..... 42	42⇒WS3
	Rainwater collection ..... 51	51⇒WS3
	Tanker-truck ..... 61	61⇒WS3
	Cart with small tank / drum ..... 71	71⇒WS3
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81	81⇒WS3
Bottled water ..... 91		
Other ( <i>specify</i> ) ..... 96	96⇒WS3	
<b>WS2.</b> WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling..... 11	11⇒WS6
	Piped into compound, yard or plot..... 12	12⇒WS6
	Piped to neighbour ..... 13	13⇒WS6
	Public tap / standpipe ..... 14	
	Tube Well, Borehole ..... 21	
	Dug well	
	Protected well ..... 31	
	Unprotected well ..... 32	
	Water from spring	
	Protected spring ..... 41	
	Unprotected spring ..... 42	
	Rainwater collection ..... 51	
	Tanker-truck ..... 61	
	Cart with small tank / drum ..... 71	
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81	
Other ( <i>specify</i> ) ..... 96		
<b>WS3.</b> WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ..... 1	1⇒WS6
	In own yard / plot ..... 2	2⇒WS6
	Elsewhere ..... 3	
<b>WS4.</b> HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... _ _ _ _	
	DK..... 998	

<p><b>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</b></p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) ..... 1                  Adult man (age 15+ years) ..... 2                  Female child (under 15) ..... 3                  Male child (under 15)..... 4                  DK..... 8</p>	
<p><b>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</b></p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	<p>2⇒WS7A                  8⇒WS 7A</p>
<p><b>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</b></p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil ..... A                  Add bleach / chlorine ..... B                  Strain it through a cloth ..... C                  Use water filter (ceramic, sand, composite, etc.)..... D                  Solar disinfection ..... E                  Let it stand and settle ..... F                  Other (<i>specify</i>) ..... X                  DK..... Z</p>	
<p><b>WS7A. Check WS 1 or WS2: Main source of water</b>  <input type="checkbox"/> Piped water; 11-14⇒ Continue with WS7B  <input type="checkbox"/> Other ⇒ Go to WS8</p>		
<p><b>WS7B. SINCE LAST (<i>day of week</i>) DID YOU HAVE WATER COMING FROM THE PIPE OR TAP FOR AT LEAST ONE HOUR A DAY?</b></p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	
<p><b>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</b></p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush                  Flush to piped sewer system ..... 11                  Flush to septic tank..... 12                  Flush to pit (latrine)..... 13                  Flush to somewhere else..... 14                  Flush to unknown place / Not sure / DK where ..... 15                  Pit latrine                  Ventilated Improved Pit latrine (VIP) ... 21                  Pit latrine with slab..... 22                  Pit latrine without slab / Open pit ..... 23                  Composting toilet..... 31                  Bucket ..... 41                  No facility, Bush, Field ..... 95                  Other (<i>specify</i>) ..... 96</p>	<p>95⇒Next Module</p>
<p><b>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</b></p>	<p>Yes ..... 1                  No ..... 2</p>	<p>2⇒Next Module</p>



<b>WS10.</b> DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public)..... 1 Public facility..... 2	2⇒Next Module
<b>WS11.</b> HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households ..... 10  DK..... 98	
<b>HANDWASHING</b>		<b>HW</b>
<b>HW0.</b> WE WOULD LIKE TO COLLECT INFORMATION ON HANDWASHING KNOWLEDGE. PLEASE MENTION ALL THE OCCASIONS WHEN YOU THINK IT IS IMPORTANT TO WASH YOUR HANDS.  <i>Circle all mentioned. Keep probing.</i>	Before eating ..... A After eating ..... B Before praying ..... C Before breast feeding or feeding a child..... D Before cooking or preparing food ..... E After defecation/urination ..... F After cleaning a child that has defecated/ changing child's nappy ..... G When the hands are dirty ..... H After cleaning toilet or potty ..... I After completing the work ..... J  Other ( <i>Specify</i> ) ..... X  Don't know ..... Z	
<b>HW1.</b> WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed ..... 1  Not observed Not in dwelling / plot / yard ..... 2 No permission to see ..... 3 Other reason ( <i>specify</i> ) ..... 6	2 ⇒HW4 3 ⇒HW4 6 ⇒HW4
<b>HW2.</b> <i>Observe presence of water at the place for handwashing.</i>  <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available ..... 1  Water is not available ..... 2	
<b>HW2A.</b> <i>Check the distance of the handwashing place from the toilet in paces and circle appropriate code.</i>	Less than 10 paces ..... 1 10 paces or more ..... 2 Toilet not in dwelling / plot / yard ..... 3	
<b>HW3A.</b> <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i>	Yes, present ..... 1  No, not present ..... 2	2⇒HW4
<b>HW3B.</b> <i>Record your observation.</i>  <i>Circle all that apply.</i>	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	A⇒HH19 B⇒HH19 C⇒HH19 D⇒HH19

<b>HW4.</b> DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes ..... 1 No ..... 2	2⇒HH19
<b>HW5A.</b> CAN YOU PLEASE SHOW IT TO ME?	Yes, shown ..... 1 No, not shown ..... 2	2⇒HH19
<b>HW5B.</b> Record your observation.  <i>Circle all that apply.</i>	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	
<b>HH19.</b> Record the time.	Hour and minutes ..... : .....	

**SALT IODIZATION**

**SI**

<b>SI1.</b> WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?  <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM ..... 1 More than 0 PPM & less than 15 PPM ..... 2 15 PPM or more ..... 3  No salt in the house ..... 4  Salt not tested (specify reason) ..... 5	4⇒HH20
<b>SI2.</b> CAN I PLEASE OBSERVE THE ACTUAL PACKAGE OR CONTAINER FROM WHERE YOU JUST COLLECTED THIS SALT?	OBSERVED ..... 1 NOT OBSERVED ..... 2	2⇒HH20
<b>SI3.</b> Observe packet or container and record the type of salt.  <i>If packed salt is shown by respondent check if it has the logo of a girl and a boy child and tick the appropriate answer.</i>	LARGE CRYSTAL SALT ..... 1 LOOSE POWDER SALT ..... 2 <u>PACKAGED POWDER SALT</u> PACKAGED POWDER SALT WITHOUT LOGO.... 3 PACKAGED POWDER SALT WITH LOGO ..... 4 TIBETAN SALT ..... 5 OTHER TYPES (SPECIFY) ..... 6	

**HH20.** Thank the respondent for his/her cooperation and check the List of Household Members:

A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of the Household Members(HL7)

A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)

Check HH8A. If the household is selected for Water Quality Testing:

A separate QUESTIONNAIRE FOR WATER QUALITY TESTING has been issued for the household (HH8A)

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), under-5s (HH14) and water quality testing (HH8A)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

**Interviewer's Observations****Field Editor's Observations****Supervisor's Observations**



## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

Nepal Multiple Indicator Cluster Survey 2014

<b>WOMAN'S INFORMATION PANEL</b>		<b>WM</b>
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
<b>WM1.</b> Cluster number: _____	<b>WM2.</b> Household number: _____	
<b>WM3.</b> Woman's name: Name _____	<b>WM4.</b> Woman's line number: _____	
<b>WM5.</b> Interviewer's name and number: Name _____	<b>WM6.</b> Day / Month / Year of interview: _____ / _____ / 2 0 7 _____	
<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT <b>35</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT <b>35</b> MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given</i> ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> <i>No, permission is not given</i> ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>		
<b>WM7.</b> Result of woman's interview	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other ( <i>specify</i> ) ..... 96	
<b>WM8.</b> Field editor's name and number: Name _____	<b>WM9.</b> Main data entry clerk's name and number: Name _____	
<b>WM10.</b> Record the time.	HOUR AND MINUTES _____ : _____	

<b>WOMAN'S BACKGROUND</b>		<b>WB</b>
<b>WB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... __ __ DK month..... 98  Year ..... __ __ __ __ DK year..... 9998	
<b>WB2.</b> HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) ..... __ __	
<b>WB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒WB7
<b>WB5.</b> WHAT IS THE HIGHEST GRADE YOU COMPLETED?  <i>Grade Codes:</i> <i>00=Less than 1 grade completed.</i> <i>01-10=Grades 1 – 10.</i> <i>11=SLC</i> <i>12= +2 level ( 11 and 12 class)</i> <i>13=Bachelor</i> <i>14= Masters and above.</i> <i>94=Preschool</i> <i>98=DK</i>	Grade ..... __ __	
<b>WB5A.</b> Check WB5 :  <input type="checkbox"/> Code '11'(SLC) or higher ⇒ Go to Next Module <input type="checkbox"/> Lower than SLC'⇒ Continue with WB5B		
<b>WB5B.</b> ARE YOU CURRENTLY STUDYING IN ANY SCHOOL ?	Yes ..... 1 No ..... 2	1⇒WB6
<b>WB5C.</b> WHAT WAS THE MAIN REASON WHY YOU DIDN'T CONTINUE YOUR STUDIES FURTHER?	Economic reason..... 01 Parents didn't allow ..... 02 Got married ..... 03 School facility far away ..... 04 Need to do household works ..... 05 Didn't like to study myself ..... 06 Physically disabled ..... 07  Others ( <i>Specify</i> ) ..... 96	
<b>WB6.</b> Check WB5 : <input type="checkbox"/> Grade '6' or higher ⇒ Go to Next Module <input type="checkbox"/> Lower than grade '6'⇒ Continue with WB7		

<p><b>WB7.</b> NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all ..... 1</p> <p>Able to read only parts of sentence ..... 2</p> <p>Able to read whole sentence ..... 3</p> <p>No sentence in required language _____ 4 <i>(specify language)</i></p> <p>Blind / visually impaired ..... 5</p>	
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<b>ACCESS TO MASS MEDIA AND USE OF INFORMATION/ COMMUNICATION TECHNOLOGY</b>		<b>MT</b>
<b>MT1. Check WB7:</b>		
<input type="checkbox"/> Question left blank (Respondent has completed grade 6 or higher ) ⇒ Continue with MT2		
<input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2		
<input type="checkbox"/> Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3		
<b>MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
<b>MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
<b>MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
<b>MT5. Check WB2: Age of respondent?</b>		
<input type="checkbox"/> Age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module		
<b>MT6. HAVE YOU EVER USED A COMPUTER?</b>	Yes ..... 1 No ..... 2	2⇒MT9
<b>MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</b>	Yes ..... 1 No ..... 2	2⇒MT9
<b>MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
<b>MT9. HAVE YOU EVER USED THE INTERNET?</b>	Yes ..... 1 No ..... 2	2⇒MT12
<b>MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i></b>	Yes ..... 1 No ..... 2	2⇒ MT12
<b>MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
<b>MT12. DO YOU HAVE MOBILE PHONE?</b>	Yes ..... 1 No ..... 2	2⇒NEXT MODULE

<b>MT13.</b> HAVE YOU USED A MOBILE PHONE FOR EITHER SMS OR CALL IN LAST 24 HOURS?	Yes ..... 1 No ..... 2	
<b>FERTILITY/BIRTH HISTORY</b>		<b>CM</b>
<b>CM1.</b> NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2⇒CM8
<b>CM4.</b> DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM6
<b>CM5.</b> HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home ..... _ _  Daughters at home ..... _ _	
<b>CM6.</b> DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM8
<b>CM7.</b> HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere ..... _ _  Daughters elsewhere ..... _ _	
<b>CM8.</b> HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?  <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes ..... 1 No ..... 2	2⇒CM10
<b>CM9.</b> HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead ..... _ _  Girls dead ..... _ _	
<b>CM10.</b> Sum answers to CM5, CM7, and CM9.	Sum ..... _ _	



**CM11.** JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*)  
LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

Yes. Check below:

No live births ⇒ Go to ILLNESS SYMPTOMS Module

One or more live births ⇒ Continue with the BIRTH HISTORY module

No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the

BIRTH HISTORY Module or ILLNESS SYMPTOMS Module

**BIRTH HISTORY****BH**

Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. Is (name) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?	BH5. Is (name) STILL ALIVE?		BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. Is (name) LIVING WITH YOU?		BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
			B	G		Y	N		Y	N		Unit	Number	Y	
01		1 2	1	2	— — — —	1	2	— — — —	1	2	— — — — ⇒ Next Line	Days .....1 Months .....2 Years .....3	— — — —		
02		1 2	1	2	— — — —	1	2	— — — —	1	2	— — — — ⇒ BH10	Days .....1 Months .....2 Years .....3	1 2 Add Next Birth		
03		1 2	1	2	— — — —	1	2	— — — —	1	2	— — — — ⇒ BH10	Days .....1 Months .....2 Years .....3	1 2 Add Next Birth		
04		1 2	1	2	— — — —	1	2	— — — —	1	2	— — — — ⇒ BH10	Days .....1 Months .....2 Years .....3	1 2 Add Next Birth		
05		1 2	1	2	— — — —	1	2	— — — —	1	2	— — — — ⇒ BH10	Days .....1 Months .....2 Years .....3	1 2 Add Next Birth		
06		1 2	1	2	— — — —	1	2	— — — —	1	2	— — — — ⇒ BH10	Days .....1 Months .....2 Years .....3	1 2 Add Next Birth		

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. Is (name) A BOY OR A GIRL? 1 Boy 2 Girl		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. Is (name) STILL ALIVE? 1 Yes 2 No		BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.		BH7. Is (name) LIVING WITH YOU? 1 Yes 2 No		BH8. Record household line number of child (from HL1) Record "00" if child is not listed.		BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No	
			B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N			
07		1 2	1 2						1 2					Days .....1 Months.....2 Years .....3	1 2	Add Birth	Next Birth		
08		1 2	1 2						1 2					Days .....1 Months.....2 Years .....3	1 2	Add Birth	Next Birth		
09		1 2	1 2						1 2					Days .....1 Months.....2 Years .....3	1 2	Add Birth	Next Birth		
10		1 2	1 2						1 2					Days .....1 Months.....2 Years .....3	1 2	Add Birth	Next Birth		
11		1 2	1 2						1 2					Days .....1 Months.....2 Years .....3	1 2	Add Birth	Next Birth		
12		1 2	1 2						1 2					Days .....1 Months.....2 Years .....3	1 2	Add Birth	Next Birth		
13		1 2	1 2						1 2					Days .....1 Months.....2 Years .....3	1 2	Add Birth	Next Birth		
14		1 2	1 2						1 2					Days .....1 Months.....2 Years .....3	1 2	Add Birth	Next Birth		

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. Is (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>	BH5. Is (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. Is (name) LIVING WITH YOU?	BH8. <i>Record household line number of child (from HL1)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years.</i>	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?			
Line	Name	S	M	Month	Year	Age	Y	N	Line No	Unit	Number	Y	N
		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	1 Yes 2 No					1 ⇨ Record birth(s) in Birth History	
<b>BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?</b> Yes ..... 1 No ..... 2													

**CM12A.** Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:

Numbers are same ⇒ Continue with CM13

Numbers are different ⇒ Probe and reconcile

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**CM13.** Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2012** (if the month of interview and the month of birth are the same, and the year of birth is **2012**, consider this as a birth within the last 2 years)

No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.

One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module

Name of last-born child \_\_\_\_\_

*If child has died, take special care when referring to this child by name in the following modules.*

<b>DESIRE FOR LAST BIRTH</b>		<b>DB</b>
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p><b>DB1.</b> WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1 ⇒ Next Module</p>
<p><b>DB2.</b> DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later ..... 1</p> <p>No more ..... 2</p>	<p>2 ⇒ Next Module</p>
<p><b>DB3.</b> HOW MUCH LONGER DID YOU WANT TO WAIT?</p> <p style="text-align: center;"><i>Record the answer as stated by respondent.</i></p>	<p>Months ..... 1 __ __</p> <p>Years ..... 2 __ __</p> <p>DK ..... 998</p>	
<b>MATERNAL AND NEWBORN HEALTH</b>		<b>MN</b>
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p><b>MN1.</b> DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2 ⇒ MN5</p>

<p><b>MN2. WHOM DID YOU SEE?</b></p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Auxiliary nurse/auxiliary midwife ..... C</p> <p>Health Asst. (HA)/Assistant Health Worker (AHW) ..... D</p> <p>Maternal Child Health Worker(MCHW) .. E</p> <p>Village Health Worker (VHW) ..... G</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Female Community Health Volunteer (FCHV) ..... H</p> <p>Other (<i>specify</i>) ..... X</p>													
<p><b>MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?</b></p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Weeks..... 1 __ __</p> <p>Months..... 2 0 __</p> <p>DK..... 998</p>													
<p><b>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</b></p> <p><i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i></p>	<p>Number of times ..... __ __</p> <p>DK..... 98</p>													
<p><b>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</b></p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure .....	1	2												
Urine sample .....	1	2												
Blood sample .....	1	2												
<p><b>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</b></p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) ..... 1</p> <p>Yes (card not seen) ..... 2</p> <p>No ..... 3</p> <p>DK..... 8</p>													
<p><b>MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒MN9</p> <p>8⇒MN9</p>												

<b>MN7.</b> HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH <i>(name)</i> ?	Number of times ..... _ DK..... 8	8⇒MN9
<b>MN8.</b> How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12  <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9		
<b>MN9.</b> DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i> , EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK..... 8	2⇒MN12 8⇒MN12
<b>MN10.</b> HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i> ?  <i>If 7 or more times, record '7'.</i>	Number of times ..... _ DK..... 8	8⇒MN12
<b>MN11.</b> HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i> ?  <i>If less than 1 year, record '00'.</i>	Years ago ..... _ _	
<b>MN12.</b> Check MN1 for presence of antenatal care during this pregnancy:  <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN16A  <input type="checkbox"/> No antenatal care received ⇒ Go to MN17		
<b>MN 16A.</b> DURING THIS PREGNANCY, WERE YOU GIVEN OR DID YOU BUY ANY IRON/FOLIC ACID TABLETS?  <i>Show tablets.</i>	Yes ..... 1 No ..... 2 DK..... 8	2⇒ MN16C 8⇒ MN16C
<b>MN 16B.</b> DURING THIS WHOLE PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE THE TABLETS?  <i>If answer is not numeric, probe for approximate for number of days.</i>	Number of Days ..... _ _ _ DK..... 998	
<b>MN 16C.</b> DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINES FOR INTESTINAL WORMS?	Yes ..... 1 No ..... 2 DK..... 8	

<p><b>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</b></p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Auxiliary nurse/auxiliary midwife ..... C</p> <p>Health Asst./AHW ..... D</p> <p>MCH Worker ..... E</p> <p>Village health worker ..... G</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Female Community Health Volunteer (FCHV) ..... H</p> <p>Relative / Friend ..... I</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one ..... Y</p>	
<p><b>MN 17A. IMMEDIATELY AFTER DELIVERY OF (name) DID YOU RECEIVE AN INJECTION (FOR PROTECTION FROM POSTPARTUM HAEMORRHAGE) IN THE THIGH OR BUTTOCK?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p><b>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home ..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Government hospital ..... 21</p> <p>Primary health care centre ..... 22</p> <p>Health post/Sub health post ..... 23</p> <p>Other public (<i>specify</i>) ..... 26</p> <p>Private Medical Sector</p> <p>Private hospital ..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternity home ..... 33</p> <p>Other private</p> <p>Medical sector (<i>specify</i>) ..... 36</p> <p>Non-Government Sector</p> <p>UMN hospital ..... 41</p> <p>FPAN ..... 42</p> <p>Other NGO (<i>specify</i>) ..... 46</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>21⇒MN19</p> <p>22⇒MN19</p> <p>23⇒MN19</p> <p>26⇒MN19</p> <p>31⇒MN19</p> <p>32⇒MN19</p> <p>33⇒MN19</p> <p>36⇒MN19</p> <p>41⇒MN19</p> <p>42⇒MN19</p> <p>46⇒MN19</p>
<p><b>MN18A. WAS A SPECIAL CLEAN DELIVERY KIT USED?</b></p> <p><i>Show clean delivery kit marketed by CRS</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>1⇒MN18C</p>
<p><b>MN 18B. WHEN (name) WAS BORN, WHAT INSTRUMENT WAS USED TO CUT THE UMBILICAL CORD?</b></p>	<p>New/boiled blade ..... 01</p> <p>Used blade ..... 02</p> <p>Knife ..... 03</p> <p>Sickle ..... 04</p> <p>Khukuri ..... 05</p> <p>Scissors ..... 06</p> <p>Other (<i>specify</i>) ..... 96</p> <p>DK ..... 98</p>	
<p><b>MN 18C. WAS ANYTHING APPLIED ON THE STUMP AFTER THE UMBILICAL CORD WAS CUT?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>Don't know ..... 8</p>	<p>2⇒MN18E</p> <p>8⇒MN18E</p>



<p><b>MN 18D.</b> WHAT WAS PLACED ON THE STUMP?</p> <p><i>Probe:</i> ANYTHING ELSE? <i>Probe for the type of materials placed on the stump and circle all answers given.</i></p>	<p>Oil ..... A Ash ..... B Vermilon ..... C Ointment/powder ..... D Animal dung ..... E Turmeric ..... F Ghee ..... G Chlorohexidine ..... H Other (<i>specify</i>) ..... X</p> <p>DK..... Z</p>	
<p><b>MN 18E.</b> WAS (<i>name</i>) DRIED BEFORE THE PLACENTA WAS DELIVERED?</p>	<p>Yes ..... 1 No ..... 2 DK..... 8</p>	
<p><b>MN 18F.</b> WAS (<i>name</i>) WRAPPED IN CLOTH BEFORE THE PLACENTA WAS DELIVERED?</p>	<p>Yes ..... 1 No ..... 2 DK..... 8</p>	
<p><b>MN 18G.</b> WAS (<i>name</i>) PLACED ON YOUR BELLY/BREAST BEFORE DELIVERY OF THE PLACENTA?</p>	<p>Yes ..... 1 No ..... 2 DK..... 8</p>	
<p><b>MN 18H.</b> HOW LONG AFTER DELIVERY, WAS (<i>name</i>) BATHED FOR THE FIRST TIME?</p> <p><i>(if less than 1 day, record hours. if less than one week, record days. )</i></p>	<p>Hours ..... 1__ __ Days ..... 2__ __ Weeks ..... 3__ __ DK..... 998</p>	<p>1⇒MN20 2⇒MN20 3⇒MN20 998⇒MN20</p>
<p><b>MN19.</b> WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes ..... 1 No ..... 2 DK..... 8</p>	<p>2⇒MN20</p>
<p><b>MN19A.</b> WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before ..... 1 After ..... 2</p>	
<p><b>MN20.</b> WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK..... 8</p>	
<p><b>MN21.</b> WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1 No ..... 2 DK..... 8</p>	<p>2⇒MN23 8⇒MN23</p>
<p><b>MN22.</b> HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>From card ..... 1 (kg) __ . __ __ __ From recall..... 2 (kg) __ . __ __ __ DK..... 99998</p>	

<b>MN23.</b> HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i> ?	Yes ..... 1 No ..... 2	
<b>MN24.</b> DID YOU EVER BREASTFEED <i>(name)</i> ?	Yes ..... 1 No ..... 2	2⇒Next Module
<b>MN25.</b> HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?  <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately ..... 000 Hours ..... 1 ___ Days ..... 2 ___ DK/Don't remember ..... 998	
<b>MN26.</b> IN THE FIRST THREE DAYS AFTER DELIVERY, WAS <i>(name)</i> GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No ..... 2	2⇒Next Module
<b>MN27.</b> WHAT WAS <i>(name)</i> GIVEN TO DRINK?  <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) ..... A Plain water ..... B Sugar or glucose water ..... C Gripe water ..... D Sugar-salt-water solution ..... E Fruit juice ..... F Infant formula ..... G Tea / Infusions ..... H Honey ..... I  Other ( <i>specify</i> ) ..... X	

<b>POST-NATAL HEALTH CHECKS</b>		<b>PN</b>
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p><b>PN1.</b> Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41-46) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p><b>PN2.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF <i>(name)</i>.</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN <i>(name or type of facility in MN18)</i>. HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours ..... 1 ___</p> <p>Days ..... 2 ___</p> <p>Weeks ..... 3 ___</p> <p>DK/Don't remember ..... 998</p>	

<p><b>PN3.</b> I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON <i>(name)</i>'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING <i>(name)</i>, CHECKING THE CORD, OR SEEING IF <i>(name)</i> IS OK.</p> <p>BEFORE YOU LEFT THE <i>(name or type of facility in MN18)</i>, DID ANYONE CHECK ON <i>(name)</i>'S HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p><b>PN4.</b> AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT <i>(name or type or facility in MN18)</i>?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p><b>PN5.</b> NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT <i>(name or type of facility in MN18)</i>.</p> <p>DID ANYONE CHECK ON <i>(name)</i>'S HEALTH AFTER YOU LEFT <i>(name or type of facility in MN18)</i>?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>1⇒PN11 2⇒PN16</p>
<p><b>PN6.</b> Check MN17: Did a health professional, traditional birth attendant, or female community health volunteer assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or female community health volunteer (MN17=A-H) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or female community health volunteer (A-H not circled in MN17) ⇒ Go to PN10</p>		
<p><b>PN7.</b> YOU HAVE ALREADY SAID THAT <i>(person or persons in MN17)</i> ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON <i>(name)</i>'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING <i>(name)</i>, CHECKING THE CORD, OR SEEING IF <i>(name)</i> IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE <i>(person or persons in MN17)</i> LEFT YOU, DID <i>(person or persons in MN17)</i> CHECK ON <i>(name)</i>'S HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	

<p><b>PN8.</b> AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p><b>PN9.</b> AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p><b>PN10.</b> I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒PN19</p>
<p><b>PN11.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once ..... 1 More than once ..... 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p><b>PN12A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p><b>PN12B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours ..... 1 ___</p> <p>Days ..... 2 ___</p> <p>Weeks..... 3 ___</p> <p>DK/Don’t remember ..... 998</p>	
<p><b>PN13.</b> WHO CHECKED ON (<i>name</i>)’S HEALTH AT THAT TIME?</p>	<p>Health professional:</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Auxiliary nurse/auxiliary midwife ..... C</p> <p>Health Asst./AHW ..... D</p> <p>MCH Worker ..... E</p> <p>Village health worker ..... G</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Female Community Health Volunteer (FCHV) ..... H</p> <p>Relative / Friend ..... I</p> <p>Other (<i>specify</i>) ..... X</p>	

<p><b>PN14. WHERE DID THIS CHECK TAKE PLACE?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Government hospital ..... 21</p> <p>Primary health care centre ..... 22</p> <p>Health post/Sub health post ..... 23</p> <p>Other public (<i>specify</i>)..... 26</p> <p>Private Medical Sector</p> <p>Private hospital ..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternity home..... 33</p> <p>Other private</p> <p>Medical sector (<i>specify</i>) ..... 36</p> <p>Non-Government Sector</p> <p>UMN hospital ..... 41</p> <p>FPAN ..... 42</p> <p>Other NGO (<i>specify</i>)..... 46</p> <p>Other (<i>specify</i>)..... 96</p>	
<p><b>PN15. Check MN18: Was the child delivered in a health facility?</b></p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41-46) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p><b>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1 ⇒ PN20</p> <p>2 ⇒ Next Module</p>
<p><b>PN17. Check MN17: Did a health professional, traditional birth attendant, or female community health volunteer assist with the delivery?</b></p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or female community health volunteer (MN17=A-H) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or female community health volunteer (A-H not circled in MN17) ⇒ Go to PN19</p>		
<p><b>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1 ⇒ PN20</p> <p>2 ⇒ Next Module</p>
<p><b>PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</b></p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2 ⇒ Next Module</p>
<p><b>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</b></p>	<p>Once ..... 1</p> <p>More than once ..... 2</p>	<p>1 ⇒ PN21A</p> <p>2 ⇒ PN21B</p>

<p><b>PN21A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p><b>PN21B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours ..... 1 ___</p> <p>Days ..... 2 ___</p> <p>Weeks..... 3 ___</p> <p>DK/Don't remember..... 998</p>	
<p><b>PN22.</b> WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional:</p> <p>Doctor ..... A</p> <p>Nurse / Midwife..... B</p> <p>Health Asst./AHW..... D</p> <p>MCH Worker..... E</p> <p>Village health worker ..... G</p> <p>Other person</p> <p>Traditional birth attendant..... F</p> <p>Female Community Health Volunteer (FCHV) ..... H</p> <p>Relative / Friend ..... H</p> <p>Other (<i>specify</i>)..... X</p>	
<p><b>PN23.</b> WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Government hospital ..... 21</p> <p>Primary health care centre ..... 22</p> <p>Health post/Sub health post ..... 23</p> <p>Other public (<i>specify</i>)..... 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternity home..... 33</p> <p>Other private</p> <p>Medical sector (<i>specify</i>) ..... 36</p> <p>Non-Government Sector</p> <p>UMN hospital..... 41</p> <p>FPAN ..... 42</p> <p>Other NGO (<i>specify</i>)..... 46</p> <p>Other (<i>specify</i>)..... 96</p>	

**ILLNESS SYMPTOMS**

**IS**

**IS1.** Check list of Household Members, columns HL7B and HL15

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.  No ⇒ Go to Next Module.

<p><b>IS2.</b> 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?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</p> <p>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 ..... D                  Child has difficulty breathing ..... E                  Child has blood in stool ..... F                  Child is drinking poorly ..... G</p> <p>Other (<i>specify</i>) _____ X                  Other (<i>specify</i>) _____ Y                  Other (<i>specify</i>) _____ Z</p>	
<b>CONTRACEPTION</b>		<b>CP</b>
<p><b>CP1.</b> I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant ..... 1                  No ..... 2                  Unsure or DK ..... 8</p>	<p>1 ⇒ CP2A</p>
<p><b>CP2.</b> COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>1 ⇒ CP3</p>
<p><b>CP2A.</b> HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>1 ⇒ Next Module                  2 ⇒ Next Module</p>
<p><b>CP3.</b> WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt.                  If more than one method is mentioned, circle each one.</p>	<p>Female sterilization ..... A                  Male sterilization ..... B                  IUD ..... C                  Injectables ..... D                  Implants ..... E                  Pill ..... F                  Male condom ..... G                  Female condom ..... H                  Diaphragm ..... I                  Foam / Jelly ..... J                  Periodic abstinence / Rhythm ..... L                  Withdrawal ..... M</p> <p>Other (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
<b>UN1. Check CP1. Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
<b>UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</b>	Yes ..... 1 No ..... 2	1 ⇒ UN4
<b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</b>	Later ..... 1 No more ..... 2	
<b>UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?</b>	Have another child ..... 1 No more / None ..... 2 Undecided / DK ..... 8	1 ⇒ UN7 2 ⇒ UN13 8 ⇒ UN13
<b>UN5. Check CP3. Currently using "Female sterilization"?</b> <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
<b>UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</b>	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / DK ..... 8	2 ⇒ UN9 3 ⇒ UN11 8 ⇒ UN9
<b>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</b>  <i>Record the answer as stated by respondent.</i>	Months ..... 1 ___ Years ..... 2 ___ Does not want to wait (soon/now) ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ( <i>specify</i> ) ..... 996 DK ..... 998	994 ⇒ UN11
<b>UN8. Check CP1. Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		
<b>UN9. Check CP2. Currently using a method?</b> <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
<b>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</b>	Yes ..... 1 No ..... 2 DK ..... 8	1 ⇒ UN13 8 ⇒ UN13



<p><b>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</b></p>	<p>Infrequent sex / No sex ..... A                  Menopausal ..... B                  Never menstruated ..... C                  Hysterectomy (surgical removal of uterus) ..... D                  Has been trying to get pregnant for 2 years or more without result ..... E                  Postpartum amenorrheic ..... F                  Breastfeeding ..... G                  Too old ..... H                  Fatalistic ..... I                    Other (<i>specify</i>) ..... X                    DK ..... Z</p>																									
<p><b>UN12. Check UN11. "Never menstruated" mentioned?</b></p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module      <input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>																										
<p><b>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</b></p> <p>Record the answer using the same unit stated by the respondent</p>	<p>Days ago ..... 1 ___ ___                  Weeks ago ..... 2 ___ ___                  Months ago ..... 3 ___ ___                  Years ago ..... 4 ___ ___                    In menopause /                  Has had hysterectomy ..... 994                  Before last birth ..... 995                  Never menstruated ..... 996</p>	<p>996⇒Next Module</p>																								
<p><b>UN13A. DO YOU FACE ANY OF THE FOLLOWING SITUATIONS DURING YOUR MENSTRUAL PERIOD?</b></p> <p><i>Ask one by one</i></p> <p>[A] HAVE TO LIVE IN DIFFERENT HOUSE</p> <p>[B] HAVE TO LIVE IN DIFFERENT ROOM OF SAME HOUSE</p> <p>[C] HAVE TO LIVE IN ANIMAL SHED</p> <p>[D] HAVE TO EAT DIFFERENT TYPES OF FOOD</p> <p>[E] HAVE TO BATH IN SEPARATE PLACE</p> <p>[F] HAVE TO BE ABSENT FROM SCHOOL OR WORK</p> <p>[G] HAVE TO AVOID SOCIAL GATHERINGS</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Live in different house .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Different room of same house .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal shed.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Eat different food .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bath in separate place.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Absent from school/work .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Avoid social gatherings .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Live in different house .....	1	2	Different room of same house .....	1	2	Animal shed.....	1	2	Eat different food .....	1	2	Bath in separate place.....	1	2	Absent from school/work .....	1	2	Avoid social gatherings .....	1	2	
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<p><b>DV1.</b> SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:</p> <p>[A] IF SHE GOES OUT WITHOUT TELLING HIM?</p> <p>[B] IF SHE NEGLECTS THE CHILDREN?</p> <p>[C] IF SHE ARGUES WITH HIM?</p> <p>[D] IF SHE REFUSES TO HAVE SEX WITH HIM?</p> <p>[E] IF SHE BURNS THE FOOD?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Goes out without telling .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Neglects children .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Argues with him .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Refuses sex.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Burns food .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	Goes out without telling .....	1	2	8	Neglects children .....	1	2	8	Argues with him .....	1	2	8	Refuses sex.....	1	2	8	Burns food .....	1	2	8					
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Refuses sex.....	1	2	8																											
Burns food .....	1	2	8																											
<p><b>DV2.</b> SOMETIMES A MOTHER-IN-LAW IS ANNOYED OR ANGERED BY THINGS THAT THEIR DAUGHTER-IN-LAW DOES. IN YOUR OPINION, IS A MOTHER-IN-LAW JUSTIFIED IN VERBALLY ABUSING OR THREATTING THEIR DAUGHTER-IN-LAW IN THE FOLLOWING SITUATIONS:</p> <p>[A] IF SHE GOES OUT WITHOUT TELLING HER?</p> <p>[B] IF SHE NEGLECTS THE CHILDREN?</p> <p>[C] IF SHE ARGUES WITH HER?</p> <p>[D] IF SHE REFUSES TO OBEY HER ORDER?</p> <p>[E] IF SHE DID NOT BRING DOWRY?</p> <p>[F] IF SHE DID NOT COMPLETE HER WORK ON TIME?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Goes out without telling .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Neglects children .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Argues with them.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Refuses to obey orders .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Did not bring dowry .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Didn't complete work on time ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	Goes out without telling .....	1	2	8	Neglects children .....	1	2	8	Argues with them.....	1	2	8	Refuses to obey orders .....	1	2	8	Did not bring dowry .....	1	2	8	Didn't complete work on time ...	1	2	8	
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Didn't complete work on time ...	1	2	8																											
<b>MARRIAGE/UNION</b>		<b>MA</b>																												
<p><b>MA1.</b> ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Yes, currently married .....</td> <td style="width: 10%; text-align: center;">1</td> </tr> <tr> <td>Yes, living with a man.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>No, not in union .....</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	Yes, currently married .....	1	Yes, living with a man.....	2	No, not in union .....	3	3⇒MA5																						
Yes, currently married .....	1																													
Yes, living with a man.....	2																													
No, not in union .....	3																													
<p><b>MA2.</b> HOW OLD IS YOUR HUSBAND/PARTNER?</p> <p><i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Age in years .....</td> <td style="width: 10%; text-align: center;">__ __</td> </tr> <tr> <td>DK.....</td> <td style="text-align: center;">98</td> </tr> </tbody> </table>	Age in years .....	__ __	DK.....	98																									
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DK.....	98																													

<b>MA2A.</b> IS YOUR HUSBAND/PARTNER LIVING WITH YOU NOW OR IS HE STAYING ELSEWHERE?	Living with her ..... 1 Staying elsewhere ..... 2	1 ⇒ MA3
<b>MA2B.</b> FOR HOW LONG HAVE YOU AND YOUR HUSBAND/PARTNER NOT BEEN LIVING TOGETHER? <i>(If less than a month, circle 1 and record "00" in months. If less than 1 year, record in months, otherwise record in completed years)</i>	Months ..... 1 ___ ___ Years ..... 2 ___ ___	
<b>MA3.</b> BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ..... 1 No ..... 2	2 ⇒ MA7
<b>MA4.</b> HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ..... ___ ___ DK ..... 98	⇒ MA7 98 ⇒ MA7
<b>MA5.</b> HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No ..... 3	3 ⇒ Next Module
<b>MA6.</b> WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
<b>MA7.</b> HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	1 ⇒ MA8A 2 ⇒ MA8B
<b>MA8A.</b> IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month ..... ___ ___ DK month ..... 98	
<b>MA8B.</b> IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Year ..... ___ ___ ___ ___ DK year ..... 9998	⇒ Next Module
<b>MA9.</b> HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR ( <u>FIRST</u> ) HUSBAND/PARTNER?	Age in years ..... ___ ___	
<b>HIV/AIDS</b>		<b>HA</b>
<b>HA1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No ..... 2	2 ⇒ Next Module
<b>HA2.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8	

<b>HA3.</b> CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA4.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA5.</b> CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA6.</b> CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK..... 8																	
<b>HA8.</b> CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
<b>HA9.</b> IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
<b>HA10.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
<b>HA11.</b> IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
<b>HA12.</b> IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	

<b>HA13. Check CM13: Any live birth in last 2 years?</b>		
<input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24		
<input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14		
<b>HA14. Check MN1: Received antenatal care?</b>		
<input type="checkbox"/> Received antenatal care ⇒ Continue with HA15		
<input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24		
<b>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</b>		
WERE YOU GIVEN ANY INFORMATION ABOUT:	Y	N
	DK	
[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?		
AIDS from mother.....	1	2
	8	
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?		
Things to do.....	1	2
	8	
[C] GETTING TESTED FOR THE AIDS VIRUS?		
Tested for AIDS.....	1	2
	8	
WERE YOU:		
[D] OFFERED A TEST FOR THE AIDS VIRUS?		
Offered a test.....	1	2
	8	
<b>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</b>	Yes..... 1	2⇒HA19
	No..... 2	
	DK..... 8	8⇒HA19
<b>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</b>	Yes..... 1	2⇒HA22
	No..... 2	
	DK..... 8	8⇒HA22
<b>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</b>	Yes..... 1	1⇒HA22
	No..... 2	2⇒HA22
	DK..... 8	8⇒HA22
AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?		
<b>HA19. Check MN17: Birth delivered by health professional (A, B or C)?</b>		
<input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or C) ⇒ Continue with HA20		
<input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24		
<b>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</b>	Yes..... 1	2⇒HA24
	No..... 2	

<b>HA21.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2	
<b>HA22.</b> HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No ..... 2	1⇒HA25
<b>HA23.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	1 ⇒Next Module 2 ⇒Next Module 3 ⇒Next Module
<b>HA24.</b> I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒HA27
<b>HA25.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	
<b>HA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK..... 8	1 ⇒Next Module 2 ⇒Next Module 8 ⇒Next Module
<b>HA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	

**TOBACCO AND ALCOHOL USE**

**TA**

<b>TA1.</b> HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No ..... 2	2⇒TA6
<b>TA2.</b> HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ..... 00 Age ..... ____ ____	00⇒TA6
<b>TA3.</b> DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1 No ..... 2	2⇒TA6
<b>TA4.</b> IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ..... ____ ____	
<b>TA5.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?  <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Number of days ..... 0 ____  10 days or more but less than a month .... 10  Every day / Almost every day ..... 30	

<b>TA6.</b> HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ..... 1 No ..... 2	2⇒TA10
<b>TA7.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1 No ..... 2	2⇒TA10
<b>TA8.</b> WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?  <i>Circle all mentioned.</i>	Cigars ..... A Water pipe ..... B Cigarillos..... C Pipe ..... D  Other ( <i>specify</i> ) ..... X	
<b>TA9.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?  <i>If less than 10 days, record the number of days.  If 10 days or more but less than a month, circle "10".  If "every day" or "almost every day", circle "30"</i>	Number of days ..... 0 ____  10 days or more but less than a month .... 10  Every day / Almost every day ..... 30	
<b>TA10.</b> HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes ..... 1 No ..... 2	2⇒TA14
<b>TA11.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No ..... 2	2⇒TA14

<p><b>TA12.</b> WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco ..... A                  Snuff ..... B                  Gutkha ..... D                  Khaini ..... E                  Others (<i>Specify</i>) ..... X</p>	
<p><b>TA13.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days.                  If 10 days or more but less than a month, circle "10".                  If "every day" or "almost every day", circle "30"</i></p>	<p>Number of days ..... 0 ____                  10 days or more but less than a month .... 10                  Every day / Almost every day ..... 30</p>	
<p><b>TA14.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>2⇒Next Module</p>
<p><b>TA15.</b> WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol..... 00                  Age ..... ____ ____</p>	<p>00⇒Next Module</p>
<p><b>TA16.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".                  If less than 10 days, record the number of days.                  If 10 days or more but less than a month, circle "10".                  If "every day" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month . 00                  Number of days ..... 0 ____                  10 days or more but less than a month .... 10                  Every day / Almost every day ..... 30</p>	<p>00⇒Next Module</p>
<p><b>TA17.</b> IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks ..... ____ ____</p>	



<b>LIFE SATISFACTION</b>		<b>LS</b>
<p><b>LS1.</b> Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to WM11      <input type="checkbox"/> Age 15-24 ⇒ Continue with LS2</p>		
<p><b>LS2.</b> I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i></p>	<p>Very happy ..... 1                      Somewhat happy ..... 2                      Neither happy nor unhappy ..... 3                      Somewhat unhappy ..... 4                      Very unhappy ..... 5</p>	
<p><b>LS3.</b> NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied ..... 1                      Somewhat satisfied ..... 2                      Neither satisfied nor unsatisfied ..... 3                      Somewhat unsatisfied ..... 4                      Very unsatisfied ..... 5</p>	
<p><b>LS4.</b> HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied ..... 1                      Somewhat satisfied ..... 2                      Neither satisfied nor unsatisfied ..... 3                      Somewhat unsatisfied ..... 4                      Very unsatisfied ..... 5</p>	

<b>LS5.</b> DURING THE 2013-2014/2014-15 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes ..... 1 No ..... 2	2⇒LS7
<b>LS6.</b> HOW SATISFIED ( <i>are/were</i> ) YOU WITH YOUR SCHOOL?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>LS7.</b> HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?  <i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job ..... 0  Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>LS8.</b> HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>LS9.</b> HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?  <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>LS10.</b> HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>LS11.</b> HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>LS12.</b> HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>LS13.</b> HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?  <i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income ..... 0  Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	

<p><b>LS14.</b> COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?</p>	<p>Improved ..... 1                  More or less the same ..... 2                  Worsened ..... 3</p>	
<p><b>LS15.</b> AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>Better ..... 1                  More or less the same ..... 2                  Worse ..... 3</p>	
<p><b>WM11.</b> <i>Record the time.</i></p>	<p>HOUR AND MINUTES    ___ : ___</p>	
<p><b>WM12.</b> <i>Check List of Household Members, columns HL7B and HL15.</i>                  Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>Proceed to complete the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page</i></p>		






**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**






RESPONSE CARD:

SIDE 1

<b>Very happy</b>	<b>Somewhat happy</b>	<b>Neither happy, nor unhappy</b>	<b>Somewhat unhappy</b>	<b>Very unhappy</b>
				

SIDE 2

<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Neither satisfied, nor unsatisfied</b>	<b>Somewhat unsatisfied</b>	<b>Very unsatisfied</b>
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**QUESTIONNAIRE FOR CHILDREN UNDER FIVE**  
*Nepal Multiple Indicator Cluster Survey 2014*

<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>UF</b>												
<p>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).                      A separate questionnaire should be used for each eligible child.</p>														
<b>UF1.</b> Cluster number: _____	<b>UF2.</b> Household number: _____													
<b>UF3.</b> Child's name: Name _____	<b>UF4.</b> Child's line number: _____													
<b>UF5.</b> Mother's / Caretaker's name: Name _____	<b>UF6.</b> Mother's / Caretaker's line number: _____													
<b>UF7.</b> Interviewer's name and number: Name _____	<b>UF8.</b> Day / Month / Year of interview: _____ / _____ / 2 0 7 _____													
<p>Repeat greeting if not already read to this respondent:</p> <p>WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT <b>25</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>													
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</p>														
<b>UF9.</b> Result of interview for children under 5  Codes refer to mother/caretaker.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Completed .....</td> <td style="text-align: right; padding: 2px;">01</td> </tr> <tr> <td style="padding: 2px;">Not at home .....</td> <td style="text-align: right; padding: 2px;">02</td> </tr> <tr> <td style="padding: 2px;">Refused .....</td> <td style="text-align: right; padding: 2px;">03</td> </tr> <tr> <td style="padding: 2px;">Partly completed.....</td> <td style="text-align: right; padding: 2px;">04</td> </tr> <tr> <td style="padding: 2px;">Incapacitated .....</td> <td style="text-align: right; padding: 2px;">05</td> </tr> <tr> <td style="padding: 2px;">Other (<i>specify</i>) .....</td> <td style="text-align: right; padding: 2px;">96</td> </tr> </table>		Completed .....	01	Not at home .....	02	Refused .....	03	Partly completed.....	04	Incapacitated .....	05	Other ( <i>specify</i> ) .....	96
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Other ( <i>specify</i> ) .....	96													
<b>UF10.</b> Field editor's name and number: Name _____	<b>UF11.</b> Main data entry clerk's name and number: Name _____													
<b>UF12.</b> Record the time.	Hour and minutes ..... ____ : ____													

AGE		AG
<p><b>AG1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day ..... 00</p> <p>DK day.....98</p> <p>Month..... 00</p> <p>Year .....2 0 00</p>	
<p><b>AG2.</b> HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years)      00</p>	
BIRTH REGISTRATION		BR
<p><b>BR1.</b> DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE?</p> <p><i>If yes, ask:</i> MAY I SEE IT?</p>	<p>Yes, seen ..... 1</p> <p>Yes, not seen ..... 2</p> <p>No ..... 3</p> <p>DK..... 8</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p>
<p><b>BR2.</b> HAS (<i>name</i>)'S BIRTH BEEN REGISTERED WITH <b>Village Development Committee or Municipality</b>?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>1⇒Next Module</p>
<p><b>BR3.</b> DO YOU KNOW HOW TO REGISTER (<i>name</i>)'S BIRTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
EARLY CHILDHOOD DEVELOPMENT		EC
<p><b>EC1.</b> HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (<i>name</i>)?</p>	<p>None ..... 00</p> <p>Number of children's books ..... 00</p> <p>Ten or more books ..... 10</p>	

<p><b>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (<i>name</i>) PLAYS WITH WHEN HE/SHE IS AT HOME.</b></p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p>If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys .....	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects .....	1	2	8	
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<p><b>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</b></p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS (<i>name</i>):</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p>If ‘none’ enter ‘0’. If ‘don’t know’ enter ‘8’</p>	<p>Number of days left alone for more than an hour .....</p> <p>Number of days left with other child for more than an hour .....</p>																	
<p><b>EC4. Check AG2: Age of child</b></p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to EC18      <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p>																		

<p><b>EC5.</b> DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>																																				
<p><b>EC7.</b> IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>):</p> <p><i>If yes, ask:</i>                  WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABIES?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</i>)?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/ counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/ counted	A	B	X	Y	
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<p><b>EC8.</b> I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (<i>name</i>). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (<i>name</i>)’S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	<p>1⇒EC9</p>																																			
<p><b>EC8A.</b> CAN (<i>name</i>) IDENTIFY OR RECOGNIZE AT LEAST A LETTER OF HIS/HER NAME?</p>	<p>Yes ..... 1                  No ..... 2                  DK ..... 8</p>																																				
<p><b>EC9.</b> CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	<p>1⇒EC10</p>																																			



<b>EC9A.</b> CAN ( <i>name</i> ) IDENTIFY OR RECOGNIZE FOUR POPULAR LOGOS?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>EC10.</b> DOES ( <i>name</i> ) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes ..... 1 No ..... 2 DK..... 8	1⇒EC11
<b>EC10A.</b> CAN ( <i>name</i> ) COUNT THE NUMBER FROM 1 TO 10 OR WALK 10 STEPS WITH COUNTING?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>EC11.</b> CAN ( <i>name</i> ) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes ..... 1 No ..... 2 DK..... 8	
<b>EC12.</b> Is ( <i>name</i> ) SOMETIMES TOO SICK TO PLAY?	Yes ..... 1 No ..... 2 DK..... 8	
<b>EC13.</b> DOES ( <i>name</i> ) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes ..... 1 No ..... 2 DK..... 8	
<b>EC14.</b> WHEN GIVEN SOMETHING TO DO, IS ( <i>name</i> ) ABLE TO DO IT INDEPENDENTLY?	Yes ..... 1 No ..... 2 DK..... 8	
<b>EC15.</b> DOES ( <i>name</i> ) GET ALONG WELL WITH OTHER CHILDREN?	Yes ..... 1 No ..... 2 DK..... 8	
<b>EC16.</b> DOES ( <i>name</i> ) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes ..... 1 No ..... 2 DK..... 8	
<b>EC17.</b> DOES ( <i>name</i> ) GET DISTRACTED EASILY?	Yes ..... 1 No ..... 2 DK..... 8	
<b>EC18.</b> HOW MANY CLASSES WOULD YOU LIKE ( <i>name</i> ) TO ATTEND?	Class ..... — — None ..... 00 DK..... 98	

**BREASTFEEDING AND DIETARY INTAKE****BD****BD1.** Check AG2: Age of child
 Child age 0, 1 or 2 ⇒ Continue with BD2  
 ILLNESS Module

 Child age 3 or 4 ⇒ Go to CARE OF

<p><b>BD2.</b> HAS (<i>name</i>) EVER BEEN BREASTFED?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	<p>2⇒BD4                  8⇒BD4</p>
<p><b>BD3.</b> IS (<i>name</i>) STILL BEING BREASTFED?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	
<p><b>BD4.</b> YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u></p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	
<p><b>BD5.</b> DID (<i>name</i>) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	
<p><b>BD6.</b> DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	
<p><b>BD7.</b> NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) DRINK (<i>Name of item</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>	<p style="text-align: center;">Yes      No      DK</p>	
<p>[A] PLAIN WATER?</p>	<p>Plain water                      1              2              8</p>	
<p>[B] JUICE OR JUICE DRINKS?</p>	<p>Juice or juice drinks              1              2              8</p>	
<p>[C] CAROM SEED SOUP?</p>	<p>Soup                                      1              2              8</p>	
<p>[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?</p>	<p>Milk                                      1              2              8</p>	
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK MILK? If 7 or more times, record '7'.                  If unknown, record '8'.</i></p>	<p>Number of times drank milk                                      —</p>	
<p>[E] INFANT FORMULA LIKE LACTOGEN?</p>	<p>Infant formula                      1              2              8</p>	
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA? If 7 or more times, record '7'.                  If unknown, record '8'.</i></p>	<p>Number of times drank infant formula                                      —</p>	
<p>[F] ANY OTHER LIQUIDS LIKE PLANE TEA, COFFEE?</p>	<p>Other liquids                              1              2              8</p>	

<p><b>BD8.</b> NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>Please include foods consumed outside of your home.</p> <p>DID (<i>name</i>) EAT (<i>name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>				
		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt			—
[B] ANY COMMERCIALY FORTIFIED BABY FOOD, E.G., CERELAC, NESTUM, CHAMPION?	Cerelac	1	2	8
[C] BREAD (ROTI), RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains?	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES LIKE SPINACH, GARDEN CRESS, MUSTARD GREEN?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS OR APRICORT ?	Ripe mangoes	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS , PORK, BUFF, YAK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] FRESH AND DRIED CHEESE, PANEER OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food	1	2	8
<p><b>BD9.</b> Check BD8 (Categories “A” through “O”)</p> <p><input type="checkbox"/> All “No” ⇒ Continue with BD10    <input type="checkbox"/> At least one “Yes” or all “DK” ⇒ Go to BD11</p>				

**BD10.** Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night

The child did not eat or the respondent does not know ⇒ Go to Next Module

The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11

<b>BD11.</b> HOW MANY TIMES DID ( <i>name</i> ) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?  <i>If 7 or more times, record '7'.</i>	Number of times ..... _  DK..... 8	
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**IMMUNIZATION** **IM**

If a child health card (HMIS form no. 3) is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.

<b>IM1.</b> DO YOU HAVE A CARD WHERE ( <i>name</i> )’S VACCINATIONS ARE WRITTEN DOWN?  <i>If yes: MAY I SEE IT PLEASE?</i>	Yes, seen ..... 1 Yes, not seen ..... 2 No card ..... 3	1⇒IM3 2⇒IM6
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<b>IM2.</b> DID YOU EVER HAVE A VACCINATION ( <b>CHILD HEALTH</b> ) CARD FOR ( <i>name</i> )?	Yes ..... 1 No ..... 2	1⇒IM6 2⇒IM6
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<b>IM3.</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>POLIO 1</b>	<b>OPV1</b>								
<b>POLIO 2</b>	<b>OPV2</b>								
<b>POLIO 3</b>	<b>OPV3</b>								
<b>DPT 1ST DOSE (PENTA VALENT)</b>	<b>DPT1</b>								
<b>DPT 2ND DOSE(PENTA VALENT)</b>	<b>DPT2</b>								
<b>DPT 3RD DOSE(PENTA VALENT)</b>	<b>DPT3</b>								
<b>MEASLES</b>	<b>MEASLES</b>								
<b>JAPANESE ENCEPHALITIS</b>	<b>JE</b>								

**IM4.** Check IM3. Are all vaccines (**BCG to Japanese Encephalitis**) recorded?

Yes⇒ Go to IM19    No ⇒ Continue with IM5

<p><b>IM5.</b> IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?</p> <p><input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19</p> <p><input type="checkbox"/> No/DK ⇒ Go to IM19</p>		
<p><b>IM6.</b> HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?</p>	<p>Yes ..... 1 No ..... 2 DK ..... 8</p>	<p>2⇒IM19 8⇒IM19</p>
<p><b>IM7.</b> HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes ..... 1 No ..... 2 DK ..... 8</p>	
<p><b>IM8.</b> HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM POLIO?</p>	<p>Yes ..... 1 No ..... 2 DK ..... 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p><b>IM10.</b> HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p><b>IM11.</b> HAS (<i>name</i>) EVER RECEIVED A DPT / THE PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT/the pentavalent vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes ..... 1 No ..... 2 DK ..... 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p><b>IM12.</b> HOW MANY TIMES WAS A DPT/THE PENTAVALENT VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p><b>IM16.</b> HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes ..... 1 No ..... 2 DK ..... 8</p>	
<p><b>IM16A</b> Check AG2. Child age is 1 or 2 years?</p> <p><input type="checkbox"/> Yes ⇒ Go to IM16B      <input type="checkbox"/> No, CHILD IS LESS THAN 1 OR MORE THAN 2 ⇒ Go to IM19</p>		

<p><b>IM16 B.</b> HAS (<i>name</i>) EVER RECEIVED A JAPANESE ENCEPHALITIS (JE) INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE AFTER 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING JAPANESE ENCEPHALITIS?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	
<p><b>IM19.</b> PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:</p> <p>[A] <b>National Vitamin A Day, Vitamin A, Kartik 7-8, 2070 BS or Baisakh 6-7, 2071 BS</b></p> <p>[B] <b>National Polio Campaign, Against Polio</b></p>	<p style="text-align: right;">Y N DK</p> <p><b>National Vitamin A Day</b> ..... 1 2 8</p> <p><b>Polio Campaign</b> ..... 1 2 8</p>	

CARE OF ILLNESS		CA
<b>CA1.</b> IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes ..... 1	2⇒CA6A
	No ..... 2	
	DK..... 8	
<b>CA2.</b> I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK).  DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?  <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1	
	Somewhat less ..... 2	
	About the same ..... 3	
	More ..... 4	
	Nothing to drink ..... 5	
	DK..... 8	
<b>CA3.</b> DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?  <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1	
	Somewhat less ..... 2	
	About the same ..... 3	
	More ..... 4	
	Stopped food ..... 5	
	Never gave food ..... 6	
	DK..... 8	
<b>CA3A.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes ..... 1	2⇒CA4
	No ..... 2	
	DK..... 8	

<p><b>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</b></p> <p><i>Probe:</i> ANYWHERE ELSE?</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>Public sector</p> <p>Government hospital ..... A</p> <p>Primary health care centre ..... B</p> <p>Health post/Sub Health Post ..... C</p> <p>Village health worker ..... D</p> <p>Mobile / Outreach clinic ..... E</p> <p>Female Community Health Volunteer (FCHV)..F</p> <p>Other public (<i>specify</i>) ..... H</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... I</p> <p>Private physician ..... J</p> <p>Private pharmacy ..... K</p> <p>Mobile clinic ..... L</p> <p>Other private medical (<i>specify</i>) ..... O</p> <p>Other source</p> <p>Relative / Friend ..... P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Non-Government Sector</p> <p>UMN hospital ..... S</p> <p>FPAN ..... T</p> <p>Other NGO (<i>specify</i>) ..... H</p> <p>Other (<i>specify</i>) ..... X</p>	
<p><b>CA3C. Check CA3B:</b></p> <p><input type="checkbox"/> Two or more codes circled ⇒ Continue with CA3D</p> <p><input type="checkbox"/> Only one code circled ⇒ Go to CA4</p>		
<p><b>CA3D. WHERE DID YOU FIRST SEEK ADVICE FOR DIARRHOEA?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Primary health care centre ..... 12</p> <p>Health post/Sub health post ..... 13</p> <p>Village health worker ..... 14</p> <p>Mobile / Outreach clinic ..... 15</p> <p>FCHV.....17</p> <p>Other public (<i>specify</i>) ..... 16</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Mobile clinic ..... 24</p> <p>Other private medical (<i>specify</i>) ..... 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Non-Government Sector</p> <p>United Mission to Nepal (UMN) hospital 41</p> <p>Family Planning Association of Nepal (FPAN)..... 42</p> <p>Other NGO (<i>specify</i>)..... 46</p> <p>Other (<i>specify</i>) ..... 96</p>	



<p><b>CA4.</b> DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK</p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED <b>Jeevan Jal or Jeevan ball or Nava jeevan?</b></p>	<p>Y N DK</p> <p>Fluid from ORS packet ..... 1 2 8</p>	
<p><b>CA4A.</b> Check CA4: ORS</p> <p><input type="checkbox"/> Child was given any ORS ('Yes' circled in 'A' in CA4) ⇒ Continue with CA4B</p> <p><input type="checkbox"/> Child was not given any ORS ⇒ Go to CA4C</p>		
<p><b>CA4B.</b> WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Primary health care centre ..... 12</p> <p>Health post/Sub health post ..... 13</p> <p>Village health worker ..... 14</p> <p>Mobile / Outreach clinic ..... 15</p> <p>FCHV.....17</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Mobile clinic ..... 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Non-Government Sector</p> <p>UMN hospital ..... 41</p> <p>FPAN ..... 42</p> <p>Other NGO (<i>specify</i>)..... 46</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p><b>CA4C.</b> DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p>Y N DK</p> <p>Zinc tablets ..... 1 2 8</p> <p>Zinc syrup ..... 1 2 8</p>	
<p><b>CA4D.</b> Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child had any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E</p> <p><input type="checkbox"/> Child did not have any zinc ⇒ Go to CA5</p>		

<p><b>CA4E. WHERE DID YOU GET THE ZINC?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Primary health care centre ..... 12</p> <p>Health post/Sub health post ..... 13</p> <p>Village health worker ..... 14</p> <p>Mobile / Outreach clinic ..... 15</p> <p>FCHV.....17</p> <p>Other public (<i>specify</i>)..... 16</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Mobile clinic ..... 24</p> <p>Other private medical (<i>specify</i>) ..... 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Non-Government Sector</p> <p>UMN hospital ..... 41</p> <p>FPAN ..... 42</p> <p>Other NGO (<i>specify</i>)..... 46</p> <p>Already had at home ..... 40</p> <p>Other (<i>specify</i>)..... 96</p>	
<p><b>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
<p><b>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</b></p> <p><i>Probe:</i></p> <p><i>ANYTHING ELSE?</i></p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic ..... A</p> <p>Antimotility ..... B</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc)..... G</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic ..... L</p> <p>Non-antibiotic..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous..... O</p> <p>Home remedy / Herbal medicine ..... Q</p> <p>Other (<i>specify</i>)..... X</p>	
<p><b>CA6A. IN THE LAST TWO WEEKS, HAS (name) BEEN ILL WITH A FEVER AT ANY TIME?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
<p><b>CA6B. AT ANY TIME DURING THE ILLNESS, DID (name) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p><b>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA9A</p> <p>8⇒CA9A</p>

<b>CA8.</b> WHEN ( <i>name</i> ) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA10 8⇒CA10
<b>CA9.</b> WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only ..... 1 Blocked or runny nose only ..... 2 Both ..... 3 Other ( <i>specify</i> ) ..... 6 DK..... 8	1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10
<b>CA9A.</b> Check CA6A: Had fever? <input type="checkbox"/> Child had fever ⇒ Continue with CA10 <input type="checkbox"/> Child did not have fever ⇒ Go to CA14		
<b>CA10.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA12 8⇒CA12
<b>CA11.</b> FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?  <i>Probe:</i> ANYWHERE ELSE?  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)	Public sector Government hospital ..... A Primary health Care centre..... B Health post/Sub health post ..... C Village health worker ..... D Mobile / Outreach clinic ..... E FCHV.....F Other public ( <i>specify</i> ).....H Private medical sector Private hospital / clinic ..... I Private physician .....J Private pharmacy ..... K Mobile clinic ..... L Other private medical ( <i>specify</i> ) ..... O Other source Relative / Friend ..... P Shop .....Q Traditional practitioner ..... R Non-Government Sector UMN hospital ..... S FPAN ..... T Other NGO ( <i>specify</i> )..... U Other ( <i>specify</i> ) ..... X	
<b>CA12.</b> AT ANY TIME DURING THE ILLNESS, WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA14 8⇒CA14

<p><b>CA13. WHAT MEDICINE WAS (name) GIVEN?</b></p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p style="text-align: center;">(Names of medicines)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar ..... A</p> <p>Chloroquine ..... B</p> <p>Amodiaquine ..... C</p> <p>Quinine ..... D</p> <p>Combination with Artemisinin ..... E</p> <p>Other anti-malarial (specify) _____ H</p> <p>Antibiotics:</p> <p>Pill / Syrup ..... I</p> <p>Injection ..... J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen . P</p> <p>Aspirin ..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (specify) _____ X</p> <p>DK ..... Z</p>
<p><b>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</b></p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13B      <input type="checkbox"/> No ⇒ Go to CA13C</p>	
<p><b>CA13B. WHERE DID YOU GET THE ANTIBIOTICS?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Primary health care centre ..... 12</p> <p>. Health post/Sub health post ..... 13</p> <p>Village health worker ..... 14</p> <p>Mobile / Outreach clinic ..... 15</p> <p>FCHV ..... 17</p> <p>Other public (specify) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Mobile clinic ..... 24</p> <p>Other private medical (specify) _____ 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Non-Government Sector</p> <p>UMN hospital ..... 41</p> <p>FPAN ..... 42</p> <p>Other NGO (specify) ..... 46</p> <p>Already had at home ..... 40</p> <p>Other (specify) _____ 96</p>
<p><b>CA13C. Check CA13: Anti-malarial mentioned (codes A - H)?</b></p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13D      <input type="checkbox"/> No ⇒ Go to CA14</p>	

<p><b>CA13D. WHERE DID YOU GET THIS MEDICINE?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Primary health care centre ..... 12</p> <p>Health post/Sub Health post..... 13</p> <p>Village health worker ..... 14</p> <p>Mobile / Outreach clinic ..... 15</p> <p>FCHV.....17</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Mobile clinic ..... 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Non-Government Sector</p> <p>UMN hospital ..... 41</p> <p>FPAN ..... 42</p> <p>Other NGO (<i>specify</i>)..... 46</p> <p>Already had at home ..... 40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p><b>CA13E. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from CA13</i>)?</b></p> <p><i>If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.</i></p>	<p>Same day ..... 0</p> <p>Next day ..... 1</p> <p>2 days after the fever..... 2</p> <p>3 days after the fever..... 3</p> <p>4 or more days after the fever ..... 4</p> <p>DK..... 8</p>	
<p><b>CA14. Check AG2: Age of child</b></p> <p><input type="checkbox"/> Child age 0,1 or 2 ⇒ Continue with CA15      <input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13</p>		
<p><b>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</b></p>	<p>Child used toilet / latrine ..... 01</p> <p>Put / Rinsed into toilet or latrine ..... 02</p> <p>Put / Rinsed into drain or ditch ..... 03</p> <p>Thrown into garbage (solid waste) ..... 04</p> <p>Buried ..... 05</p> <p>Left in the open..... 06</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK..... 98</p>	
<p><b>UF13. Record the time.</b></p>	<p>Hour and minutes ..... ____ : ____</p>	

**UF14. Check List of Household Members, columns HL7B and HL15.**  
*Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

*Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

*No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household*

*Check to see if there are other woman's, or under-5 questionnaires to be administered in this household.*

<b>ANTHROPOMETRY</b>		<b>AN</b>
<p>After questionnaires for all children are complete, the measurer weighs and measures each child.                      Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.</p>		
<b>AN1. Measurer's name and number:</b>	Name _____	
<b>AN2. Result of height / length and weight measurement</b>	Either or both measured ..... 1	
	Child not present ..... 2	2⇒AN6
	Child or mother/caretaker refused ..... 3	3⇒AN6
	Other ( <i>specify</i> ) ..... 6	6⇒AN6
<b>AN3. Child's weight</b>	Kilograms (kg) ..... _ _ . _	
	Weight not measured ..... 99.9	
<b>AN3A. Was the child undressed to the minimum?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No, the child could not be undressed to the minimum	
<p><b>AN3B. Check age of child in AG2:</b></p> <p><input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).</p> <p><input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).</p>		
<b>AN4. Child's length or height</b>	Length / Height ..... _ _ _ . _	
	Length / Height not measured ..... 999.9	⇒ AN6
<b>AN4A. How was the child actually measured? Lying down or standing up?</b>	Lying down ..... 1	
	Standing up ..... 2	

**AN6.** Is there another child in the household who is eligible for measurement?

Yes ⇒ Record measurements for next child.

No ⇒ Check if there are any other individual questionnaires to be completed in the household.

### **Interviewer's Observations**

### **Field Editor's Observations**

### **Supervisor's Observations**

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<b>Measurer's Observations</b>





## QUESTIONNAIRE FOR WATER QUALITY TESTING

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY 2014

### WATER QUALITY TESTING INFORMATION PANEL WQ

*This questionnaire form is to be used for households that have been selected for water quality testing. A separate questionnaire form should be used for each selected household.*

*This questionnaire form must be appended to the HOUSEHOLD QUESTIONNAIRE.*

<b>WQ1.</b> Cluster number: _____	<b>WQ2.</b> Household number: _____
<b>WQ3.</b> Measurer's name and number: Name _____	<b>WQ4.</b> Day / Month / Year of conducting test: ____ / ____ / 2 0 7 ____
<b>WQ4A.</b> Check HH8B on the household questionnaire. Is the Household selected for source water sampling?	Yes ..... 1 No ..... 2
<b>WQ4B.</b> Has this household been selected for blank testing?	Yes ..... 1 No ..... 2
<p>AS PART OF THE SURVEY WE ARE ALSO LOOKING AT THE BACTERIAL CONTENT OF HOUSEHOLD DRINKING WATER. YOUR HOUSEHOLD HAS BEEN RANDOMLY SELECTED FOR THIS PART OF THE SURVEY AND WE WOULD LIKE TO PERFORM A SIMPLE WATER QUALITY TEST USING SAMPLES OF YOUR USUAL DRINKING WATER. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WQ6.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 02 in WQ5. Discuss this result with your supervisor.</p>	
<b>WQ5.</b> Result of water quality testing questionnaire	Completed ..... 01 Refused ..... 02 Partly completed ..... 03 Other ( <i>specify</i> ) _____ 96
<b>WATER QUALITY TESTING</b>	
<b>WQ6.</b> CAN YOU PLEASE PROVIDE ME WITH A GLASS OF DRINKING WATER WHICH YOU WOULD GIVE TO A CHILD?	Yes ..... 1 No ..... 2 2 ⇒ WQ14
<b>WQ7.</b> <i>Observe where the water was collected from.</i>	Direct from a source outside home ..... 1 Direct from a source inside home ..... 2 From a filter inside home ..... 3 From an uncovered storage container ..... 4 From a covered storage container ..... 5 Unable to observe ..... 6

<p><b>WQ8. FROM WHICH SOURCE WAS THIS WATER COLLECTED?</b></p>	<p>Piped water                  ..... Piped into dwelling ..... 11                  .....Piped into compound, yard or plot ..... 12                  ..... Piped to neighbour ..... 13                  ..... Public tap / standpipe ..... 14                  Tube Well, Borehole ..... 21                  Dug well                  ..... Protected well ..... 31                  ..... Unprotected well ..... 32                  Water from spring                  ..... Protected spring ..... 41                  ..... Unprotected spring ..... 42                  Rainwater collection ..... 51                  Tanker-truck ..... 61                  Cart with small tank / drum ..... 71                  Surface water (river, stream, dam, lake,                  ..... pond, canal, irrigation channel) ..... 81                  Bottled water ..... 91                  Other (<i>specify</i>) ..... 96</p>	
<p><b>WQ10.</b> <i>Using the water from the glass of drinking water provided by the respondent, take a sterile 1 mL syringe and add 1 mL of water to each of the two compact dry plates. Filter 100 mL of water through a sterile filter paper and place this in one of the Compact Dry plates. Close and label both H-XXX-YY, where XXX is the cluster number and YY is the household number.</i></p> <p><i>Record whether test was conducted.</i></p>	<p>Bacterial test conducted ..... 1                  Bacterial test not conducted ..... 2</p>	
<p><b>WQ11.</b> <i>Check WQ4A</i></p> <p><input type="checkbox"/> <i>Household selected for source water testing ⇒ WQ12</i></p> <p><input type="checkbox"/> <i>Household not selected for source water testing ⇒ WQ14</i></p>		

<p><b>WQ12.</b> CAN YOU PLEASE SHOW ME THE ACTUAL PLACE WHERE THIS DRINKING WATER WAS COLLECTED FROM SO THAT I CAN TAKE A WATER SAMPLE FROM THIS PLACE?</p> <p><i>If 'no' probe to find out why this is not possible?</i></p>	<p>Yes ..... 1                  No .....                  ..... Water source too far ..... 2                  Unable to access source ..... 3                  ..... Do not know where source is located ..... 4                  ..... Other reason (specify) .....                  ..... 6</p>	<p>2⇒ WQ14                  3⇒ WQ14                  4⇒ WQ14                  6⇒ WQ14</p>
<p><b>WQ13.</b> <i>Using a sample of water taken at the source take a sterile 1 mL syringe and add 1 mL of water to each of the two compact dry plates. Filter 100 mL of water through a sterile filter paper and place this in one of the Compact Dry plates. Close and label both S-XXX-YY, where XXX is the cluster number and YY is the household number.</i></p> <p><i>Record whether test was conducted.</i></p>	<p>Bacterial test conducted ..... 1                  Bacterial test not conducted ..... 2</p>	
<p><b>WQ14.</b> <i>Check if the household is selected for Blank Sampling:</i></p> <p><input type="checkbox"/> Yes⇒ Continue with WQ14A.</p> <p><input type="checkbox"/> No⇒ Thank the respondent. The interview is complete.</p>		
<p><b>WQ14A:</b> <i>Under Supervisor's observation perform blank tests for E. coli</i>  <i>Using a sample of sterile water given by the supervisor, take a sterile 1 mL syringe and add 1 mL of water to each of the two compact dry plates. Filter 100 mL of water through a sterile filter paper and place this in one of the Compact Dry plates. Close and label both S-XXX-YY, where XXX is the cluster number and YY is the household number.</i></p> <p><i>Record whether test was conducted.</i></p>	<p>Blank test for <i>E. coli</i> conducted ..... 1                  Blank test for <i>E. coli</i> not conducted ..... 2</p>	
<p><i>Thank the respondent. The interview is complete.</i></p>		

**WATER QUALITY TESTING RESULTS**  
**WQ**

*Following 24-48 hours of incubation the results from the water quality tests should be recorded.*

**WQ15.** Day / Month / Year of recording test results:

\_\_\_ / \_\_\_ / 2 0 7 \_\_\_

<b>Record results of Household water samples</b>	
<b>WQ16</b> Record number of red colonies in 1 mL household water sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>WQ17</b> Record number of blue colonies in 1 mL household water sample If more than 100, record '101'	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>WQ18</b> Record number of red colonies in 100 mL household water sample If more than 100, record '101'	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>WQ19</b> Record number of blue colonies in 100 mL household water sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>Record results of Source water samples</b>	
<b>WQ20</b> Record number of red colonies in 1 mL source water sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>WQ21</b> Record number of blue colonies in 1 mL source water sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>WQ22:</b> Record number of red colonies in 100 mL source water sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>WQ23:</b> Record number of blue colonies in 100 mL source water sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>Record results of Blank water samples</b>	
<b>WQ24:</b> Record number of red colonies in 1 mL Blank sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>WQ25:</b> Record number of blue colonies in 1 mL Blank sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>WQ26:</b> Record number of red colonies in 100 mL Blank water sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998
<b>WQ27:</b> Record number of blue colonies in 100 mL Blank water sample If more than 100, record '101'.	Number of colonies ..... _____ Not possible to read/lost..... 998

**Measurer's Observations**

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