

# HOUSEHOLD QUESTIONNAIRE

## 2017 Lao Social Indicator Survey (LSIS II)

Household information panel		HH	
HH1. Cluster number: _____		HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____		HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: ____ / ____ / 2 0 1 ____		HH7. Province Name & Code: * _____	
HH6. Area:	Urban.....1 Rural with road.....2 Rural without road.....3	HH8. Is the household selected for Questionnaire for Men? YES.....1 NO .....2	
HH8A. Altitude (meter) of the cluster _____		HH8B. Is the household selected for anaemia testing?	YES .....1 NO .....2
HH9. Is the household selected for Water Quality Testing?	YES .....1 NO .....2	HH10. Is the household selected for blank testing?	YES .....1 NO .....2
01 Vientiane Capital	06 Luangprabang	10 Vientiane	14 Saravane
02 Phongsaly	07 Huaphanh	11 Borikhamxay	15 Sekong
03 Luangnamtha	08 Xayabury	12 Khammua	16 Champasack
04 Oudomxay	09 Xiengkhuang	13 Savannakhet	17 Attapeu
05 Bokeo			18 Xaysomboune

Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.	HH11. Record the time.
	HOURS : MINUTES ____ : ____

**HH12.** Hello, my name is (*your name*). We are from Lao Statistics Bureau/Ministry of Health. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 30 – 45 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?

YES, PERMISSION IS GIVEN .....1	1 ⇨ LIST OF HOUSEHOLD MEMBERS
NO, PERMISSION IS NOT GIVEN .....2	2 ⇨ HH46

HH46. Result of Household Questionnaire interview:  Discuss any result not completed with Supervisor.	COMPLETED.....01
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT .....02
	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME .....03
	REFUSED .....04
	DWELLING VACANT OR ADDRESS NOT A DWELLING.....05
	DWELLING DESTROYED .....06
	DWELLING NOT FOUND .....07
	OTHER (specify) _____ 96

HH47. Name and line number of the respondent to Household Questionnaire interview:  NAME _____
HOUSEHOLD MEMBERS
WOMEN AGE 15-49
If household is selected for Questionnaire for Men: MEN AGE 15-49
CHILDREN UNDER AGE 5
CHILDREN AGE 5-17

To be filled after the Household Questionnaire is completed	
TOTAL NUMBER	
HH48	____
HH49	____
HH50	____
HH51	____
HH52	____

To be filled after <u>all</u> the questionnaires are completed	
COMPLETED NUMBER	
HH53	____
HH54	____
HH55	____
HH56	ZERO ..... 0 ONE ..... 1

**LIST OF HOUSEHOLD MEMBERS**

**HL**

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1 Line number	HL2 First, please tell me the name of each person who usually lives here, starting with the head of the household.  Probe for additional household members.	HL3 What is the relationship of (name) of the head of household?	HL4 Is (name) male or female?	HL5 What is (name)'s date of birth?	HL6 How old is (name)?  Record in completed years.  If age is 95 or above, record '95'.	HL7 Did (name) stay here last night?	HL8 Record line number if woman and age 15-49.	HL9 Record line number if man, age 15-49 and HHS is yes.	HL10 Record line number if age 0-4.	HL11 Age 0-17?	HL12 Is (name)'s natural mother alive?	HL13 Does (name)'s natural mother live in this household?	HL14 Record the line number of mother and go to HL16.	HL15 Where does (name)'s natural mother live?	HL16 Is (name)'s natural father alive?	HL17 Does (name)'s natural father live in this household?	HL18 Record the line number of father and go to HL20.	HL19 Where does (name)'s natural father live?	HL20 Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)?  If 'No one' for a child age 15-17, record '90'.
LINE	NAME	RELATION* M F	MONTH YEAR	AGE	Y N	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N DK	Y N	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	1 2 3 4 8
01		0_1				1 2	01	01	01	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
02						1 2	02	02	02	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
03						1 2	03	03	03	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
04						1 2	04	04	04	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
05						1 2	05	05	05	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
06						1 2	06	06	06	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
07						1 2	07	07	07	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
08						1 2	08	08	08	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
09						1 2	09	09	09	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
10						1 2	10	10	10	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
11						1 2	11	11	11	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
12						1 2	12	12	12	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
13						1 2	13	13	13	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
14						1 2	14	14	14	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
15						1 2	15	15	15	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8

\* Codes for HL3: Relationship to head of household:  
 01 HEAD  
 02 SPOUSE / PARTNER  
 03 SON / DAUGHTER  
 04 SON-IN-LAW / DAUGHTER-IN-LAW  
 05 GRANDCHILD  
 06 PARENT  
 07 PARENT-IN-LAW  
 08 BROTHER / SISTER  
 09 BROTHER-IN-LAW / SISTER-IN-LAW  
 10 UNCLE/AUNT  
 11 NIECE / NEPHEW  
 12 OTHER RELATIVE  
 13 ADOPTED / FOSTER / STEPCHILD  
 14 SERVANT (LIVE-IN)  
 96 OTHER (NOT RELATED)  
 98 DK

EDUCATION I										ED					
ED1. Line number	ED2. Name and age.  Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.	ED3. Age 3 or above? 1 YES 2 NO $\S$ Next Line		ED4. Has (name) ever attended school or any Early Childhood Education programme? 1 YES 2 NO $\S$ Next Line		ED5. What is the highest level and grade or year of school (name) has ever attended?  LEVEL: 0 ECE $\S$ 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 4 POST SECONDARY NON TERTIARY 5 TERTIARY EDU. 8 DK ED7		ED6. Did (name) ever complete that (grade/year)? 1 YES 2 NO 8 DK		ED7. Age 3-24? 1 YES 2 NO $\S$ Next Line		ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO $\S$ Next Line			
Line	Name	Age	Yes	No	Yes	No	Level	Grade/Year	Y	N	DK	Yes	No	Yes	No
01		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
02		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
03		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
04		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
05		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
06		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
07		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
08		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
09		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
10		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
11		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
12		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
13		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
14		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2
15		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2	1	2

EDUCATION 2										ED		
ED1. Line number	ED2. Name and age.	ED9. At any time during the 2016-17 school year did (name) attend school or any Early Childhood Education programme? 1 YES 2 NO ED/5	ED10. During 2016-17 school year, which level and grade or year is (name) attending? LEVEL: 0 ECE ED/5 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 POST SEC NON TER. 5 TERTIARY 8 DK	ED11. Is (he/she) attending a public school? If yes, record '1'. If no, probe to code who controls and manages the school. 1 GOVT/ PUBLIC ORG. 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER 8 DK	ED12. In the 2016-17 school year, has (name) received any school tuition support? If yes, probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK ED/4 ED/4	ED13. Who provided the tuition support? Record all mentioned. A GOVT. / PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER Z DK	ED14. For the 2016-17 school year, has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? If yes, probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	ED15. At any time during the 2015-16 school year did (name) attend school or any Early Childhood Education programme? 1 YES 2 NO 8 DK Next Line Next Line	ED16. During 2015-16 school year, which level and grade or year did (name) attend? LEVEL: 0 ECE Next Line 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 POST SEC NON TER. 5 TERTIARY 8 DK	GRADE/YEAR		
LINE	NAME	AGE	YES/NO	LEVEL	GRADE/YEAR	AUTHORITY	YES/NO/DK	TUITION	YES/NO/DK	YES/NO/DK	LEVEL	GRADE/YEAR
01			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
02			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
03			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
04			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
05			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
06			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
07			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
08			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
09			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
10			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
11			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
12			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
13			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
14			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
15			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	

HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A.</b> What is the religion of ( <i>name of the head of the household from HL2</i> )?	BUDDHIST ..... 1 CHRISTIANITY ..... 2 ISLAM ..... 3 ANIMIST ..... 4 OTHER RELIGION ( <i>specify</i> ) ..... 6 NO RELIGION ..... 7	
<b>HC2.</b> To what ethnic group does ( <i>name of the head of the household from HL2</i> ) belong?	ETHNIC GROUP CODE ..... __ __ OTHER ( <i>specify</i> ) ..... 96	
<b>HC3.</b> How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS ..... __ __	
<b>HC4.</b> <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>  <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	<b>NATURAL FLOOR</b> EARTH / SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM / BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35 OTHER ( <i>specify</i> ) ..... 96	
<b>HC5.</b> <i>Main material of the roof.</i>  <i>Record observation.</i>	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH / PALM LEAF ..... 12 <b>RUDIMENTARY ROOFING</b> PALM / BAMBOO ..... 22 WOOD PLANKS ..... 23 <b>FINISHED ROOFING</b> METAL / TIN ..... 31 WOOD ..... 32 CALAMINE / CEMENT FIBRE ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 OTHER ( <i>specify</i> ) ..... 96	

<p><b>HC6. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS.....11</p> <p>CANE / PALM / TRUNKS .....12</p> <p>DIRT .....13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>BAMBOO WITH MUD .....21</p> <p>PLYWOOD .....24</p> <p>CARDBOARD .....25</p> <p>REUSED WOOD.....26</p> <p>BAMBOO MAT .....27</p> <p>BAMBOO/BAMBOO WITH DRY LEAF.....28</p> <p>BAMBOO LATTICE .....29</p> <p><b>FINISHED WALLS</b></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>HC7. Does your household have:</b></p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] Clock</p> <p>[D] Sofa / Wooden Settee</p> <p>[E] Bed/Mattress</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>FIXED TELEPHONE LINE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CLOCK.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOFA / WOODEN SETTEE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BED/MATTRESS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE.....	1	2	RADIO.....	1	2	CLOCK.....	1	2	SOFA / WOODEN SETTEE.....	1	2	BED/MATTRESS .....	1	2													
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<p><b>HC8. Does your household have electricity?</b></p>	<p>YES, INTERCONNECTED GRID .....1</p> <p>YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) .....2</p> <p>NO .....3</p>	<p>3 ⇨ HC10</p>																														
<p><b>HC9. Does your household have:</b></p> <p>[A] A television?</p> <p>[B] A refrigerator?</p> <p>[C] Fan</p> <p>[D] Water pump</p> <p>[E] Air-conditioner</p> <p>[F] Washing Machine</p> <p>[G] CD/DVD Player/Home Theatre</p> <p>[H] Iron</p> <p>[I] Rice Cooker / Steamed Cooker</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>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WATER PUMP .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AIR-CONDITIONER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WASHING MACHINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CD/DVD PLAYER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>IRON .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RICE COOKER/STEAMED COOKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	TELEVISION .....	1	2	REFRIGERATOR .....	1	2	FAN .....	1	2	WATER PUMP .....	1	2	AIR-CONDITIONER.....	1	2	WASHING MACHINE .....	1	2	CD/DVD PLAYER.....	1	2	IRON .....	1	2	RICE COOKER/STEAMED COOKER	1	2	
	YES	NO																														
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IRON .....	1	2																														
RICE COOKER/STEAMED COOKER	1	2																														

HC10. Does any member of your household own:	YES NO	
[A] A watch?	WATCH..... 1 2	
[B] A bicycle?	BICYCLE ..... 1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER ..... 1 2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART ..... 1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN..... 1 2	
[F] A boat with a motor?	BOAT WITH MOTOR..... 1 2	
[G] Tak Tak	TAK TAK ..... 1 2	
HC11. Does any member of your household have a computer or a tablet?	YES.....1 NO .....2	
HC12. Does any member of your household have a mobile telephone?	YES.....1 NO .....2	
HC13. Does your household have access to internet at home?	YES.....1 NO .....2	
<p>HC14. 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', record '2'. For other responses, record '6' and specify.</i></p>	OWN.....1 RENT.....2  OTHER ( <i>specify</i> ) _____6	
HC15. Does any member of this household own any land that can be used for agriculture?	YES.....1 NO .....2	2 ⇒ HC17
<p>HC16. How many hectares of agricultural land do members of this household own?</p> <p><i>If less than one, record '00'</i></p>	HECTARES..... _____ 95 OR MORE .....95 DK .....98	
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES.....1 NO .....2	2 ⇒ HC19

<p><b>HC18.</b> How many of the following animals does this household have?</p> <p>[A] Cattle? (Cow / Buffalo)</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens? / Ducks?</p> <p>[G] Pigs?</p> <p>[H] Others (Specify _____)?</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>CATTLE..... ____</p> <p>GOATS..... ____</p> <p>SHEEP..... ____</p> <p>CHICKENS/DUCKS..... ____</p> <p>PIGS..... ____</p> <p>OTHERS..... ____</p>	
<p><b>HC19.</b> Does any member of this household have a bank account?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	

**SOCIAL TRANSFERS**

**ST**

**ST1.** I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] NATIONAL SOCIAL SECURITY FUND (STATE AUTHORITY FOR SOCIAL SECURITY, SOCIAL SECURITY ORGANIZATION)	[B] NATIONAL SOCIAL SECURITY FUND (COMMUNITY BASED HEALTH INSURANCE, HEALTH EQUITY FUND, FREE MOTHER & CHILD)	[C] FREE SCHOOL FEES	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
<b>ST2.</b> Are you aware of ( <i>name of programme</i> )?	YES.....1 NO.....2 <input type="checkbox"/> [B]	YES.....1 NO.....2 <input type="checkbox"/> [C]	YES.....1 NO.....2 <input type="checkbox"/> [D]	YES.....1 NO.....2 <input type="checkbox"/> [X]	YES (specify).....1 NO.....2 <input type="checkbox"/> <i>End</i>
<b>ST3.</b> Has your household or anyone in your household received assistance through ( <i>name of programme</i> )?	YES.....1 <input type="checkbox"/> ST4 NO.....2 <input type="checkbox"/> [B] DK.....8 <input type="checkbox"/> [B]	YES.....1 <input type="checkbox"/> ST4 NO.....2 <input type="checkbox"/> [C] DK.....8 <input type="checkbox"/> [C]	YES.....1 <input type="checkbox"/> ST4 NO.....2 <input type="checkbox"/> [D] DK.....8 <input type="checkbox"/> [D]	YES.....1 <input type="checkbox"/> ST4 NO.....2 <input type="checkbox"/> [X] DK.....8 <input type="checkbox"/> [X]	YES.....1 <input type="checkbox"/> ST4 NO.....2 <input type="checkbox"/> <i>End</i> DK.....8 <input type="checkbox"/> <i>End</i>
<b>ST4.</b> When was the last time your household or anyone in your household received assistance through ( <b>name of programme</b> )? <i>If less than one month, record '1' and record '00' in Months.</i> <i>If less than 12 months, record '1' and record in Months.</i> <i>If 1 year/12 months or more, record '2' and record in Years.</i>	MONTHS AGO 1 ____ <input type="checkbox"/> YEARS AGO ... 2 ____ <input type="checkbox"/> [B] DK.....998 <input type="checkbox"/> [B]	MONTHS AGO 1 ____ <input type="checkbox"/> YEARS AGO ... 2 ____ <input type="checkbox"/> [C] DK.....998 <input type="checkbox"/> [C]	MONTHS AGO 1 ____ <input type="checkbox"/> YEARS AGO ... 2 ____ <input type="checkbox"/> [D] DK.....998 <input type="checkbox"/> [D]	MONTHS AGO 1 ____ <input type="checkbox"/> YEARS AGO ... 2 ____ <input type="checkbox"/> [X] DK.....998 <input type="checkbox"/> [X]	MONTHS AGO 1 ____ <input type="checkbox"/> YEARS AGO ... 2 ____ <input type="checkbox"/> <i>End</i> DK.....998 <input type="checkbox"/> <i>End</i>

HOUSEHOLD ENERGY USE		EU
<p><b>EU1.</b> In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u>?</p>	ELECTRIC STOVE..... 01	01 ⇨EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE..... 03	03 ⇨EU5
	PIPED NATURAL GAS STOVE..... 04	04 ⇨EU5
	BIOGAS STOVE ..... 05	05 ⇨EU5
	LIQUID FUEL STOVE ..... 06	06 ⇨EU4
	MANUFACTURED SOLID FUEL STOVE ..... 07	
	TRADITIONAL SOLID FUEL STOVE ..... 08	
	THREE STONE STOVE / OPEN FIRE ..... 09	09 ⇨EU4
OTHER ( <i>specify</i> )..... 96	96 ⇨EU4	
NO FOOD COOKED IN HOUSEHOLD ..... 97	97 ⇨EU6	
<p><b>EU2.</b> Does it have a chimney?</p>	YES..... 1	
	NO..... 2	
	DK..... 8	
<p><b>EU3.</b> Does it have a fan?</p>	YES..... 1	
	NO..... 2	
	DK..... 8	
<p><b>EU4.</b> What type of fuel or energy source is used in this cookstove?</p> <p><i>If more than one, record the main energy source for this cookstove.</i></p>	ALCOHOL / ETHANOL..... 01	
	GASOLINE / DIESEL ..... 02	
	KEROSENE / PARAFFIN ..... 03	
	COAL / LIGNITE..... 04	
	CHARCOAL..... 05	
	WOOD ..... 06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS ..... 07	
	ANIMAL DUNG / WASTE ..... 08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 09	
	GARBAGE / PLASTIC ..... 10	
	SAWDUST ..... 11	
	OTHER ( <i>specify</i> )..... 96	
<p><b>EU5.</b> Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>If in main house, probe to determine if cooking is done in a separate room.</i></p> <p><i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i></p>	IN MAIN HOUSE	
	NO SEPARATE ROOM..... 1	
	IN A SEPARATE ROOM..... 2	
	IN A SEPARATE BUILDING ..... 3	
	OUTDOORS	
	OPEN AIR ..... 4	
ON VERANDA OR COVERED PORCH ..... 5		
OTHER ( <i>specify</i> )..... 6		

<p><b>EU6.</b> What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	<p>CENTRAL HEATING..... 01</p> <p>MANUFACTURED SPACE HEATER ..... 02</p> <p>TRADITIONAL SPACE HEATER..... 03</p> <p>MANUFACTURED COOKSTOVE ..... 04</p> <p>TRADITIONAL COOKSTOVE..... 05</p> <p>THREE STONE STOVE / OPEN FIRE ..... 06</p> <p>OTHER (<i>specify</i>)_____ 96</p> <p>NO SPACE HEATING IN HOUSEHOLD ..... 97</p>	<p>01 ⇨ EU8</p> <p>06 ⇨ EU8</p> <p>96 ⇨ EU8</p> <p>97 ⇨ EU9</p>
<p><b>EU7.</b> Does it have a chimney?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EU8.</b> What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>ELECTRICITY ..... 02</p> <p>PIPED NATURAL GAS..... 03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS..... 04</p> <p>BIOGAS..... 05</p> <p>ALCOHOL / ETHANOL..... 06</p> <p>GASOLINE / DIESEL ..... 07</p> <p>KEROSENE / PARAFFIN ..... 08</p> <p>COAL / LIGNITE ..... 09</p> <p>CHARCOAL..... 10</p> <p>WOOD ..... 11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS ..... 12</p> <p>ANIMAL DUNG / WASTE ..... 13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 14</p> <p>GARBAGE / PLASTIC ..... 15</p> <p>SAWDUST ..... 16</p> <p>OTHER (<i>specify</i>)_____ 96</p>	

<p><b>EU9.</b> At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY ..... 01  SOLAR LANTERN ..... 02  RECHARGEABLE FLASHLIGHT,  TORCH OR LANTERN ..... 03  BATTERY POWERED FLASHLIGHT,  TORCH OR LANTERN ..... 04  BIOGAS LAMP..... 05  GASOLINE LAMP..... 06    KEROSENE OR PARAFFIN LAMP ..... 07  CHARCOAL..... 08  WOOD ..... 09  CROP RESIDUE / GRASS /  STRAW / SHRUBS ..... 10  ANIMAL DUNG / WASTE ..... 11  OIL LAMP..... 12  CANDLE ..... 13    OTHER (<i>specify</i>) _____ 96    NO LIGHTING IN HOUSEHOLD ..... 97</p>	
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**INSECTICIDE TREATED NETS**

**TN**

<p><b>TN1.</b> Does your household have any mosquito nets?</p>		<p>YES.....1</p> <p>NO .....2</p>	<p>2 ⇨ End</p>
<p><b>TN2.</b> How many mosquito nets does your household have?</p>		<p>NUMBER OF NETS .....</p>	

	1 <sup>ST</sup> NET	2 <sup>ND</sup> NET	3 <sup>RD</sup> NET	4 <sup>TH</sup> NET	5 <sup>TH</sup> NET	6 <sup>TH</sup> NET
<b>TN3.</b> Ask the respondent to show you all the nets in the household.	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2
<b>TN4.</b> How many months ago did your household get the mosquito net? <i>If less than one month, record '00'.</i>	MONTHS AGO..... MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO..... MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO..... MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO..... MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO..... MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO..... MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98
<b>TN5.</b> Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98
<b>TN6.</b> Is net type LLIN (TN5=11-18)?	YES .....1 ⇨ TN/10 NO .....2	YES .....1 ⇨ TN/10 NO .....2	YES .....1 ⇨ TN/10 NO .....2	YES .....1 ⇨ TN/10 NO .....2	YES .....1 ⇨ TN/10 NO .....2	YES .....1 ⇨ TN/10 NO .....2

<p><b>TN7.</b> Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?</p>	<p>YES.....1 NO.....2 DK / NOT SURE.....8</p>	<p>YES.....1 NO.....2 DK / NOT SURE.....8</p>	<p>YES.....1 NO.....2 DK / NOT SURE.....8</p>	<p>YES.....1 NO.....2 DK / NOT SURE.....8</p>	<p>YES.....1 NO.....2 DK / NOT SURE.....8</p>	<p>YES.....1 NO.....2 DK / NOT SURE.....8</p>
<p><b>TN8.</b> Was the net soaked or dipped (TN7 = 1)?</p>	<p>YES.....1 NO.....2 TN10</p>	<p>YES.....1 NO.....2 TN10</p>	<p>YES.....1 NO.....2 TN10</p>	<p>YES.....1 NO.....2 TN10</p>	<p>YES.....1 NO.....2 TN10</p>	<p>YES.....1 NO.....2 TN10</p>
<p><b>TN9.</b> How many months ago was the net last soaked or dipped? <i>If less than one month, record '00'.</i></p>	<p>MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98</p>	<p>MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98</p>	<p>MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98</p>	<p>MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98</p>	<p>MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98</p>	<p>MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98</p>

<b>TN10.</b> Did you get the net during an antenatal care visit, or during an immunization visit?	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	
<b>TN11.</b> Check TN10: Is TN10=4?	YES.....1 NO.....2 ♂ TN/3	YES.....1 NO.....2 ♂ TN/3	YES.....1 NO.....2 ♂ TN/3	YES.....1 NO.....2 ♂ TN/3	YES.....1 NO.....2 ♂ TN/3	YES.....1 NO.....2 ♂ TN/3	
<b>TN12.</b> Where did you get the net?	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98
<b>TN13.</b> Did anyone sleep under this mosquito net last night?	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	
<b>TN14.</b> Did anyone sleep under the net (TN13=1)?	YES.....1 NO.....2 ♂ TN/6	YES.....1 NO.....2 ♂ TN/6	YES.....1 NO.....2 ♂ TN/6	YES.....1 NO.....2 ♂ TN/6	YES.....1 NO.....2 ♂ TN/6	YES.....1 NO.....2 ♂ TN/6	

<b>TN15.</b> Who slept under this mosquito net last night?  <i>Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.</i>  <i>If someone not in the List of Household Members slept under the mosquito net, record '00'.</i>	NAME #1 _____	NAME #1 _____	NAME #1 _____	NAME #1 _____	NAME #1 _____	NAME #1 _____
	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____
	NAME #2 _____	NAME #2 _____	NAME #2 _____	NAME #2 _____	NAME #2 _____	NAME #2 _____
	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____
	NAME #3 _____	NAME #3 _____	NAME #3 _____	NAME #3 _____	NAME #3 _____	NAME #3 _____
LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	
NAME #4 _____	NAME #4 _____	NAME #4 _____	NAME #4 _____	NAME #4 _____	NAME #4 _____	
LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	
<b>TN16.</b> Is there another net?	YES.....1 ☺ Next Net NO.....2 ☺ End	YES.....1 ☺ Next Net NO.....2 ☺ End	YES.....1 ☺ Next Net NO.....2 ☺ End	YES.....1 ☺ Next Net NO.....2 ☺ End	YES.....1 ☺ Next Net NO.....2 ☺ End	YES.....1 ☺ Next Net NO.....2 ☺ End
	Tick here if additional questionnaire used: ... <input type="checkbox"/>					

**WATER AND SANITATION**

**WS**

**WS1.** What is the main source of drinking water used by members of your household?

*If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).*

<b>PIPED WATER</b>		
PIPED INTO DWELLING .....	11	11 ⇨WS7
PIPED TO YARD / PLOT .....	12	12 ⇨WS7
PIPED TO NEIGHBOUR .....	13	13 ⇨WS3
PUBLIC TAP / STANDPIPE.....	14	14 ⇨WS3
TUBE WELL / BOREHOLE .....	21	21 ⇨WS3
<b>DUG WELL</b>		
PROTECTED WELL .....	31	31 ⇨WS3
UNPROTECTED WELL .....	32	32 ⇨WS3
<b>SPRING</b>		
PROTECTED SPRING .....	41	41 ⇨WS3
UNPROTECTED SPRING .....	42	42 ⇨WS3
RAINWATER.....	51	51 ⇨WS3
TANKER-TRUCK.....	61	61 ⇨WS4
CART WITH SMALL TANK .....	71	71 ⇨WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL).....	81	81 ⇨WS3
<b>PACKAGED WATER</b>		
BOTTLED WATER.....	91	
SACHET WATER .....	92	
OTHER ( <i>specify</i> ).....	96	96 ⇨WS3

**WS2.** What is the main source of water used by members of your household for other purposes such as cooking and handwashing?

*If unclear, probe to identify the place from which members of this household most often collect water for other purposes.*

<b>PIPED WATER</b>		
PIPED INTO DWELLING .....	11	11 ⇨WS7
PIPED TO YARD / PLOT .....	12	12 ⇨WS7
PIPED TO NEIGHBOUR .....	13	
PUBLIC TAP / STANDPIPE.....	14	
TUBE WELL / BOREHOLE .....	21	
<b>DUG WELL</b>		
PROTECTED WELL .....	31	
UNPROTECTED WELL .....	32	
<b>SPRING</b>		
PROTECTED SPRING .....	41	
UNPROTECTED SPRING .....	42	
RAINWATER.....	51	
TANKER-TRUCK.....	61	61 ⇨WS4
CART WITH SMALL TANK .....	71	71 ⇨WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL).....	81	
OTHER ( <i>specify</i> ).....	96	

**WS3.** Where is that water source located?

IN OWN DWELLING .....	1	1 ⇨WS7
IN OWN YARD / PLOT.....	2	2 ⇨WS7
ELSEWHERE .....	3	

<p><b>WS4.</b> How long does it take for members of your household to go there, get water, and come back?</p>	<p>MEMBERS DO NOT COLLECT..... 000  NUMBER OF MINUTES ..... ___ ___  DK..... 998</p>	<p>000 ⇒WS7</p>
<p><b>WS5.</b> Who usually goes to this source to collect the water for your household?</p> <p><i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i></p>	<p>NAME _____  LINE NUMBER..... ___</p>	
<p><b>WS6.</b> Since last (<i>day of the week</i>), how many times has this person collected water?</p>	<p>NUMBER OF TIMES..... ___ ___  DK..... 98</p>	
<p><b>WS7.</b> In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</p>	<p>YES, AT LEAST ONCE..... 1  NO, ALWAYS SUFFICIENT ..... 2  DK..... 8</p>	<p>2 ⇒WS9  8 ⇒WS9</p>
<p><b>WS8.</b> What was the main reason that you were unable to access water in sufficient quantities when needed?</p>	<p>WATER NOT AVAILABLE FROM SOURCE... 1  WATER TOO EXPENSIVE..... 2  SOURCE NOT ACCESSIBLE ..... 3  OTHER (<i>specify</i>)..... 6  DK..... 8</p>	
<p><b>WS9.</b> Do you or any other member of this household do anything to the water to make it safer to drink?</p>	<p>YES ..... 1  NO ..... 2  DK..... 8</p>	<p>2 ⇒WS11  8 ⇒WS11</p>

<p><b>WS10.</b> What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOIL .....A</p> <p>ADD BLEACH / CHLORINE .....B</p> <p>STRAIN IT THROUGH A CLOTH .....C</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.).....D</p> <p>SOLAR DISINFECTION ..... E</p> <p>LET IT STAND AND SETTLE..... F</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK..... Z</p>	
<p><b>WS11.</b> What kind of toilet facility do members of your household usually use?</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><b>FLUSH / POUR FLUSH</b></p> <p>FLUSH TO PIPED SEWER SYSTEM..... 11</p> <p>FLUSH TO SEPTIC TANK..... 12</p> <p>FLUSH TO PIT LATRINE ..... 13</p> <p>FLUSH TO OPEN DRAIN ..... 14</p> <p>FLUSH TO DK WHERE ..... 18</p> <p><b>PIT LATRINE</b></p> <p>VENTILATED IMPROVED PIT</p> <p>LATRINE..... 21</p> <p>PIT LATRINE WITH SLAB ..... 22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT..... 23</p> <p>COMPOSTING TOILET ..... 31</p> <p>BUCKET ..... 41</p> <p>HANGING TOILET / HANGING LATRINE ..... 51</p> <p>NO FACILITY / BUSH / FIELD..... 95</p> <p>OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇨WS14</p> <p>14 ⇨WS14</p> <p>18 ⇨WS14</p> <p>41 ⇨WS14</p> <p>51 ⇨WS14</p> <p>95 ⇨End</p> <p>96 ⇨WS14</p>
<p><b>WS12.</b> Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED</p> <p>WITHIN THE LAST 5 YEARS..... 1</p> <p>MORE THAN 5 YEARS AGO..... 2</p> <p>DON'T KNOW WHEN ..... 3</p> <p>NO, NEVER EMPTIED..... 4</p> <p>DK..... 8</p>	<p>4 ⇨WS14</p> <p>8 ⇨WS14</p>
<p><b>WS13.</b> The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p><b>REMOVED BY SERVICE PROVIDER</b></p> <p>TO A TREATMENT PLANT ..... 1</p> <p>BURIED IN A COVERED PIT ..... 2</p> <p>TO DON'T KNOW WHERE..... 3</p> <p><b>EMPTIED BY HOUSEHOLD</b></p> <p>BURIED IN A COVERED PIT ..... 4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE ..... 5</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK..... 8</p>	

<b>WS14.</b> Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD / PLOT ..... 2 ELSEWHERE ..... 3	
<b>WS15.</b> Do you share this facility with others who are not members of your household?	YES ..... 1 NO ..... 2	2 ⇒ End
<b>WS16.</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?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC) ..... 1 SHARED WITH GENERAL PUBLIC ..... 2	2 ⇒ End
<b>WS17.</b> How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10) ..... <u>0</u> ___  TEN OR MORE HOUSEHOLDS ..... 10  DK ..... 98	

HANDWASHING	HW	
<p><b>HW1.</b> We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p><b>OBSERVED</b></p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING ..... 1</p> <p>IN YARD / PLOT ..... 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE) ..... 3</p> <p><b>NOT OBSERVED</b></p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT ..... 4</p> <p>NO PERMISSION TO SEE..... 5</p> <p>OTHER REASON (<i>specify</i>) ..... 6</p>	<p>4 ⇨HW5</p> <p>5 ⇨HW4</p> <p>6 ⇨HW5</p>
<p><b>HW2.</b> Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE..... 1</p> <p>WATER IS NOT AVAILABLE..... 2</p>	
<p><b>HW3.</b> Is soap or detergent or ash/mud/sand present at the place for handwashing?</p>	<p>YES, PRESENT..... 1</p> <p>NO, NOT PRESENT ..... 2</p>	<p>1 ⇨HW7</p> <p>2 ⇨HW5</p>
<p><b>HW4.</b> Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING ..... 1</p> <p>IN YARD / PLOT ..... 2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE) ..... 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT ..... 4</p> <p>OTHER (<i>specify</i>) ..... 6</p>	
<p><b>HW5.</b> Do you have any soap or detergent or ash / sand in your house for washing hands?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>2 ⇨End</p>
<p><b>HW6.</b> Can you please show it to me?</p>	<p>YES, SHOWN ..... 1</p> <p>NO, NOT SHOWN..... 2</p>	<p>2 ⇨End</p>
<p><b>HW7.</b> Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP .....A</p> <p>DETERGENT (POWDER / LIQUID / PASTE).....B</p> <p>ASH / SAND .....C</p>	

SALT IODIZATION		SA
<p><b>SA1.</b> We would like to check whether the salt used in your household is iodized. May I have a sample of the salt used <u>to cook meals</u> in your household?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p><b>SALT TESTED</b>            0 PPM (NO REACTION) ..... 1            BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2            ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p><b>SALT NOT TESTED</b>            NO SALT IN THE HOUSE..... 4            OTHER REASON            (specify) _____ 6</p>	<p>2 ⇨ HH13            3 ⇨ HH13            4 ⇨ HH13            6 ⇨ HH13</p>
<p><b>SA2.</b> I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p><b>SALT TESTED</b>            0 PPM (NO REACTION) ..... 1            BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2            ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p><b>SALT NOT TESTED</b>            OTHER REASON            (specify) _____ 6</p>	

<b>HH13.</b> Record the time.	HOUR AND MINUTES..... __ : __	
<b>HH14.</b> Language of the Questionnaire.	LAO ..... 1	
<b>HH15.</b> Language of the Interview.	LAO ..... 1 OTHER LANGUAGE (specify) _____ 6	
<b>HH16.</b> Native language of the Respondent.	LAO ..... 1 OTHER LANGUAGE (specify) _____ 6	
<b>HH17.</b> Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE..... 1 YES, PART OF QUESTIONNAIRE..... 2 NO, NOT USED ..... 3	
<b>HH18.</b> Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years.	NO CHILDREN..... 0 1 CHILD ..... 1 2 OR MORE CHILDREN (NUMBER)..... __	0 ⇨ HH29 1 ⇨ HH27

**HH19.** List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

<b>HH20.</b> Rank number	<b>HH21.</b> Line number from HL1	<b>HH22.</b> Name from HL2	<b>HH23.</b> Sex from HL4		<b>HH24.</b> 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	___

**HH25.** Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 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 record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	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

**HH26.** Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

**HH27.** (When HH18=1 or when there is a single child age 5-17 in the household):  
Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.

RANK NUMBER ..... \_\_

LINE NUMBER ..... \_\_

NAME \_\_\_\_\_

AGE..... \_\_

**HH28.** Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

<b>HH29.</b> Check HL8 in the LIST OF HOUSEHOLD MEMBERS. Are there any women age 15-49?	YES, AT LEAST ONE WOMAN AGE 15-49 ..... 1 NO..... 2	2 ⇨ HH34
<b>HH30.</b> Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.		
<b>HH31.</b> Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS. Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 ..... 1 NO..... 2	2 ⇨ HH34
<b>HH32.</b> Check HL20 in the LIST OF HOUSEHOLD MEMBERS. Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90 ..... 1 NO, HL20=90 FOR ALL GIRLS AGE 15-17 ..... 2	2 ⇨ HH34
<p><b>HH33.</b> As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇨ Continue with HH34.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇨ Record '06' in WM17 on individual questionnaires for those adult consent was not given. Then continue with HH34.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 ⇨ Record '06' in WM17 on all individual questionnaires for whom adult consent was not given. Then continue with HH34.</p>		
<b>HH34.</b> Check HH8 in the HOUSEHOLD INFORMATION PANEL. Is the household selected for Questionnaire for Men?	YES, HH8=1 ..... 1 NO, HH8=0..... 2	2 ⇨ HH40
<b>HH35.</b> Check HL9 in the LIST OF HOUSEHOLD MEMBERS. Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-49 ..... 1 NO..... 2	2 ⇨ HH40
<b>HH36.</b> Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.		
<b>HH37.</b> Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS. Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 ..... 1 NO..... 2	2 ⇨ HH40
<b>HH38.</b> Check HL20 in the LIST OF HOUSEHOLD MEMBERS. Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 ..... 1 NO, HL20=90 FOR ALL BOYS AGE 15-17 ..... 2	2 ⇨ HH40

**HH39.** As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.

For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.

May we interview (*name(s) of male member(s) age 15-17*) later?

- 'Yes' for all boys age 15-17 ⇒ Continue with HH40.
- 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM7 on individual questionnaires for those adult consent was not given. Then continue with HH40.
- 'No' for all boys age 15-17 ⇒ Record '06' in MWM7 on all individual questionnaires for whom adult consent was not given. Then continue with HH40.

<b>HH40.</b> Check HL10 in the LIST OF HOUSEHOLD MEMBERS. Are there any children age 0-4?	YES, AT LEAST ONE ..... 1 NO..... 2	2 ⇒ HH42
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**HH41.** Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.

<b>HH42.</b> Check HH9 in the HOUSEHOLD INFORMATION PANEL. Is the household selected for Water Quality Testing Questionnaire?	YES, HH9 = 1 ..... 1 NO, HH9 = 2 ..... 2	2 ⇒ HH45
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**HH43.** Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household

<p><b>HH44.</b> As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	<p>YES, PERMISSION IS GIVEN ..... 1 NO, PERMISSION IS NOT GIVEN ..... 2</p>	<p>2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE</p>
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**HH45.** Now return to the HOUSEHOLD INFORMATION PANEL and,

- Record '01' in question HH46 (Result of the Household Questionnaire interview),
- Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47,
- Fill the questions HH48 – HH52,
- Thank the respondent for his/her cooperation and then
- Proceed with the administration of the remaining individual questionnaire(s) in this household.

*If there is no individual questionnaire and no Water Quality Testing Questionnaire to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.*

**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**

**WATER QUALITY TESTING QUESTIONNAIRE  
2017 Lao Social Indicator Survey (LSIS II)**

WATER QUALITY TESTING INFORMATION PANEL		WQ
WQ1. Cluster number: _____	WQ2. Household number: _____	
WQ3. Measurer's name and number: NAME _____	WQ4. Interviewer's name and number: NAME _____	
WQ5. Day / Month / Year: _____ / _____ / 2 0 1 _____		
WQ6. Check HH10 in the HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for blank testing?	YES .....1 NO.....2	

WQ7. Name of the respondent to Water Quality Testing Questionnaire: NAME _____		
WQ8. Check HH44. Is permission given to test water?	YES, PERMISSION IS GIVEN .....1 NO, PERMISSION IS NOT GIVEN .....2	1 ⇒ WQ10 2 ⇒ WQ31

WQ31. Result of Water Quality Testing Questionnaire.  <i>Discuss any result not completed with Supervisor.</i>	COMPLETED .....01 PERMISSION NOT GIVEN .....02 GLASS OF WATER NOT GIVEN .....03 PARTLY COMPLETED .....04  OTHER (specify) .....96
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<b>WATER QUALITY TESTING</b>		
<b>WQ10.</b> Record the time:	HOURS: ..... _____ MINUTES: ..... _____	
<b>WQ11.</b> Could you please provide me with a glass of the water that members of your household usually drink?	YES ..... 1 NO ..... 2	2 ⇒ WQ31 and record '03'
<b>WQ12.</b> Observe and record whether the water was collected directly from the source or from a separate storage container.	DIRECT FROM SOURCE ..... 1 COVERED CONTAINER ..... 2 UNCOVERED CONTAINER ..... 3 UNABLE TO OBSERVE ..... 8	
<b>WQ13.</b> Label sample <b>H-XXXX-YY</b> , where <b>XXXX</b> is the cluster number (WQ1) and <b>YY</b> is the household number (WQ2).		
<b>WQ14.</b> Have you or any other member of this household done anything to this water to make it safer to drink?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ WQ16 8 ⇒ WQ16
<b>WQ15.</b> What has been done to the water to make it safer to drink?  <i>Probe:</i> Anything else?  <i>Record all items mentioned.</i>	BOILED IT ..... A ADDED BLEACH/CHLORINE ..... B STRAINED IT THROUGH A CLOTH ..... C USED A WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) ..... D SOLAR DISINFECTION ..... E LEFT IT STAND AND SETTLE ..... F  OTHER ( <i>specify</i> ) ..... X DK ..... Z	
<b>WQ16.</b> Is this water from the main source of drinking water used by members of your household?	YES ..... 1 NO ..... 2	1 ⇒ WQ18

<p><b>WQ17.</b> What source was this water collected from?</p>	<p><b>PIPED WATER</b>          PIPED INTO DWELLING ..... 11          PIPED TO YARD / PLOT ..... 12          PIPED TO NEIGHBOUR ..... 13          PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE ..... 21</p> <p><b>DUG WELL</b>          PROTECTED WELL ..... 31          UNPROTECTED WELL ..... 32</p> <p><b>SPRING</b>          PROTECTED SPRING..... 41          UNPROTECTED SPRING ..... 42</p> <p>RAINWATER..... 51          TANKER-TRUCK ..... 61          CART WITH SMALL TANK ..... 71          SURFACE WATER (RIVER, DAM, LAKE,          POND, STREAM, CANAL, IRRIGATION          CHANNEL)..... 81</p> <p><b>PACKAGED WATER</b>          BOTTLED WATER..... 91          SACHET WATER ..... 92</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p><b>WQ18.</b> Can you please show me the source of the glass of drinking water so that I can take a sample from there as well?</p> <p><i>If 'No' probe to find out why this is not possible?</i></p>	<p>YES, SHOWN..... 1</p> <p>NO          WATER SOURCE WAS NOT          FUNCTIONAL ..... 2          WATER SOURCE TOO FAR ..... 3          UNABLE TO ACCESS SOURCE..... 4          DO NOT KNOW WHERE          SOURCE IS LOCATED..... 5</p> <p>OTHER REASON          (<i>specify</i>) _____ 6</p>	<p>2 ⇒WQ20          3 ⇒WQ20          4 ⇒WQ20          5 ⇒WQ20          6 ⇒WQ20</p>
<p><b>WQ19.</b> Record whether source water sample collected.</p> <p><i>Label sample S-XXXX-YY, where XXXX is the cluster number (WQ1) and YY is the household number (WQ2).</i></p>	<p>SOURCE WATER COLLECTED..... 1</p> <p>SOURCE WATER NOT COLLECTED          (<i>specify</i>) _____ 2</p>	
<p><b>WQ20.</b> Check WQ6: Is the household selected for blank testing?</p>	<p>YES ..... 1          NO ..... 2</p>	<p>2 ⇒WQ22</p>

<p><b>WQ21.</b> Take out the sample of sterile/mineral water that you got from your supervisor.</p> <p>Label <b>B-XXXX-YY</b>, where <b>XXXX</b> is the cluster number (WQ1) and <b>YY</b> is the household number (WQ2).</p> <p>Record whether the sample is available.</p>	<p>BLANK WATER SAMPLE AVAILABLE..... 1</p> <p>BLANK WATER SAMPLE NOT AVAILABLE (specify) _____ 2</p>	
<p><b>WQ22.</b> Conduct test within 30 minutes of collecting sample. Record the results following 24-48 hours of incubation.</p>		
<p><b>WQ23.</b> Record the time.</p>	<p>HOURS AND MINUTES ..... __ : __</p>	

WATER QUALITY TESTING RESULTS		
<p>Following 24-48 hours of incubation the results from the water quality tests should be recorded.</p>		
<p>WQ24. Day / Month / Year of recording test results:</p>	<p>_____ / _____ / <u>2 0 1</u> _____</p>	
<p>WQ25. Record the time:</p>	<p>HOUR AND MINUTES ..... _____ : _____</p>	
<p>In the boxes below:</p> <ul style="list-style-type: none"> <li>Record 3-digit count of colonies.</li> <li>If 101 or more colonies are counted, record '101'</li> <li>If it is not possible to read results / results are lost, record '998'</li> </ul>		
<p>WQ26. <u>Household</u> water test (100ml):</p>	<p>NUMBER OF BLUE COLONIES _____</p>	
<p>WQ26A. Check WQ19: Was a source water sample collected?</p>	<p>YES, WQ19=1.....1 NO, WQ19=2 OR BLANK .....2</p>	<p>2 ⇒ WQ28</p>
<p>WQ27. <u>Source</u> water test (100ml):</p>	<p>NUMBER OF BLUE COLONIES _____</p>	
<p>WQ28. Check WQ21: Was a blank water sample available?</p>	<p>YES, WQ21=1.....1 NO, WQ21=2 OR BLANK .....2</p>	<p>2 ⇒ WQ31</p>
<p>WQ29. <u>Blank</u> water test (100ml):</p>	<p>NUMBER OF BLUE COLONIES _____</p>	

**MEASURER'S OBSERVATIONS**

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**SUPERVISOR'S OBSERVATIONS**

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**QUESTIONNAIRE FOR INDIVIDUAL WOMEN  
2017 Lao Social Indicator Survey (LSIS II)**

<b>WOMAN'S INFORMATION PANEL</b>		<b>WM</b>
<b>WM1.</b> Cluster number: _____	<b>WM2.</b> Household number: _____	
<b>WM3.</b> Woman's name and line number: NAME _____	<b>WM4.</b> Supervisor's name and number: NAME _____	
<b>WM5.</b> Interviewer's name and number: NAME _____	<b>WM6.</b> Day / Month / Year of interview: _____ / _____ / 2 0 1 _____	
<b>WM6A.</b> Check HH8B (HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE): Is the household selected for anaemia testing?	YES..... 1 NO ..... 2	

<p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i></p>	<b>WM7.</b> Record the time:	
	HOURS : MINUTES ____ : ____	
<b>WM8.</b> Check completed questionnaires in this household. Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY ..... 1 NO, FIRST INTERVIEW ..... 2	1 ⇨ WM9B 2 ⇨ WM9A
<b>WM9A.</b> Hello, my name is ( <i>your name</i> ). We are from Lao Statistics Bureau/Ministry of Health. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 60 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	<b>WM9B.</b> Now I would like to talk to you about your health and other topics in more detail. This interview will take about 60 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES, PERMISSION IS GIVEN ..... 1 NO, PERMISSION IS NOT GIVEN ..... 2	1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17	

<p><b>WM17.</b> Result of woman's interview.</p> <p><i>Discuss any result not completed with Supervisor.</i></p>	COMPLETED..... 01
	NOT AT HOME ..... 02
	REFUSED..... 03
	PARTLY COMPLETED ..... 04
	INCAPACITATED ( <i>specify</i> ) _____ 05
	NO ADULT CONSENT FOR RESPONDENT AGE 15-17 ..... 06
	OTHER ( <i>specify</i> ) _____ 96

WOMAN'S BACKGROUND		WB
<b>WB1.</b> Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	WM3=HH47 .....1 WM3≠HH47 .....2	2 ⇔ WB3
<b>WB2.</b> Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3, 4 OR 5 .....1 ED5=0, 1, 8 OR BLANK .....2	1 ⇔ WB15 2 ⇔ WB14
<b>WB3.</b> In what month and year were you born?	DATE OF BIRTH MONTH.....__ __ DK MONTH.....98  YEAR .....__ __ __ __ DK YEAR.....9998	
<b>WB4.</b> How old are you?  <i>Probe: How old were you at your last birthday?</i>  <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) .....__ __	
<b>WB5.</b> Have you ever attended school or any early childhood education programme?	YES.....1 NO .....2	2 ⇔ WB14
<b>WB6.</b> What is the highest level and grade or year of school you have attended? <b>Grade:</b> Primary                    11 – 15 Lower Sec.                21 – 24 Upper Sec.                31 – 33 Post Sec. non tertiary   41 – 43 Tertiary Edu.            51 - 57	EARLY CHILDHOOD EDUCATION .....000 PRIMARY .....1 __ __ LOWER SECONDARY .....2 __ __ UPPER SECONDARY .....3 __ __ POST SECONDARY NON TERTIARY ..4 __ __ TERTIARY EDUCATION .....5 __ __	000 ⇔ WB14
<b>WB7.</b> Did you complete that (grade/year)?	YES.....1 NO .....2	
<b>WB8.</b> Check WB4. Age of respondent:	AGE 15-24.....1 AGE 25-49.....2	2 ⇔ WB13
<b>WB9.</b> At any time during the 2016-17 school year did you attend school?  <i>If the interview is in July – August, the school year will be 2016-17. If the interview is in September and following months, the school year will be 2017-18</i>	YES.....1 NO .....2	2 ⇔ WB11
<b>WB10.</b> During 2016-17 school year, which level and grade or year are you attending? <b>Grade:</b> Primary                    11 – 15 Lower Sec.                21 – 24 Upper Sec.                31 – 33 Post Sec. non tertiary   41 – 43 Tertiary Edu.            51 - 57	PRIMARY .....1 __ __ LOWER SECONDARY .....2 __ __ UPPER SECONDARY .....3 __ __ POST SECONDARY NON TERTIARY ..4 __ __ TERTIARY EDUCATION .....5 __ __	

<p><b>WB11.</b> At any time during the 2015-16 school year did you attend school?  <i>If the interview is in July – August, the school year will be 2015-16. If the interview is in September and following months, the school year will be 2016-17</i></p>	<p>YES..... 1  NO .....2</p>	<p>2 ⇨WB13</p>
<p><b>WB12.</b> During 2015-16 (2016-17) school year, which level and grade or year did you <u>attend</u>?  <b>Grade:</b>  Primary 11 – 15  Lower Sec. 21 – 24  Upper Sec. 31 – 33  Post Sec. non tertiary 41 – 43  Tertiary Edu. 51 - 57</p>	<p>PRIMARY ..... 1 ___  LOWER SECONDARY .....2 ___  UPPER SECONDARY .....3 ___  POST SECONDARY NON TERTIARY ....4 ___  TERTIARY EDUCATION .....5 ___</p>	
<p><b>WB13.</b> Check WB6. Highest level of school attended:</p>	<p>WB6=2, 3, 4 OR 5 ..... 1  WB6=1 .....2</p>	<p>1 ⇨WB15</p>
<p><b>WB14.</b> Now I would like you to read this sentence to me.  <i>Show sentence on the card to the respondent.</i>  <i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p>	<p>CANNOT READ AT ALL..... 1  ABLE TO READ ONLY PARTS  OF SENTENCE.....2  ABLE TO READ WHOLE SENTENCE .....3    NO SENTENCE IN  REQUIRED LANGUAGE / BRAILLE  (specify) _____ 6</p>	
<p><b>WB15.</b> How long have you been continuously living in (name of current city, town or village of residence)?  <i>If less than one year, record '00' years.</i></p>	<p>YEARS .....  ALWAYS / SINCE BIRTH.....95</p>	<p>95 ⇨WB18</p>
<p><b>WB16.</b> Just before you moved here, did you live in a city, in a town, or in a rural area?  <i>Probe to identify the type of place.</i>  <i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i>    _____ (Name of place)</p>	<p>CITY..... 1  TOWN .....2  RURAL AREA.....3</p>	

<p><b>WB17.</b> Before you moved here, in which province did you live in?</p>	<p>VIENTIANE CAPITAL .....01  PHONSALY .....02  LUANGNAMTHA .....03  OUDOMXAY .....04  BOKEO .....05  LUANGPRABANG .....06  HUAPHANH.....07  XAYABURY.....08  XIENGKHUANG.....09  VIENTIANE.....10  BORIKHAMXAY .....11  KHAMMUA.....12  SAVANNAKHET .....13  SARAVANE .....14  SEKONG .....15  CHAMPASACK .....16  ATTAPEU .....17  XAYSOMBOUNE .....18</p> <p>OUTSIDE OF LAO  <i>(specify)</i> _____ 96</p>	
<p><b>WB18.</b> Are you covered by any health insurance?</p>	<p>YES.....1  NO .....2</p>	<p>2 ⇒ End</p>
<p><b>WB19.</b> What type of health insurance are you covered by?   <i>Record all mentioned.</i></p>	<p>CIVIL SERVANT SCHEME ..... A  SOCIAL SECURITY OFFICE..... B  COMMUNITY BASED HEALTH INSURANCE  (CBHI) ..... C  HEALTH EQUITY FUND (HEF) ..... D  FREE MCH .....E  PRIVATE HEALTH INSURANCE..... F</p> <p>OTHER <i>(specify)</i> _____ X</p>	

MASS MEDIA AND ICT		MT
<p><b>MT1.</b> Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0            LESS THAN ONCE A WEEK .....1            AT LEAST ONCE A WEEK .....2            ALMOST EVERY DAY.....3</p>	
<p><b>MT2.</b> Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0            LESS THAN ONCE A WEEK .....1            AT LEAST ONCE A WEEK .....2            ALMOST EVERY DAY.....3</p>	
<p><b>MT3.</b> Do you watch television at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0            LESS THAN ONCE A WEEK .....1            AT LEAST ONCE A WEEK .....2            ALMOST EVERY DAY.....3</p>	
<p><b>MT4.</b> Have you ever used a computer or a tablet from any location?</p>	<p>YES .....1            NO .....2</p>	2 ⇌ MT9
<p><b>MT5.</b> During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0            LESS THAN ONCE A WEEK .....1            AT LEAST ONCE A WEEK .....2            ALMOST EVERY DAY.....3</p>	0 ⇌ MT9

MT6. During the last 3 months, did you:	YES NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE .....1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT .....1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT .....1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA..1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE.....1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE .....1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION .....1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE .....1 2	
[I] Write a computer program in any programming language?	PROGRAMMING.....1 2	
<b>MT7.</b> Check MT6[C], is 'Yes' recorded?	YES, MT6[C]=1 ..... 1 NO, MT6[C]=2.....2	1 ⇔ MT10
<b>MT8.</b> Check MT6[F], is 'Yes' recorded?	YES, MT6[F]=1 ..... 1 NO, MT6[F]=2 .....2	1 ⇔ MT10
<b>MT9.</b> Have you ever used the internet from any location and any device?	YES ..... 1 NO .....2	2 ⇔ MT11
<b>MT10.</b> During the last 3 months did you use the internet at least once a week, less than once a week or not at all?  <i>If 'At least once a week', probe:</i> Would you say this happens almost every day?  <i>If 'Yes' record 3. If 'No' record 2.</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK .....2 ALMOST EVERY DAY.....3	
<b>MT11.</b> Do you own a mobile phone?	YES ..... 1 NO .....2	
<b>MT12.</b> During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?  <i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone.  <i>If 'At least once a week', probe:</i> Would you say this happens almost every day?  <i>If 'Yes' record 3. If 'No' record 2.</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK .....2 ALMOST EVERY DAY.....3	

FERTILITY/BIRTH HISTORY		CM
<b>CM1.</b> Now I would like to ask about all the births you have had during your life. Have you ever given birth?  <i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i>	YES ..... 1 NO ..... 2	2 ⇨ CM8
<b>CM2.</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 ⇨ CM5
<b>CM3.</b> How many sons live with you?  <i>If none, record '00'.</i>	SONS AT HOME ..... ___	
<b>CM4.</b> How many daughters live with you?  <i>If none, record '00'.</i>	DAUGHTERS AT HOME ..... ___	
<b>CM5.</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>CM6.</b> How many sons are alive but do not live with you?  <i>If none, record '00'.</i>	SONS ELSEWHERE ..... ___	
<b>CM7.</b> How many daughters are alive but do not live with you?  <i>If none, record '00'.</i>	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 any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i>	YES ..... 1 NO ..... 2	2 ⇨ CM11
<b>CM9.</b> How many boys have died?  <i>If none, record '00'.</i>	BOYS DEAD ..... ___	
<b>CM10.</b> How many girls have died?  <i>If none, record '00'.</i>	GIRLS DEAD ..... ___	
<b>CM11.</b> Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM ..... ___	
<b>CM12.</b> Just to make sure that I have this right, you have had in total ( <b>total number in CM11</b> ) births during your life. Is this correct?	YES ..... 1 NO ..... 2	1 ⇨ CM14
<b>CM13.</b> Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
<b>CM14.</b> Check CM11. How many live births?	NO LIVE BIRTHS, CM11=00 ..... 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE ..... 1	0 ⇨ CM19

**FERILITY/BIRTH HISTORY**
**BH**

**BH0.** 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.*

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (name of birth) a boy or a girl?	BH4. In what month and year was (name of birth) born?  Probe: What is (his/her) birthday?			BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday?  Record age in completed years.	BH7. Is (name of birth) living with you?		BH8. Record household line number of child (from HLL)  Record '00' if child is not listed.	BH9. How old was (name of birth) when (he/she) died?  If '1 year', probe: How many months old was (name of birth)?  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 of birth), including any children who died after birth?	
		S	M		B	G	Day	Month	Year		Y	N		Age	Y	N		Line No
01		1	2	1	2						1	2	→ Next Birth	DAYS.....1 MONTHS...2 YEARS.....3				
02		1	2	1	2						1	2	→ BH10	DAYS.....1 MONTHS..2 YEARS.....3			1 ♂ Add Birth	2 ♀ Next Birth
03		1	2	1	2						1	2	→ BH10	DAYS.....1 MONTHS..2 YEARS.....3			1 ♂ Add Birth	2 ♀ Next Birth
04		1	2	1	2						1	2	→ BH10	DAYS.....1 MONTHS..2 YEARS.....3			1 ♂ Add Birth	2 ♀ Next Birth
05		1	2	1	2						1	2	→ BH10	DAYS.....1 MONTHS..2 YEARS.....3			1 ♂ Add Birth	2 ♀ Next Birth
06		1	2	1	2						1	2	→ BH10	DAYS.....1 MONTHS..2 YEARS.....3			1 ♂ Add Birth	2 ♀ Next Birth
07		1	2	1	2						1	2	→ BH10	DAYS.....1 MONTHS..2 YEARS.....3			1 ♂ Add Birth	2 ♀ Next Birth
08		1	2	1	2						1	2	→ BH10	DAYS.....1 MONTHS..2 YEARS.....3			1 ♂ Add Birth	2 ♀ Next Birth
09		1	2	1	2						1	2		DAYS.....1			1 ♂ Add Birth	2 ♀ Next Birth

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (name of birth) a boy or a girl?	BH4. In what month and year was (name of birth) born? <i>Probe: What is (his/her) birthday?</i>	BH9			BH6. How old was (name of birth) at (his/her) last birthday?  <i>Record age in completed years.</i>	BH7. Is (name of birth) living with you?	BH8. Record household line number of child (from HL1)  <i>Record '00' if child is not listed.</i>	BH9. How old was (name of birth) when (he/she) died?  <i>If '1 year', probe: How many months old was (name of birth)?</i>  <i>Record days if less than 1 month; record months if less than 2 years; or years</i>	Add Birth	Next Birth	
					B	G	Year							Y
10		S M 1 2	B G 1 2	Day Month Year — — —	Y N 1 2	Age — —	Y N 1 2	⇒ BH10 — —	DAYS.....1 MONTHS..2 YEARS....3	1 Add Birth	1 Add Birth	2 Next Birth		
11		S M 1 2	B G 1 2	Day Month Year — — —	Y N 1 2	Age — —	Y N 1 2	⇒ BH10 — —	DAYS.....1 MONTHS..2 YEARS....3	1 Add Birth	1 Add Birth	2 Next Birth		
12		S M 1 2	B G 1 2	Day Month Year — — —	Y N 1 2	Age — —	Y N 1 2	⇒ BH10 — —	DAYS.....1 MONTHS..2 YEARS....3	1 Add Birth	1 Add Birth	2 Next Birth		
13		S M 1 2	B G 1 2	Day Month Year — — —	Y N 1 2	Age — —	Y N 1 2	⇒ BH10 — —	DAYS.....1 MONTHS..2 YEARS....3	1 Add Birth	1 Add Birth	2 Next Birth		
14		S M 1 2	B G 1 2	Day Month Year — — —	Y N 1 2	Age — —	Y N 1 2	⇒ BH10 — —	DAYS.....1 MONTHS..2 YEARS....3	1 Add Birth	1 Add Birth	2 Next Birth		
BH11. Have you had any live births since the birth of (name of last birth listed)?											YES ..... 1 NO ..... 2		1 ⇒ Record birth(s) in Birth History	

<p><b>CM15.</b> Compare number in CM11 with number of births listed in the birth history above and check:</p>	<p>NUMBERS ARE THE SAME..... 1  NUMBERS ARE DIFFERENT ..... 2</p>	<p>1 ⇒ CM17</p>
<p><b>CM16.</b> Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.</p>		
<p><b>CM17.</b> Check BH4: Last birth occurred within the last 2 years, that is, since (<b>month of interview</b>) in 2015?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is 2015, consider this as a birth within the last 2 years.</i></p>	<p>NO LIVE BIRTHS IN THE LAST 2 YEARS..... 0  ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS ..... 1</p>	<p>0 ⇒ CM19</p>
<p><b>CM18.</b> Copy name of the last child listed in BH1.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p>	<p>NAME OF LAST-BORN CHILD</p> <p>_____</p>	
<p><b>CM19.</b> Sometimes women have pregnancies that might not end with a live birth.</p> <p>Have you ever had any pregnancy that was miscarried, ended in a stillbirth, or that was aborted?</p>	<p>YES ..... 1  NO ..... 2</p>	<p>2 ⇒ End</p>
<p><b>CM20.</b> How many miscarriages have you had during your lifetime?</p> <p>By miscarriage, I mean an early and involuntary end of pregnancy within the first 5 months of pregnancy.</p>	<p>NONE..... 00  NUMBER OF MISCARRIAGES _____</p>	
<p><b>CM21.</b> In how many cases have your pregnancies ended with a stillbirth?</p> <p>By stillbirth, I mean a birth that took place after the 5th month of pregnancy, but the child did not show any signs of life.</p>	<p>NONE..... 00  NUMBER OF STILLBIRTHS _____</p>	
<p><b>CM22.</b> And how many abortions have you had during your lifetime?</p> <p>By abortion, I mean a pregnancy that was voluntarily terminated within the first 5 months of pregnancy.</p>	<p>NONE..... 00  NUMBER OF ABORTIONS _____</p>	<p>00 ⇒ End</p>
<p><b>CM23.</b> When did your (last) abortion take place?</p> <p><i>Month and year must be recorded.</i></p>	<p>DATE OF (LAST) ABORTION</p> <p>MONTH..... ____</p> <p>YEAR ..... ____</p>	

<p><b>CM24.</b> Check CM23: Last abortion occurred within the last 5 years, that is, since (<i>month of interview</i>) in 2012?</p> <p><i>If the month of interview and the month the abortion took place are the same, and the year the abortion took place is 2012, consider this as an abortion within the last 5 years.</i></p>	<p>NO ABORTION IN THE LAST 5 YEARS..... 0</p> <p>THE LAST ABORTION TOOK PLACE DURING THE LAST 5 YEARS..... 1</p>	<p>0 ⇒ End</p>
<p><b>CM25.</b> How many months (weeks) were you pregnant when your pregnancy was aborted?</p> <p><i>If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months</i></p>	<p>LENGTH OF PREGNANCY AT TIME OF ABORTION</p> <p>WEEKS..... 1 ___</p> <p>MONTHS ..... 2 ___</p>	
<p><b>CM26.</b> What was the method used for that abortion?</p>	<p>MEDICAL METHOD USING PILLS .....1</p> <p>SURGICAL / INVASIVE METHOD .....2</p>	<p>1 ⇒ CM28</p>
<p><b>CM27.</b> Where did the surgical abortion take place?</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL .....21</p> <p>HEALTH CENTRE .....22</p> <p>OTHER PUBLIC (<i>specify</i>) ..... 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL .....31</p> <p>PRIVATE CLINIC .....32</p> <p>PRIVATE MATERNITY HOME .....33</p> <p>OTHER PRIVATE</p> <p>    MEDICAL (<i>specify</i>) ..... 36</p> <p>OTHER (<i>specify</i>) .....96</p>	<p>21 ⇒ CM30</p> <p>22 ⇒ CM30</p> <p>26 ⇒ CM30</p> <p>31 ⇒ CM30</p> <p>32 ⇒ CM30</p> <p>33 ⇒ CM30</p> <p>36 ⇒ CM30</p> <p>96 ⇒ CM30</p>
<p><b>CM28.</b> Where did the medical abortion using pills take place?</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL .....21</p> <p>HEALTH CENTRE .....22</p> <p>OTHER PUBLIC (<i>specify</i>) ..... 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL .....31</p> <p>PRIVATE CLINIC .....32</p> <p>PRIVATE MATERNITY HOME .....33</p> <p>OTHER PRIVATE</p> <p>    MEDICAL (<i>specify</i>) ..... 36</p> <p>AT HOME.....41</p> <p>OTHER (<i>specify</i>) ..... 96</p>	


<b>CM29.</b> Where did you obtain the pills?	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL .....21</p> <p>HEALTH CENTRE .....22</p> <p>OTHER PUBLIC (<i>specify</i>) ..... 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL .....31</p> <p>PRIVATE CLINIC .....32</p> <p>PRIVATE MATERNITY HOME .....33</p> <p>OTHER PRIVATE</p> <p>    MEDICAL (<i>specify</i>) ..... 36</p> <p>PHARMACY .....41</p> <p>LOCAL DRUG STORE .....41</p> <p>ALREADY HAD AT HOME .....41</p> <p>RELATIVE / FRIEND.....42</p> <p>OTHER (<i>specify</i>) ..... 96</p>	
<b>CM30.</b> Did you face any problems or complications?	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>2 ⇒ End</p>
<b>CM31.</b> What kind of complications did you have?  <i>Record all mentioned.</i>	<p>HEAVY BLEEDING ..... A</p> <p>SEVERE PAIN .....B</p> <p>FEVER .....C</p> <p>INJURY/PERFORATION ..... D</p> <p>FOUL-SMELLING VAGINAL DISCHARGE ..E</p> <p>OTHER (<i>specify</i>) ..... X</p>	
<b>CM32.</b> Did you seek treatment for this/these complication(s)?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

DESIRE FOR LAST BIRTH		DB
<b>DB1.</b> Check CM17: Was there a live birth in the last 2 years?  Copy name of last birth listed in the birth history (CM18) to here and use where indicated:  Name _____	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK..... 2	2 ⇒ End
<b>DB2.</b> When you got pregnant with ( <i>name</i> ), did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	1 ⇒ End
<b>DB3.</b> Check CM11: Number of births:	ONLY 1 BIRTH..... 1 2 OR MORE BIRTHS..... 2	1 ⇒ DB4A 2 ⇒ DB4B
<b>DB4A.</b> Did you want to have a baby later on, or did you not want any children?	LATER ..... 1 NO MORE..... 2	
<b>DB4B.</b> Did you want to have a baby later on, or did you not want any more children?		

MATERNAL AND NEWBORN HEALTH		MN												
<p><b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 ..... 1</p> <p>NO, CM17=0 OR BLANK ..... 2</p>	2 ⇒ End												
<p><b>MN2.</b> Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	2 ⇒ MN7												
<p><b>MN3.</b> Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p><b>HEALTH PROFESSIONAL</b></p> <p>DOCTOR ..... A</p> <p>NURSE / MIDWIFE ..... B</p> <p>AUXILIARY NURSE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... F</p> <p>COMMUNITY HEALTH WORKER ..... G</p> <p>OTHER (<i>specify</i>) ..... X</p>													
<p><b>MN4.</b> How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If "9 months" or later, record 9.</p>	<p>WEEKS ..... 1 ___</p> <p>MONTHS ..... 2 <u>0</u>__</p> <p>DK ..... 998</p>													
<p><b>MN5.</b> How many times did you receive antenatal care during this pregnancy?</p> <p>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.</p>	<p>NUMBER OF TIMES ..... ___</p> <p>DK ..... 98</p>													
<p><b>MN6.</b> As part of your antenatal care during this pregnancy, were any of the following done at least once:</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></th> <th style="text-align: center;">YES</th> <th style="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>MN7.</b> Do you have a card or other document with your own immunizations listed?</p> <p>If yes, ask: May I see it please?</p> <p>If a card is presented, use it to assist with answers to the following questions.</p>	<p>YES (CARD OR OTHER DOCUMENT SEEN).... 1</p> <p>YES (CARD OR OTHER DOCUMENT NOT SEEN)..... 2</p> <p>NO ..... 3</p> <p>DK ..... 8</p>													
<p><b>MN8.</b> When you were pregnant with (<i>name</i>), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ MN11</p> <p>8 ⇒ MN11</p>												

<b>MN9.</b> How many times did you receive this tetanus injection during your pregnancy with ( <i>name</i> )?	NUMBER OF TIMES ..... __ DK ..... 8	8 ⇒ MN11
<b>MN10.</b> Check MN9: How many tetanus injections during last pregnancy were reported?	ONLY 1 INJECTION ..... 1 2 OR MORE INJECTIONS ..... 2	2 ⇒ MN15
<b>MN11.</b> At any time before your pregnancy with ( <i>name</i> ), did you receive any tetanus injection either to protect yourself or another baby?  <i>Include DPT (Tetanus) vaccinations received as a child if mentioned.</i>	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ MN15 8 ⇒ MN15
<b>MN12.</b> Before your pregnancy with ( <i>name</i> ), how many times did you receive a tetanus injection?  <i>If 7 or more times, record '7'. Include DPT (Tetanus) vaccinations received as a child if mentioned.</i>	NUMBER OF TIMES ..... __ DK ..... 8	
<b>MN13.</b> Check MN12: How many tetanus injections before last pregnancy were reported?	ONLY 1 INJECTION ..... 1 2 OR MORE INJECTIONS OR DK ..... 2	1 ⇒ MN14A 2 ⇒ MN14B
<b>MN14A.</b> How many years ago did you receive that tetanus injection ?  <b>MN14B.</b> How many years ago did you receive the last of those tetanus injections?  <i>The reference is to the last injection received prior to this pregnancy, as recorded in MN12. If less than 1 year, record '00'.</i>	YEARS AGO ..... __ __ DK ..... 98	
<b>MN14C.</b> During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ MN15 8 ⇒ MN15
<b>MN14D.</b> During the whole pregnancy, for how many days did you take the tablets or syrup?  <i>If answer is not numeric, probe for approximate number of days</i>	DAYS ..... __ __ __ DK ..... 998	
<b>MN15.</b> Check MN2: Was antenatal care received?	YES, MN2=1 ..... 1 NO, MN2=2 ..... 2	2 ⇒ MN19
<b>MN16.</b> During the pregnancy with ( <i>name</i> ), did you take SP/Fansidar to keep <u>you</u> from getting malaria?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ MN19 8 ⇒ MN19
<b>MN17.</b> How many times did you take SP/Fansidar during your pregnancy with ( <i>name</i> )?	NUMBER OF TIMES ..... __ __ DK ..... 98	



<p><b>MN23.</b> Immediately after the birth, was (<b>name</b>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p> 	<p>YES ..... 1  NO ..... 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	<p>2 ⇒MN25</p> <p>8 ⇒MN25</p>
<p><b>MN24.</b> Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES ..... 1  NO ..... 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	
<p><b>MN25.</b> Was (<b>name</b>) dried or wiped soon after birth?</p>	<p>YES ..... 1  NO ..... 2</p> <p>DK/ DON'T REMEMBER..... 8</p>	
<p><b>MN26.</b> How long after the birth was (<b>name</b>) bathed for the first time?</p> <p><i>If "immediately" or less than 1 hour, record '000'.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>If "1 day" or "next day", probe: About how many hours after the delivery?</i></p> <p><i>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.</i></p> <p><i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR ..... 000</p> <p>HOURS..... <b>1</b> ____</p> <p>DAYS ..... <b>2</b> ____</p> <p>NEVER BATHED..... 997</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p><b>MN27.</b> Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36..... 1  NO, MN20=11-12 or 96 ..... 2</p>	<p>1 ⇒MN30</p>
<p><b>MN28.</b> What was used to cut the cord?</p>	<p>NEW BLADE..... 1  BLADE USED FOR OTHER PURPOSES..... 2  SCISSORS..... 3</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK ..... 8</p>	
<p><b>MN29.</b> Was the instrument used to cut the cord boiled or sterilised prior to use?</p>	<p>YES ..... 1  NO ..... 2</p> <p>DK / DON'T REMEMBER..... 8</p>	
<p><b>MN30.</b> After the cord was cut and until it fell off, was anything applied to the cord?</p>	<p>YES ..... 1  NO ..... 2</p> <p>DK / DON'T REMEMBER..... 8</p>	<p>2 ⇒MN32</p> <p>8 ⇒MN32</p>

<p><b>MN31.</b> What was applied to the cord?</p> <p><i>Probe: Anything else?</i></p>	<p>CHLORHEXIDINE.....A  OTHER ANTISEPTIC (ALCOHOL,  SPIRIT, GENTIAN VIOLET) ..... B  MUSTARD OIL ..... C  ASH.....D  ANIMAL DUNG..... E</p> <p>OTHER (<i>specify</i>) _____ X  DK / DON'T REMEMBER ..... Z</p>	
<p><b>MN32.</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</p> <p>DK ..... 8</p>	
<p><b>MN33.</b> Was (<i>name</i>) weighed at birth?</p>	<p>YES ..... 1  NO ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ MN35  8 ⇒ MN35</p>
<p><b>MN34.</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..... <b>1 (KG)</b> __ . ____  FROM RECALL ..... <b>2 (KG)</b> __ . ____</p> <p>DK ..... 99998</p>	
<p><b>MN35.</b> Has your menstrual period returned since the birth of (<i>name</i>)?</p>	<p>YES ..... 1  NO ..... 2</p>	
<p><b>MN36.</b> Did you ever breastfeed (<i>name</i>)?</p>	<p>YES ..... 1  NO ..... 2</p>	<p>2 ⇒ MN39B</p>
<p><b>MN37.</b> How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.</i></p>	<p>IMMEDIATELY ..... 000</p> <p>HOURS..... <b>1</b> __ __  DAYS ..... <b>2</b> __ __</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p><b>MN38.</b> In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p>	<p>YES ..... 1  NO ..... 2</p>	<p>1 ⇒ MN39A  2 ⇒ End</p>

<p><b>MN39A.</b> What was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p> <p><b>MN39B.</b> In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe: Anything else?</i></p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p>	<p>MILK (OTHER THAN BREAST MILK)..... A</p> <p>PLAIN WATER .....B</p> <p>SUGAR OR GLUCOSE WATER.....C</p> <p>GRIPE WATER ..... D</p> <p>SUGAR-SALT-WATER SOLUTION .....E</p> <p>FRUIT JUICE..... F</p> <p>INFANT FORMULA ..... G</p> <p>TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONS..... H</p> <p>HONEY .....I</p> <p>PRESCRIBED MEDICINE.....J</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>NOT GIVEN ANYTHING TO DRINK..... Y</p>	
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POST-NATAL HEALTH CHECKS		PN
<p><b>PN1.</b> Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK ..... 2	2 ⇨ End
<p><b>PN2.</b> Check MN20: Was the child delivered in a health facility?</p>	YES, MN20=21-36..... 1 NO, MN20=11-12 OR 96..... 2	2 ⇨ PN7
<p><b>PN3.</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 MN20</i>). How long did you stay there after the delivery?</p> <p>If less than one day, record hours.            If less than one week, record days.            Otherwise, record weeks.</p>	HOURS..... 1 ___ DAYS ..... 2 ___ WEEKS ..... 3 ___ DK / DON'T REMEMBER..... 998	
<p><b>PN4.</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 MN20</i>), did anyone check on (<i>name</i>)'s health?</p>	YES..... 1 NO ..... 2	
<p><b>PN5.</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 MN20</i>)?</p>	YES..... 1 NO ..... 2	
<p><b>PN6.</b> Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?</p>	YES..... 1 NO ..... 2	1 ⇨ PN12 2 ⇨ PN17
<p><b>PN7.</b> Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED..... 1 NO, NONE OF THE CATEGORIES A TO G RECORDED..... 2	2 ⇨ PN11

<p><b>PN8.</b> You have already said that (<i>person or persons in MN19</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 MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
<p><b>PN9.</b> And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving for example asking questions about your health or examining you?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
<p><b>PN10.</b> After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	<p>1 ⇨ PN12</p> <p>2 ⇨ PN19</p>
<p><b>PN11.</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</p> <p>NO ..... 2</p>	<p>2 ⇨ PN20</p>
<p><b>PN12.</b> Did such a check happen only once, or more than once?</p>	<p>ONCE ..... 1</p> <p>MORE THAN ONCE..... 2</p>	<p>1 ⇨ PN13A</p> <p>2 ⇨ PN13B</p>
<p><b>PN13A.</b> How long after delivery did that check happen?</p> <p><b>PN13B.</b> How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>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>PN14.</b> Who checked on (<i>name</i>)’s health at that time?</p>	<p><b>HEALTH PROFESSIONAL</b></p> <p>DOCTOR..... A</p> <p>NURSE / MIDWIFE..... B</p> <p>AUXILIARY NURSE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... F</p> <p>COMMUNITY HEALTH WORKER ..... G</p> <p>RELATIVE / FRIEND ..... H</p> <p>OTHER (<i>specify</i>) _____ X</p>	

<p><b>PN15.</b> Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>HOME</b></p> <p>YOUR HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .....21</p> <p>GOVERNMENT HEALTH CENTRE .....22</p> <p>OTHER PUBLIC MEDICAL (specify) _____ 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL .....31</p> <p>PRIVATE CLINIC .....32</p> <p>PRIVATE MATERNITY HOME .....33</p> <p>OTHER PRIVATE MEDICAL (specify) _____ 36</p> <p>OTHER (specify) _____ 96</p>	
<p><b>PN16.</b> Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36..... 1</p> <p>NO, MN20=11-12 OR 96..... 2</p>	<p>2 ⇨PN18</p>
<p><b>PN17.</b> After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES..... 1</p> <p>NO .....2</p>	<p>1 ⇨PN21</p> <p>2 ⇨PN25</p>
<p><b>PN18.</b> Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED..... 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED..... 2</p>	<p>2 ⇨PN20</p>
<p><b>PN19.</b> After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES..... 1</p> <p>NO .....2</p>	<p>1 ⇨PN21</p> <p>2 ⇨PN25</p>
<p><b>PN20.</b> After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES..... 1</p> <p>NO .....2</p>	<p>2 ⇨PN25</p>
<p><b>PN21.</b> Did such a check happen only once, or more than once?</p>	<p>ONCE ..... 1</p> <p>MORE THAN ONCE..... 2</p>	<p>1 ⇨PN22A</p> <p>2 ⇨PN22B</p>
<p><b>PN22A.</b> How long after delivery did that check happen?</p> <p><b>PN22B.</b> How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>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>PN23.</b> Who checked on <u>your</u> health at that time?</p>	<p><b>HEALTH PROFESSIONAL</b>  DOCTOR..... A  NURSE / MIDWIFE..... B  AUXILIARY NURSE ..... C  <b>OTHER PERSON</b>  TRADITIONAL BIRTH ATTENDANT ..... F  COMMUNITY HEALTH WORKER ..... G  RELATIVE / FRIEND ..... H  OTHER (<i>specify</i>) _____ X</p>																	
<p><b>PN24.</b> Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p><b>HOME</b>  YOUR HOME ..... 11  OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b>  GOVERNMENT HOSPITAL ..... 21  GOVERNMENT HEALTH CENTRE ..... 22  OTHER PUBLIC  (<i>specify</i>) _____ 26</p> <p><b>PRIVATE MEDICAL SECTOR</b>  PRIVATE HOSPITAL ..... 31  PRIVATE CLINIC ..... 32  PRIVATE MATERNITY HOME ..... 33  OTHER PRIVATE  MEDICAL (<i>specify</i>) _____ 36</p> <p>OTHER (<i>specify</i>) _____ 96</p>																	
<p><b>PN25.</b> During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)'s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</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>EXAMINE THE CORD .....</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>TAKE TEMPERATURE.....</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>COUNSEL ON 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	EXAMINE THE CORD .....	1	2	8	TAKE TEMPERATURE.....	1	2	8	COUNSEL ON BREASTFEEDING ....	1	2	8	
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TAKE TEMPERATURE.....	1	2	8															
COUNSEL ON BREASTFEEDING ....	1	2	8															
<p><b>PN26.</b> Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1 ..... 1  NO, MN36=2..... 2</p>	<p>2 ⇨ PN28</p>																
<p><b>PN27.</b> Observe (<i>name</i>)'s breastfeeding?</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>OBSERVE 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	OBSERVE BREASTFEEDING	1	2	8									
	YES	NO	DK															
OBSERVE BREASTFEEDING	1	2	8															
<p><b>PN28.</b> Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1 ..... 1  NO, MN33=2..... 2  DK, MN33=8..... 3</p>	<p>1 ⇨ PN29A  2 ⇨ PN29B  3 ⇨ PN29C</p>																

<p><b>PN29A.</b> You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days?</p> <p><b>PN29B.</b> You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> <p><b>PN29C.</b> You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
<p><b>PN30.</b> During the first two days after (<i>name</i>)’s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	

CONTRACEPTION		CP
<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  DK OR NOT SURE.....8</p>	1 ⇒ CP3
<p><b>CP2.</b> Couples use various ways or methods to delay or avoid getting pregnant.</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES.....1  NO.....2</p>	1 ⇒ CP4
<p><b>CP3.</b> Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES.....1  NO.....2</p>	1 ⇒ End 2 ⇒ End
<p><b>CP4.</b> What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.</i>  <i>If more than one method is mentioned, record each one.</i></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>	
<p><b>CP5.</b> Where did you obtain (current method) the last time?</p> <p><i>Probe to identify the type of source.</i>  <i>If unable to determine if public or private sector, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>PUBLIC SECTOR  GOVT. HOSPITAL ..... 11  HEALTH CENTER ..... 12  LAO YOUTH CENTER LYC ..... 13  OUTREACH TEAM..... 14  VILLAGE HEALTH VOLUNTEER VHV ..... 15  OTHER PUBLIC SECTOR _____ 16  (<i>specify</i>)</p> <p>PRIVATE MEDICAL SECTOR  PRIVATE HOSPITAL/CLINIC ..... 21  PHARMACY ..... 22  PRIVATE DOCTOR ..... 23  MOBILE CLINIC ..... 24  FIELD WORKER ..... 25</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26  (<i>specify</i>)</p> <p>OTHER SOURCE  SHOP ..... 31  FRIEND/RELATIVE..... 33  OTHER (<i>specify</i>) _____ 96</p>	

UNMET NEED		UN
<b>UN1.</b> Check CP1. Currently pregnant?	YES, CP1=1 ..... 1 NO, DK OR NOT SURE, CP1= 2 OR 8 ..... 2	2 ⇨ UN6
<b>UN2.</b> 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?	YES ..... 1 NO ..... 2	1 ⇨ UN5
<b>UN3.</b> Check CM11. Any births?	NO BIRTHS ..... 0 ONE OR MORE BIRTHS ..... 1	0 ⇨ UN4A 1 ⇨ UN4B
<b>UN4A.</b> Did you want to have a baby later on or did you not want any children?  <b>UN4B.</b> Did you want to have a baby later on or did you not want any more children?	LATER ..... 1 NONE / NO MORE ..... 2	
<b>UN5.</b> 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?	HAVE ANOTHER CHILD ..... 1 NO MORE / NONE ..... 2 UNDECIDED / DK ..... 8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
<b>UN6.</b> Check CP4. Currently using 'Female sterilization'?	YES, CP4=A ..... 1 NO, CP4≠A ..... 2	1 ⇨ UN14
<b>UN7.</b> 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?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE / NONE ..... 2 SAYS SHE CANNOT GET PREGNANT ..... 3 UNDECIDED / DK ..... 8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
<b>UN8.</b> How long would you like to wait before the birth of (a/another) child?  <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 ..... 996  DK ..... 998	994 ⇨ UN12
<b>UN9.</b> Check CP1. Currently pregnant?	YES, CP1=1 ..... 1 NO, DK OR NOT SURE, CP1= 2 OR 8 ..... 2	1 ⇨ UN14
<b>UN10.</b> Check CP2. Currently using a method?	YES, CP2=1 ..... 1 NO, CP2= 2 ..... 2	1 ⇨ UN14
<b>UN11.</b> Do you think you are physically able to get pregnant at this time?	YES ..... 1 NO ..... 2  DK ..... 8	1 ⇨ UN14 8 ⇨ UN14

<p><b>UN12.</b> Why do you think you are not physically able to get pregnant?</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>UN13.</b> Check UN12. 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C ..... 1  NOT MENTIONED, UN12≠C ..... 2</p>	<p>1 ⇒End</p>
<p><b>UN14.</b> When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i>  How many months ago?</p>	<p>DAYS AGO ..... 1 ___    WEEKS AGO ..... 2 ___    MONTHS AGO ..... 3 ___    YEARS AGO ..... 4 ___    IN MENOPAUSE / HAS HAD HYSTERECTOMY ..... 993  BEFORE LAST BIRTH ..... 994  NEVER MENSTRUATED..... 995</p>	<p>993 ⇒End  994 ⇒End  995 ⇒End</p>
<p><b>UN15.</b> Check UN14. Was the last menstrual period within last year?</p>	<p>YES, WITHIN LAST YEAR ..... 1  NO, ONE YEAR OR MORE ..... 2</p>	<p>2 ⇒End</p>
<p><b>UN16.</b> Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p>	<p>YES ..... 1  NO..... 2    DK / NOT SURE / NO SUCH ACTIVITY ..... 8</p>	
<p><b>UN17.</b> During your last menstrual period were you able to wash and change in privacy while at home?</p>	<p>YES ..... 1  NO..... 2    DK..... 8</p>	
<p><b>UN18.</b> Did you use any materials such as sanitary pads, tampons or cloth?</p>	<p>YES ..... 1  NO..... 2    DK..... 8</p>	<p>2 ⇒End  8 ⇒End</p>
<p><b>UN19.</b> Were the materials reusable?</p>	<p>YES ..... 1  NO..... 2    DK..... 8</p>	

**ATTITUDES TOWARD DOMESTIC VIOLENCE**

**DV**

**DVI.** 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:

		YES	NO	DK
[A] If she goes out without telling him?	GOES OUT WITHOUT TELLING .....	1	2	8
[B] If she neglects the children?	NEGLECTS CHILDREN.....	1	2	8
[C] If she argues with him?	ARGUES WITH HIM.....	1	2	8
[D] If she refuses to have sex with him?	REFUSES SEX.....	1	2	8
[E] If she burns the food?	BURNS FOOD .....	1	2	8

MARRIAGE/UNION		MA
<b>MA1.</b> Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A PARTNER..... 2 NO, NOT IN UNION ..... 3	3 ⇨MA5
<b>MA2.</b> How old is your (husband/partner)?  <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS..... __ __  DK ..... 98	
<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 someone as if married?	YES, FORMERLY MARRIED..... 1 YES, FORMERLY LIVED WITH A PARTNER.. 2 NO ..... 3	3 ⇨End
<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 someone 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 start living with your (husband/partner)?  <b>MA8B.</b> In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH..... __ __ DK MONTH..... 98  YEAR ..... __ __ __ __ DK YEAR..... 9998	
<b>MA9.</b> Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 ..... 1 NO, MA8A/B≠9998 ..... 2	2 ⇨End
<b>MA10.</b> Check MA7: In union only once?	YES, MA7=1 ..... 1 NO, MA7=2..... 2	1 ⇨MA11A 2 ⇨MA11B
<b>MA11A.</b> How old were you when you started living with your (husband/partner)?  <b>MA11B.</b> How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS..... __ __	

SEXUAL BEHAVIOR		SE
<p><b>SB1.</b> <i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i> Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE .....00</p> <p>AGE IN YEARS..... __ __</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER .....95</p>	00 ⇒ End
<p><b>SB2.</b> I would like to ask you about your recent sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p>	<p>DAYS AGO .....1 __ __</p> <p>WEEKS AGO .....2 __ __</p> <p>MONTHS AGO .....3 __ __</p> <p>YEARS AGO.....4 __ __</p>	4 ⇒ End
<p><b>SB3.</b> The last time you had sexual intercourse, was a condom used?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
<p><b>SB4.</b> What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND ..... 1</p> <p>COHABITING PARTNER ..... 2</p> <p>BOYFRIEND ..... 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER (specify) _____ 6</p>	<p>3 ⇒ SB6</p> <p>4 ⇒ SB6</p> <p>5 ⇒ SB6</p> <p>6 ⇒ SB6</p>
<p><b>SB5.</b> <i>Check MA1: Currently married or living with a partner?</i></p>	<p>YES, MA1=1 OR 2..... 1</p> <p>NO, MA1=3..... 2</p>	1 ⇒ SB7
<p><b>SB6.</b> How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER ..... __ __</p> <p>DK ..... 98</p>	
<p><b>SB7.</b> Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	2 ⇒ End
<p><b>SB8.</b> The last time you had sexual intercourse with another person, was a condom used?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	

<p><b>SB9.</b> What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend' then ask:</i>  Were you living together as if married?  <i>If 'Yes', record '2'. If 'No', record '3'.</i></p>	HUSBAND.....1 COHABITING PARTNER .....2 BOYFRIEND .....3 CASUAL ACQUAINTANCE.....4 CLIENT/SEX WORKER .....5  OTHER ( <i>specify</i> ) _____ 6	 3 ⇨SB12 4 ⇨SB12 5 ⇨SB12  6 ⇨SB12
<p><b>SB10.</b> Check MA1: Currently married or living with a partner?</p>	YES, MA1=1 OR 2..... 1 NO, MA1=3 ..... 2	2 ⇨SB12
<p><b>SB11.</b> Check MA7: Married or living with a partner only once?</p>	YES, MA7=1 ..... 1 NO, MA7≠1 ..... 2	1 ⇨End
<p><b>SB12.</b> How old is this person?</p> <p><i>If response is 'DK', probe:</i>  About how old is this person?</p>	AGE OF SEXUAL PARTNER ..... __ __  DK ..... 98	

HIV/AIDS		HA																
<b>HA1.</b> Now I would like to talk with you about something else.  Have you ever heard of HIV or AIDS?	YES..... 1 NO ..... 2  DK ..... 8	2 ⇒ End																
<b>HA2.</b> HIV is the virus that can lead to AIDS.  Can people reduce their chance of getting HIV 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 HIV from mosquito bites?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA4.</b> Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA5.</b> Can people get HIV by sharing food with a person who has HIV?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA6.</b> Can people get HIV because of witchcraft or other supernatural means?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA7.</b> Is it possible for a healthy-looking person to have HIV?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA8.</b> Can HIV 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> Check HA8[A], [B] and [C]: At least one 'Yes' recorded?	YES..... 1 NO ..... 2	2 ⇒ HA11																
<b>HA10.</b> Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES..... 1 NO ..... 2  DK ..... 8																	
<b>HA11.</b> Check CM17: Was there a live birth in the last 2 years?  Copy name of last birth listed in the birth history (CM18) to here and use where indicated:  Name _____	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK ..... 2	2 ⇒ HA24																

<b>HA12.</b> Check MN2: Was antenatal care received?	YES, MN2=1 ..... 1 NO, MN2=2.....2	2 ⇨ HA17
<b>HA13.</b> During any of the antenatal visits for your pregnancy with ( <i>name</i> ), were you given any information about:  [A] Babies getting HIV from their mother?  [B] Things that you can do to prevent getting HIV?  [C] Getting tested for HIV?  Were you: [D] Offered a test for HIV?	YES NO DK HIV FROM MOTHER ..... 1 2 8 THINGS TO DO ..... 1 2 8 TESTED FOR HIV ..... 1 2 8 OFFERED A TEST FOR HIV ..... 1 2 8	
<b>HA14.</b> I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES..... 1 NO .....2 DK .....8	2 ⇨ HA17 8 ⇨ HA17
<b>HA15.</b> I don't want to know the results, but did you get the results of the test?	YES..... 1 NO .....2 DK .....8	2 ⇨ HA17 8 ⇨ HA17
<b>HA16.</b> After you received the result, were you given any health information or counselling related to HIV?	YES..... 1 NO .....2 DK .....8	
<b>HA17.</b> Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36..... 1 NO, MN20=11-12 OR 96.....2	2 ⇨ HA21
<b>HA18.</b> Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES..... 1 NO .....2	
<b>HA19.</b> I don't want to know the results, but were you tested for HIV at that time?	YES..... 1 NO .....2	2 ⇨ HA21
<b>HA20.</b> I don't want to know the results, but did you get the results of the test?	YES..... 1 NO .....2	1 ⇨ HA22 2 ⇨ HA22
<b>HA21.</b> Check HA14. Was the respondent tested for HIV as part of antenatal care?	YES, HA14=1 ..... 1 NO OR NO ANSWER, HA14≠1.....2	2 ⇨ HA24
<b>HA22.</b> Have you been tested for HIV since that time you were tested during your pregnancy?	YES..... 1 NO .....2	1 ⇨ HA25
<b>HA23.</b> How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO ..... 1 12-23 MONTHS AGO .....2 2 OR MORE YEARS AGO.....3	1 ⇨ HA28 2 ⇨ HA28 3 ⇨ HA28
<b>HA24.</b> I don't want to know the results, but have you ever been tested for HIV?	YES..... 1 NO .....2	2 ⇨ HA27

<b>HA25.</b> How many months ago was your most recent HIV test?	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 ⇨HA28 2 ⇨HA28  8 ⇨HA28
<b>HA27.</b> Do you know of a place where people can go to get an HIV test?	YES..... 1 NO ..... 2	
<b>HA28.</b> Have you heard of test kits people can use to test themselves for HIV?	YES..... 1 NO ..... 2	2 ⇨HA30
<b>HA29.</b> Have you ever tested yourself for HIV using a self-test kit?	YES..... 1 NO ..... 2	
<b>HA30.</b> Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA31.</b> Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA32.</b> Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA33.</b> Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA34.</b> Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA35.</b> Do you agree or disagree with the following statement?  I would be ashamed if someone in my family had HIV.	AGREE ..... 1 DISAGREE ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA36.</b> Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES..... 1 NO ..... 2 SAYS SHE HAS HIV ..... 7  DK / NOT SURE / DEPENDS ..... 8	

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, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS ..... <u>0</u> _____  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 ⇨ TA10Z
<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>Record 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 ( <i>names of products mentioned in TA8</i> )?  <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS ..... <u>0</u> _____  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>Record all mentioned.</i></p>	<p>CHEWING TOBACCO .....A          SNUFF.....B          DIP.....C          OTHER (specify) _____ X</p>	
<p><b>TA13.</b> During the last one month, on how many days did you use (<i>names of products mentioned in TA12</i>)?</p> <p><i>If less than 10 days, record the number of days.          If 10 days or more but less than a month, record '10'.          If 'Every day' or 'Almost every day', record '30'.</i></p>	<p>NUMBER OF DAYS ..... <u>0</u> ____          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 ⇨End</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 ⇨End</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, record '00'.          If less than 10 days, record the number of days.          If 10 days or more but less than a month, record '10'.          If 'Every day' or 'Almost every day', record '30'.</i></p>	<p>DID NOT HAVE ONE DRINK IN LAST ONE MONTH .....00          NUMBER OF DAYS ..... <u>0</u> ____          10 DAYS OR MORE BUT LESS THAN A MONTH ..... 10          EVERY DAY / ALMOST EVERY DAY .....30</p>	<p>00 ⇨End</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>WM10.</b> Record the time.	HOURS AND MINUTES .....__ : __	
<b>WM11.</b> Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE ..... 1  NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) ..... 2  NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) ..... 3	
<b>WM12.</b> Language of the Questionnaire.	LAO ..... 1	
<b>WM13.</b> Language of the Interview.	LAO ..... 1 OTHER LANGUAGE (specify) ..... 6	
<b>WM14.</b> Native language of the Respondent.	LAO ..... 1 OTHER LANGUAGE (specify) ..... 6	
<b>WM15.</b> Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE ..... 1 YES, PARTS OF THE QUESTIONNAIRE ..... 2 NO, NOT USED ..... 3	
<b>WM15A.</b> Check WM6A in WOMAN'S INFORMATION PANEL: Is the household selected for anaemia testing?	YES ..... 1 NO ..... 2	2 ⇒ WM16
<p><b>WM15B.</b> Tell the respondent that you will need to measure her haemoglobin level before you leave the household and a colleague will come to lead the measurements. Issue the ANAEMIA MODULE FORM for this woman and complete the Information Panel on that Form.</p> <p><b>WM16.</b> Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p>		

**ANAEMIA TESTING INFORMATION PANEL (WOMAN)**

**ATW**

<b>ATW1. Cluster number:</b> _____ _____		<b>ATW2. Household number:</b> _____ _____	
<b>ATW3. Woman's name and line number:</b> NAME _____		<b>ATW4. Interviewer's name and number:</b> NAME ..... _____	
<b>ATW4A. Measurer's name and number</b> NAME _____			
<b>ATW5. Woman's age from WB4:</b>	AGE (IN COMPLETED YEARS)..... _____		
<b>ATW6. Check ATW5 (Age)</b>	15-17 YEARS..... 1	2 ⇨ ATW11	
	18-49 YEARS..... 2		
<b>ATW7. Check Woman's marital status from MA5 in QUESTIONNAIRE FOR INDIVIDUAL WOMEN:</b>	MA5=3 (NEVER IN UNION) ..... 1	2 ⇨ ATW11	
	OTHER..... 2		
<b>ATW8. Check HL20. Name and line number of the Minor's Parent / Responsible adult.</b> NAME _____			

**ATW9. Parental / responsible adult consent for anaemia test.**

As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.

For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you and (**name of minor**) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

You can say yes or no. It is up to you to decide.

Will you allow (**name of minor**) to take the anaemia test?

<b>ATW10. Record the code and sign your name.</b>	GRANTED ..... 1	2 ⇨ ATW18
	(Sign) _____	
	REFUSED ..... 2	
	(Sign) _____	3 ⇨ ATW18
	NOT PRESENT/OTHER ..... 3	

**ATW11. Respondent consent for anaemia test.**

As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.

For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

You can say yes or no. It is up to you to decide.

Will you take the anaemia test?

<b>ATW12. Record the code and sign your name.</b>	GRANTED ..... 1	2 ⇨ ATW18
	(Sign) _____	
	REFUSED ..... 2	
	(Sign) _____	3 ⇨ ATW18
	NOT PRESENT/OTHER ..... 3	

**ATW13. Prepare equipment and supplies for the test and proceed with the test.**

<b>ATW14. Record haemoglobin level here and in the anaemia pamphlet.</b>	G/DL ..... ____ . ____	99.6 ⇨ ATW18
	OTHER..... 99.6	

<b>ATW15. Informational brochure.</b>	<i>Write the woman's Hb level on the informational brochure. Give her the brochure. Inform her of the results and briefly explain what the Hb reading means, using the Anaemia Brochure as a guide.</i>	
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<b>ATW16.</b> Check ATW14: Haemoglobin result	BELOW 7.0 G/DL/SEVERE ANAEMIA..... 1 7.0 G/DL OR ABOVE ..... 2	2 ⇨ ATW18
<b>ATW17.</b> Referral for severe anaemia.	<p><i>Provide a written referral to a health facility for medical treatment for any woman with severe anaemia. Inform the woman about the effects of severe anaemia and recommend her to visit a health facility for follow-up medical attention. Fill out an Anaemia Referral Slip, on which you have recorded the Hb level.</i></p> <p>The anaemia test shows that you have severe anaemia. You are seriously ill and must visit a health facility immediately.</p>	
<b>ATW18.</b> Is there another woman/child to be tested in the household who has not yet been tested?	YES ..... 1 NO ..... 2	1 ⇨ Next Woman or Child
<b>ATW19.</b> Thank the respondent for her cooperation and inform your Supervisor that the Measurer and you have completed all anaemia tests in this household.		

**INTERVIEWER'S OBSERVATIONS**

Empty box for interviewer's observations.

**SUPERVISOR'S OBSERVATIONS**

Empty box for supervisor's observations.

**QUESTIONNAIRE FOR INDIVIDUAL MEN**  
**2017 Lao Social Indicator Survey (LSIS II)**

MAN'S INFORMATION PANEL		M
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name and line number: NAME _____	MWM4. Supervisor's name and number: NAME _____	
MWM5. Interviewer's name and number: NAME _____	MWM6. Day / Month / Year of interview: _____ / _____ / <u>2</u> <u>0</u> <u>1</u>	

<p>Check man's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH39 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in MWM17.</p>	MWM7. Record the time:	
	HOURS : MINUTES _____ : _____	
<p>MWM8. Check completed questionnaires in this household. Have you or another member of your team interviewed this respondent for another questionnaire?</p>	YES, INTERVIEWED ALREADY ....1 NO, FIRST INTERVIEW .....2	1 ⇨MWM9B 2 ⇨MWM9A
<p>MWM9A. Hello, my name is (<i>your name</i>). We are from Lao Statistics Bureau/Ministry of Health. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 30 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	<p>MWM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	
YES, PERMISSION IS GIVEN .....1 NO, PERMISSION IS NOT GIVEN .....2	1 ⇨MAN'S BACKGROUND Module 2 ⇨MWM17	

<p>MWM17. Result of man's interview.</p> <p>Discuss any result not completed with Supervisor.</p>	COMPLETED.....01 NOT AT HOME .....02 REFUSED.....03 PARTLY COMPLETED .....04 INCAPACITATED ( <i>specify</i> ) _____05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 .....06 OTHER ( <i>specify</i> ) _____96
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MAN'S BACKGROUND		MWB
<b>MWB1.</b> Check the respondent's line number (MWM3) in MAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	MWM3=HH47 .....1 MWM3≠HH47 .....2	2 ⇨ MWB3
<b>MWB2.</b> Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3, 4 OR 5 .....1 ED5=0, 1, 8 OR BLANK .....2	1 ⇨ MWB15 2 ⇨ MWB14
<b>MWB3.</b> In what month and year were you born?	DATE OF BIRTH MONTH .....__ __ DK MONTH.....98  YEAR .....__ __ __ __ DK YEAR.....9998	
<b>MWB4.</b> How old are you?  <i>Probe: How old were you at your last birthday?</i>  <i>If responses to MWB3 and MWB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) .....__ __	
<b>MWB5.</b> Have you ever attended school or any early childhood education programme?	YES .....1 NO .....2	2 ⇨ MWB14
<b>MWB6.</b> What is the highest level and grade or year of school you have attended? <b>Grade:</b> Primary                    11 – 15 Lower Sec.                21 – 24 Upper Sec.                31 – 33 Post Sec. non tertiary    41 – 43 Tertiary Edu.            51 - 57	EARLY CHILDHOOD EDUCATION .....000 PRIMARY .....1 __ __ LOWER SECONDARY.....2 __ __ UPPER SECONDARY .....3 __ __ POST SEC NOT TERTIARY .....4 __ __ TERTIARY EDUCATION .....5 __ __	000 ⇨ MWB14
<b>MWB7.</b> Did you complete that (grade/year)?	YES .....1 NO .....2	
<b>MWB8.</b> Check MWB4. Age of respondent:	AGE 15-24 .....1 AGE 25-49 .....2	2 ⇨ MWB13
<b>MWB9.</b> At any time during the 2016-17 school year did you attend school?  <i>If the interview is in July – August, the school year will be 2016-17. If the interview is in September and following months, the school year will be 2017-18</i>	YES .....1 NO .....2	2 ⇨ MWB11
<b>MWB10.</b> During 2016-17 (2017-18) school year, which level and grade or year are you attending? <b>Grade:</b> Primary                    11 – 15 Lower Sec.                21 – 24 Upper Sec.                31 – 33 Post Sec. non tertiary    41 – 43 Tertiary Edu.            51 - 57	PRIMARY .....1 __ __ LOWER SECONDARY.....2 __ __ UPPER SECONDARY .....3 __ __ POST SECONDARY NOT TERTIARY ..4 __ __ TERTIARY EDUCATION .....5 __ __	

<p><b>MWB11.</b> At any time during the 2015-16 school year did you attend school?  <i>If the interview is in July – August, the school year will be 2015-16. If the interview is in September and following months, the school year will be 2016-17</i></p>	<p>YES .....1  NO .....2</p>	<p>2 ⇨ MWB13</p>
<p><b>MWB12.</b> During 2015-16 school year, which level and grade or year did you <u>attend</u>?  <b>Grade:</b>  Primary 11 – 15  Lower Sec. 21 – 24  Upper Sec. 31 – 33  Post Sec. non tertiary 41 – 43  Tertiary Edu. 51 - 57</p>	<p>PRIMARY .....1 ___  LOWER SECONDARY .....2 ___  UPPER SECONDARY .....3 ___  POST SECONDARY NOT TERTIARY ..4 ___  TERTIARY EDUCATION .....5 ___</p>	
<p><b>MWB13.</b> Check MWB6. Highest level of school attended:</p>	<p>MWB6=2, 3, 4 OR 5 .....1  MWB6= 1.....2</p>	<p>1 ⇨ MWB15</p>
<p><b>MWB14.</b> Now I would like you to read this sentence to me.   <i>Show sentence on the card to the respondent.</i>   <i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p>	<p>CANNOT READ AT ALL.....1  ABLE TO READ ONLY PARTS OF SENTENCE.....2  ABLE TO READ WHOLE SENTENCE.....3   NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify) _____ 6</p>	
<p><b>MWB15.</b> How long have you been continuously living in (<i>name of current city, town or village of residence</i>)?   <i>If less than one year, record '00' years.</i></p>	<p>YEARS ..... ___  ALWAYS / SINCE BIRTH .....95</p>	<p>95 ⇨ MWB18</p>
<p><b>MWB16.</b> Just before you moved here, did you live in a city, in a town, or in a rural area?   <i>Probe to identify the type of place.</i>   <i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i>   _____  (<i>Name of place</i>)</p>	<p>CITY.....1  TOWN .....2  RURAL AREA.....3</p>	

<p><b>MWB17.</b> Before you moved here, in which province did you live in?</p>	<p>VIENTIANE CAPITAL .....01  PHONSALY .....02  LUANGNAMTHA .....03  OUDOMXAY .....04  BOKEO .....05  LUANGPRABANG .....06  HUAPHANH.....07  XAYABURY .....08  XIENGKHUANG .....09  VIENTIANE..... 10  BORIKHAMXAY ..... 11  KHAMMUA..... 12  SAVANNAKHET ..... 13  SARAVANE ..... 14  SEKONG..... 15  CHAMPASACK ..... 16  ATTAPEU ..... 17  XAYSOMBOUNE ..... 18</p> <p>OUTSIDE OF LAOS  <i>(specify)</i> _____ 96</p>	
<p><b>MWB18.</b> Are you covered by any health insurance?</p>	<p>YES .....1  NO .....2</p>	<p>2 ⇒ End</p>
<p><b>MWB19.</b> What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p>	<p>CIVIL SERVANT SCHEME ..... A  SOCIAL SECURITY OFFICE.....B  COMMUNITY BASED HEALTH INSURANCE  (CBHI).....C  HEALTH EQUITY FUND (HEF) ..... D  FREE MCH .....E  PRIVATE HEALTH INSURANCE..... F  OTHER <i>(specify)</i> _____ X</p>	

MASS MEDIA AND ICT		MMT
<p><b>MMT1.</b> Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0            LESS THAN ONCE A WEEK.....1            AT LEAST ONCE A WEEK .....2            ALMOST EVERY DAY .....3</p>	
<p><b>MMT2.</b> Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0            LESS THAN ONCE A WEEK.....1            AT LEAST ONCE A WEEK .....2            ALMOST EVERY DAY .....3</p>	
<p><b>MMT3.</b> Do you watch television at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0            LESS THAN ONCE A WEEK.....1            AT LEAST ONCE A WEEK .....2            ALMOST EVERY DAY .....3</p>	
<p><b>MMT4.</b> Have you ever used a computer or a tablet from any location?</p>	<p>YES .....1            NO .....2</p>	2 ⇒ MMT9
<p><b>MMT5.</b> During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i></p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0            LESS THAN ONCE A WEEK.....1            AT LEAST ONCE A WEEK .....2            ALMOST EVERY DAY .....3</p>	0 ⇒ MMT9

	YES	NO	
<b>MMT6.</b> During the last 3 months, did you:			
[A] Copy or move a file or folder?	COPY/MOVE FILE ..... 1	2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT ..... 1	2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT ..... 1	2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA. 1	2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE..... 1	2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE ..... 1	2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION ..... 1	2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE ..... 1	2	
[I] Write a computer program in any programming language?	PROGRAMMING..... 1	2	
<b>MMT7.</b> Check MMT6[C], is 'Yes' recorded?	YES, MMT6[C]=1 ..... 1 NO, MMT6[C]=2 ..... 2		1 ⇔ MMT10
<b>MMT8.</b> Check MMT6[F], is 'Yes' recorded?	YES, MMT6[F]=1 ..... 1 NO, MMT6[F]=2 ..... 2		1 ⇔ MMT10
<b>MMT9.</b> Have you ever used the internet from any location and any device?	YES ..... 1 NO ..... 2		2 ⇔ MMT11
<b>MMT10.</b> During the last 3 months did you use the internet at least once a week, less than once a week or not at all?  <i>If 'At least once a week', probe: Would you say this happens almost every day?</i>  <i>If 'Yes' record 3. If 'No' record 2.</i>	NOT AT ALL ..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST EVERY DAY ..... 3		
<b>MMT11.</b> Do you own a mobile phone?	YES ..... 1 NO ..... 2		

<p><b>MMT12.</b> During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?</p> <p><i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone.</p> <p><i>If 'At least once a week', probe:</i> Would you say this happens almost every day?</p> <p><i>If 'Yes' record 3. If 'No' record 2.</i></p>	<p>NOT AT ALL.....0  LESS THAN ONCE A WEEK..... 1  AT LEAST ONCE A WEEK .....2  ALMOST EVERY DAY .....3</p>	
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FERTILITY		MCM
<p><b>MCM1.</b> Now I would like to ask about all the children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name.</p> <p>Have you ever fathered any children with any woman?</p> <p><i>This module should only include children born alive. Any stillbirths should not be included in response to any question.</i></p>	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇨ MCM8  8 ⇨ MCM8
<p><b>MCM2.</b> Do you have any sons or daughters that you have fathered who are now living with you?</p>	YES ..... 1 NO ..... 2	2 ⇨ MCM5
<p><b>MCM3.</b> How many sons live with you?</p> <p><i>If none, record '00'.</i></p>	SONS AT HOME..... __ __	
<p><b>MCM4.</b> How many daughters live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS AT HOME..... __ __	
<p><b>MCM5.</b> Do you have any sons or daughters that you have fathered who are alive but do not live with you?</p>	YES ..... 1 NO ..... 2	2 ⇨ MCM8
<p><b>MCM6.</b> How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	SONS ELSEWHERE ..... __ __	
<p><b>MCM7.</b> How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS ELSEWHERE ..... __ __	
<p><b>MCM8.</b> Have you ever fathered a son or daughter who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p>	YES ..... 1 NO ..... 2	2 ⇨ MCM11
<p><b>MCM9.</b> How many boys have died?</p> <p><i>If none, record '00'.</i></p>	BOYS DEAD ..... __ __	
<p><b>MCM10.</b> How many girls have died?</p> <p><i>If none, record '00'.</i></p>	GIRLS DEAD ..... __ __	
<p><b>MCM11.</b> Sum answers to MCM3, MCM4, MCM6, MCM7, MCM9 and MCM10.</p>	SUM ..... __ __	
<p><b>MCM12.</b> Just to make sure that I have this right, you have fathered (<b>total number in MCM11</b>) live births during your life. Is this correct?</p>	YES ..... 1 NO ..... 2	1 ⇨ MCM14

<b>MCM13.</b> Check responses to MCM1-MCM10 and make corrections as necessary until response in MCM12 is 'Yes'.		
<b>MCM14.</b> Check MCM11. How many live births fathered?	NO LIVE BIRTHS, MCM11=00 .....0 ONE LIVE BIRTH ONLY, MCM11=01 .....1 TWO OR MORE LIVE BIRTHS, MCM11=02 OR MORE .....2	0 ⇒End 1 ⇒MCM18A
<b>MCM15.</b> Did all the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2	1 ⇒MCM17
<b>MCM16.</b> In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... __ __	
<b>MCM17.</b> How old were you when your first child was born?	AGE IN YEARS..... __ __	⇒MCM18B
<b>MCM18A.</b> In what month and year was the child you have fathered born?  <b>MCM18B.</b> In what month and year was the last of these ( <i>total number in MCM11</i> ) children you have fathered born even if he or she has died?  <i>Month and year must be recorded.</i>	DATE OF LAST BIRTH  MONTH ..... __ __  YEAR ..... __ __ __ __	

**ATTITUDES TOWARD DOMESTIC VIOLENCE**

**MDV**

**MDV1.** 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:

		YES	NO	DK
[A] If she goes out without telling him?	GOES OUT WITHOUT TELLING .....	1	2	8
[B] If she neglects the children?	NEGLECTS CHILDREN.....	1	2	8
[C] If she argues with him?	ARGUES WITH HIM.....	1	2	8
[D] If she refuses to have sex with him?	REFUSES SEX .....	1	2	8
[E] If she burns the food?	BURNS FOOD .....	1	2	8

MARRIAGE/UNION		MMA
<b>MMA1.</b> Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A PARTNER ..... 2 NO, NOT IN UNION ..... 3	3 ⇨ MMA5
<b>MMA3.</b> Do you have other wives or do you live with other partners as if married?	YES ..... 1 NO ..... 2	2 ⇨ MMA7
<b>MMA4.</b> How many other wives or live-in partners do you have?	NUMBER ..... __ __ DK ..... 98	⇨ MMA7 98 ⇨ MMA7
<b>MMA5.</b> Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED ..... 1 YES, FORMERLY LIVED WITH A PARTNER.. 2 NO ..... 3	3 ⇨ End
<b>MMA6.</b> What is your marital status now: are you widowed, divorced or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	
<b>MMA7.</b> Have you been married or lived with someone only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE..... 2	1 ⇨ MMA8A 2 ⇨ MMA8B
<b>MMA8A.</b> In what month and year did you start living with your (wife/partner)?  <b>MMA8B.</b> In what month and year did you start living with your <u>first</u> (wife/partner)?	DATE OF (FIRST) UNION MONTH ..... __ __ DK MONTH..... 98  YEAR ..... __ __ __ __ DK YEAR ..... 9998	
<b>MMA9.</b> Check MMA8A/B: Is 'DK YEAR' recorded?	YES, MMA8A/B=9998..... 1 NO, MMA8A/B≠9998..... 2	2 ⇨ End
<b>MMA10.</b> Check MMA7: In union only once?	YES, MMA7=1 ..... 1 NO, MMA7=2 ..... 2	1 ⇨ MMA11A 2 ⇨ MMA11B
<b>MMA11A.</b> How old were you when you started living with your (wife/partner)?  <b>MMA11B.</b> How old were you when you started living with your <u>first</u> (wife/partner)?	AGE IN YEARS..... __ __	

SEXUAL BEHAVIOR		MSB
<p><b>MSB1.</b> <i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i> Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE..... 00</p> <p>AGE IN YEARS..... __ __</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95</p>	00 ⇒ End
<p><b>MSB2.</b> I would like to ask you about your recent sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i></p>	<p>DAYS AGO..... 1 __ __</p> <p>WEEKS AGO..... 2 __ __</p> <p>MONTHS AGO..... 3 __ __</p> <p>YEARS AGO ..... 4 __ __</p>	4 ⇒ End
<p><b>MSB3.</b> The last time you had sexual intercourse, was a condom used?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
<p><b>MSB4.</b> What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Girlfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>WIFE ..... 1</p> <p>COHABITING PARTNER ..... 2</p> <p>GIRLFRIEND ..... 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER (specify) _____ 6</p>	<p>3 ⇒ MSB6</p> <p>4 ⇒ MSB6</p> <p>5 ⇒ MSB6</p> <p>6 ⇒ MSB6</p>
<p><b>MSB5.</b> <i>Check MMA1: Currently married or living with a partner?</i></p>	<p>YES, MMA1=1 OR 2 ..... 1</p> <p>NO, MMA1=3 ..... 2</p>	1 ⇒ MSB7
<p><b>MSB6.</b> How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER..... __ __</p> <p>DK ..... 98</p>	
<p><b>MSB7.</b> Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	2 ⇒ End
<p><b>MSB8.</b> The last time you had sexual intercourse with another person, was a condom used?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	

<p><b>MSB9.</b> What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Girlfriend' then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>WIFE ..... 1</p> <p>COHABITING PARTNER ..... 2</p> <p>GIRLFRIEND ..... 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER (specify) _____ 6</p>	<p>3 ⇨MSB12</p> <p>4 ⇨MSB12</p> <p>5 ⇨MSB12</p> <p>6 ⇨MSB12</p>
<p><b>MSB10.</b> Check MMA1: Currently married or living with a partner?</p>	<p>YES, MMA1=1 OR 2 ..... 1</p> <p>NO, MMA1=3 ..... 2</p>	<p>2 ⇨MSB12</p>
<p><b>MSB11.</b> Check MMA7: Married or living with a partner only once?</p>	<p>YES, MMA7=1 ..... 1</p> <p>NO, MMA7≠1 ..... 2</p>	<p>1 ⇨End</p>
<p><b>MSB12.</b> How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER ..... _ _</p> <p>DK ..... 98</p>	

HIV/AIDS		MH																
<b>MHA1.</b> Now I would like to talk with you about something else.  Have you ever heard of HIV or AIDS?	YES..... 1 NO..... 2  DK..... 8	2⇒End																
<b>MHA2.</b> HIV is the virus that can lead to AIDS.  Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES..... 1 NO..... 2  DK..... 8																	
<b>MHA3.</b> Can people get HIV from mosquito bites?	YES..... 1 NO..... 2  DK..... 8																	
<b>MHA4.</b> Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES..... 1 NO..... 2  DK..... 8																	
<b>MHA5.</b> Can people get HIV by sharing food with a person who has HIV?	YES..... 1 NO..... 2  DK..... 8																	
<b>MHA6.</b> Can people get HIV because of witchcraft or other supernatural means?	YES..... 1 NO..... 2  DK..... 8																	
<b>MHA7.</b> Is it possible for a healthy-looking person to have HIV?	YES..... 1 NO..... 2  DK..... 8																	
<b>MHA8.</b> Can HIV 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>MHA9.</b> Check MHA8[A], [B] and [C]: At least one 'Yes' recorded?	YES..... 1 NO..... 2	2⇒MHA24																
<b>MHA10.</b> Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES..... 1 NO..... 2  DK..... 8																	
<b>MHA24.</b> I don't want to know the results, but have you ever been tested for HIV?	YES..... 1 NO..... 2	2⇒MHA27																

<b>MHA25.</b> How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO ..... 1 12-23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
<b>MHA26.</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 ⇨ MHA28 2 ⇨ MHA28 8 ⇨ MHA28
<b>MHA27.</b> Do you know of a place where people can go to get an HIV test?	YES ..... 1 NO ..... 2	
<b>MHA28.</b> Have you heard of test kits people can use to test themselves for HIV?	YES ..... 1 NO ..... 2	2 ⇨ MHA30
<b>MHA29.</b> Have you ever tested yourself for HIV using a self-test kit?	YES ..... 1 NO ..... 2	
<b>MHA30.</b> Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS ..... 8	
<b>MHA31.</b> Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS ..... 8	
<b>MHA32.</b> Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS ..... 8	
<b>MHA33.</b> Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS ..... 8	
<b>MHA34.</b> Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS ..... 8	
<b>MHA35.</b> Do you agree or disagree with the following statement?  I would be ashamed if someone in my family had HIV.	AGREE ..... 1 DISAGREE ..... 2 DK / NOT SURE / DEPENDS ..... 8	
<b>MHA36.</b> Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES ..... 1 NO ..... 2 SAYS HE HAS HIV ..... 7 DK / NOT SURE / DEPENDS ..... 8	

TOBACCO AND ALCOHOL USE		MTA
<b>MTA1.</b> Have you ever tried cigarette smoking, even one or two puffs?	YES ..... 1 NO ..... 2	2 ⇨ MTA6
<b>MTA2.</b> How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE.....00 AGE.....	00 ⇨ MTA6
<b>MTA3.</b> Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	2 ⇨ MTA6
<b>MTA4.</b> In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES .....	
<b>MTA5.</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, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS..... 0 ___  10 DAYS OR MORE BUT LESS THAN A MONTH 10  EVERY DAY / ALMOST EVERY DAY ..... 30	
<b>MTA6.</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 ⇨ MTA10
<b>MTA7.</b> During the last one month, did you use any smoked tobacco products?	YES ..... 1 NO ..... 2	2 ⇨ MTA10
<b>MTA8.</b> What type of smoked tobacco product did you use or smoke during the last one month?  <i>Record all mentioned.</i>	CIGARS ..... A WATER PIPE ..... B CIGARILLOS ..... C PIPE..... D  OTHER ( <i>specify</i> ) ..... X	
<b>MTA9.</b> During the last one month, on how many days did you use ( <i>names of products mentioned in MTA8</i> )?  <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i>	NUMBER OF DAYS..... 0 ___  10 DAYS OR MORE BUT LESS THAN A MONTH 10  EVERY DAY / ALMOST EVERY DAY ..... 30	
<b>MTA10.</b> Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip?	YES ..... 1 NO ..... 2	2 ⇨ MTA14
<b>MTA11.</b> During the last one month, did you use any smokeless tobacco products?	YES ..... 1 NO ..... 2	2 ⇨ MTA14

<p><b>MTA12.</b> What type of smokeless tobacco product did you use during the last one month?</p> <p><i>Record all mentioned.</i></p>	<p>CHEWING TOBACCO ..... A          SNUFF ..... B          DIP ..... C          OTHER (<i>specify</i>) _____ X</p>	
<p><b>MTA13.</b> During the last one month, on how many days did you use (<i>names of products mentioned in MTA12</i>)?</p> <p><i>If less than 10 days, record the number of days.          If 10 days or more but less than a month, record '10'.          If 'Every day' or 'Almost every day', record '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>MTA14.</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 ⇒ End</p>
<p><b>MTA15.</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 ⇒ End</p>
<p><b>MTA16.</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, record '00'.          If less than 10 days, record the number of days.          If 10 days or more but less than a month, record '10'.          If 'Every day' or 'Almost every day', record '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 ⇒ End</p>
<p><b>MTA17.</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>MWM10.</b> Record the time.	HOURS AND MINUTES..... ____ : ____	
<b>MWM11.</b> Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE.....  NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) _____  NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) _____	
<b>MWM12.</b> Language of the Questionnaire.	LAO .....	
<b>MWM13.</b> Language of the Interview.	LAO ..... OTHER LANGUAGE (specify) _____	
<b>MWM14.</b> Native language of the Respondent.	LAO ..... OTHER LANGUAGE (specify) _____	
<b>MWM15.</b> Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE ..... YES, PARTS OF THE QUESTIONNAIRE ..... NO, NOT USED .....	
<p><b>MWM16.</b> Check columns HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p style="padding-left: 80px;"><input type="checkbox"/> Yes ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p style="padding-left: 80px;"><input type="checkbox"/> No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household.</p> <p style="padding-left: 40px;"><input type="checkbox"/> No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household.</p>		

**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**

**QUESTIONNAIRE FOR CHILDREN UNDER AGE 5  
2017 Lao Social Indicator Survey (LSIS II)**

UNDER-FIVE CHILD INFORMATION PANEL		U1
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: _____ / _____ / <u>2 0 1</u> _____	UF8. Record the time:	HOURS : MINUTES _____ : _____
UF8A. Check HH8B (HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE): Is the household selected for anaemia testing?	YES ..... 1 NO ..... 2	

<p><i>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.</i></p>		
UF9. Check completed questionnaires in this household. Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY ....1 NO, FIRST INTERVIEW .....2	1 ⇒UF10B 2 ⇒UF10A
UF10A. Hello, my name is ( <i>your name</i> ). We are from Lao Statistics Bureau/Ministry of Health. 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. This interview will take about 30 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	UF10B. Now I would like to talk to you about ( <i>child's name from UF3</i> )'s health and well-being in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES, PERMISSION IS GIVEN .....1 NO, PERMISSION IS NOT GIVEN .....2	1 ⇒UNDER FIVE'S BACKGROUND Module 2 ⇒UF17	

UF17. Result of interview for children under 5  <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i>	COMPLETED ..... 01 NOT AT HOME ..... 02 REFUSED..... 03 PARTLY COMPLETED ..... 04 INCAPACITATED ( <i>specify</i> ) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 ..... 06 OTHER ( <i>specify</i> ) _____ 96
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UNDER-FIVE'S BACKGROUND		UB
<p><b>UB0.</b> Before I begin the interview, could you please bring (<b>name</b>)'s Birth Certificate, Yellow Immunization Card / MCH Handbook, and any immunization record from a private health provider? We will need to refer to those documents.</p>		
<p><b>UB1.</b> On what day, month and year was (<b>name</b>) born?</p> <p><i>Probe:</i> What is (his/her) birthday?</p> <p><i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i></p> <p><i>Month and year <u>must</u> be recorded.</i></p>	<p>DATE OF BIRTH DAY .....__ __</p> <p>DK DAY .....98</p> <p>MONTH.....__ __</p> <p>YEAR ..... <u>2 0 1</u> __</p>	
<p><b>UB2.</b> How old is (<b>name</b>)?</p> <p><i>Probe:</i> How old was (<b>name</b>) at (his/her) last birthday?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></p>	<p>AGE (IN COMPLETED YEARS) .....__</p>	
<p><b>UB3.</b> Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2 ..... 1</p> <p>AGE 3 OR 4 ..... 2</p>	<p>1 ⇒ UB9</p>
<p><b>UB4.</b> Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</p>	<p>RESPONDENT IS THE SAME, UF4=HH47 ..... 1</p> <p>RESPONDENT IS NOT THE SAME, UF4≠HH47.2</p>	<p>2 ⇒ UB6</p>
<p><b>UB5.</b> Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current school year?</p>	<p>YES, ED10=0 ..... 1</p> <p>NO, ED10≠0 OR BLANK ..... 2</p>	<p>1 ⇒ UB8B</p> <p>2 ⇒ UB9</p>
<p><b>UB6.</b> Has (<b>name</b>) ever attended any early childhood education programme, such as nursery school or pre-school?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>2 ⇒ UB9</p>
<p><b>UB7.</b> At any time since <b>September</b> 2016, did (he/she) attend (<i>programmes mentioned in UB6</i>)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>1 ⇒ UB8A</p> <p>2 ⇒ UB9</p>
<p><b>UB8A.</b> Does (he/she) currently attend (<i>programmes mentioned in UB6</i>)?</p> <p><b>UB8B.</b> You have mentioned that (<b>name</b>) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>UB9.</b> Is (<b>name</b>) covered by any health insurance?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>2 ⇒ End</p>

<p><b>UB10.</b> What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>CIVIL SERVANT SCHEME ..... A  SOCIAL SECURITY OFFICE.....B  COMMUNITY BASED HEALTH INSURANCE  (CBHI) .....C  HEALTH EQUITY FUND (HEF)..... D  FREE MCH .....E  PRIVATE HEALTH INSURANCE.....F</p> <p>OTHER (<i>specify</i>) _____ X</p>	
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BIRTH REGISTRATION		B
<b>BR0.</b> Has ( <i>name</i> ) been registered in the family book?	YES ..... NO .....  DK .....	
<b>BR1.</b> Does ( <i>name</i> ) have a birth certificate?  <i>If yes, ask:</i> May I see it?	YES, SEEN ..... YES, NOT SEEN ..... NO .....  DK .....	1 ⇨End 2 ⇨End
<b>BR2.</b> Has ( <i>name</i> )'s birth been registered with District Authority?	YES ..... NO .....  DK .....	1 ⇨End
<b>BR3.</b> Do you know how to register ( <i>name</i> )'s birth with District Authority?	YES ..... NO .....	

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 ..... <u>0</u> ..</p> <p>TEN OR MORE BOOKS ..... 10</p>	
<p><b>EC2.</b> I am interested in learning about the things that <i>(name)</i> plays with when (he/she) is at home.</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>Y N DK</p> <p>HOMEMADE TOYS ..... 1 2 8</p> <p>TOYS FROM A SHOP ..... 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS ..... 1 2 8</p>	
<p><b>EC3.</b> 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.</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><i>If 'None' record '0'. If 'Don't know' record '8'.</i></p>	<p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR..... _</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR ..... _</p>	
<p><b>EC4.</b> Check UB2: Child's age?</p>	<p>AGE 0, 1, OR 2 ..... 1</p> <p>AGE 3 OR 4 ..... 2</p>	1 ⇒ End

<p><b>EC5.</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>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with (<i>name</i>)?</p> <p>[B] Told stories to (<i>name</i>)?</p> <p>[C] Sang songs to or with (<i>name</i>), including lullabies?</p> <p>[D] Took (<i>name</i>) outside the home?</p> <p>[E] Played with (<i>name</i>)?</p> <p>[F] Named, counted, or drew things for 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</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	A	B	X	Y	
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<p><b>EC6.</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</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				
<p><b>EC7.</b> Can (<i>name</i>) read at least four simple, popular words?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				
<p><b>EC8.</b> Does (<i>name</i>) know the name and recognize the symbol of all numbers from 1 to 10?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				
<p><b>EC9.</b> Can (<i>name</i>) pick up a small object with two fingers, like a stick or a rock from the ground?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>																																				

<b>EC10.</b> Is ( <i>name</i> ) sometimes too sick to play?	YES..... 1 NO ..... 2  DK ..... 8	
<b>EC11.</b> Does ( <i>name</i> ) follow simple directions on how to do something correctly?	YES..... 1 NO ..... 2  DK ..... 8	
<b>EC12.</b> When given something to do, is ( <i>name</i> ) able to do it independently?	YES..... 1 NO ..... 2  DK ..... 8	
<b>EC13.</b> Does ( <i>name</i> ) get along well with other children?	YES..... 1 NO ..... 2  DK ..... 8	
<b>EC14.</b> Does ( <i>name</i> ) kick, bite, or hit other children or adults?	YES..... 1 NO ..... 2  DK ..... 8	
<b>EC15.</b> Does ( <i>name</i> ) get distracted easily?	YES..... 1 NO ..... 2  DK ..... 8	

CHILD DISCIPLINE		UCD
<b>UCD1.</b> Check UB2: Child's age?	AGE 0..... 1 AGE 1, 2, 3 OR 4 .....2	1 ⇒End
<b>UCD2.</b> Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <i>(name)</i> in the past month.		
	YES NO	
[A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house.	TOOK AWAY PRIVILEGES ..... 1 2	
[B] Explained why <i>(name)</i> 's behavior was wrong.	EXPLAINED WRONG BEHAVIOR ..... 1 2	
[C] Shook (him/her).	SHOOK HIM/HER ..... 1 2	
[D] Shouted, yelled at or screamed at (him/her).	SHOUTED, YELLED, SCREAMED ..... 1 2	
[E] Gave (him/her) something else to do.	GAVE SOMETHING ELSE TO DO ..... 1 2	
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND ..... 1 2	
[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT ..... 1 2	
[H] Called (him/her) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME ..... 1 2	
[I] Hit or slapped (him/her) on the face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS ..... 1 2	
[J] Hit or slapped (him/her) on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG ..... 1 2	
[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD ..... 1 2	
<b>UCD3.</b> Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-17 selected for the questionnaire for children age 5-17?	YES ..... 1 NO .....2	2 ⇒UCD5
<b>UCD4.</b> Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES ..... 1 NO .....2	1 ⇒End

<b>UCD5.</b> Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES .....	1
	NO .....	2
	DK / NO OPINION .....	8

CHILD FUNCTIONING		UCF
<b>UCF1.</b> Check UB2: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇒ End
<b>UCF2.</b> I would like to ask you some questions about difficulties (name) may have.  Does ( <i>name</i> ) wear glasses?	YES ..... 1 NO ..... 2	
<b>UCF3.</b> Does ( <i>name</i> ) use a hearing aid?	YES ..... 1 NO ..... 2	
<b>UCF4.</b> Does ( <i>name</i> ) use any equipment or receive assistance for walking?	YES ..... 1 NO ..... 2	
<b>UCF5.</b> In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that ( <i>name</i> ) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all.  <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that ( <i>name</i> ) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
<b>UCF6.</b> Check UCF2: Child wears glasses?	YES, UCF2=1 ..... 1 NO, UCF2=2 ..... 2	1 ⇒ UCF7A 2 ⇒ UCF7B
<b>UCF7A.</b> When wearing (his/her) glasses, does ( <i>name</i> ) have difficulty seeing?  <b>UCF7B.</b> Does ( <i>name</i> ) have difficulty seeing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT SEE AT ALL ..... 4	
<b>UCF8.</b> Check UCF3: Child uses a hearing aid?	YES, UCF3=1 ..... 1 NO, UCF3=2 ..... 2	1 ⇒ UCF9A 2 ⇒ UCF9B
<b>UCF9A.</b> When using (his/her) hearing aid(s), does ( <i>name</i> ) have difficulty hearing sounds like peoples' voices or music?  <b>UCF9B.</b> Does ( <i>name</i> ) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT HEAR AT ALL ..... 4	
<b>UCF10.</b> Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 ..... 1 NO, UCF4=2 ..... 2	1 ⇒ UCF11 2 ⇒ UCF13
<b>UCF11.</b> Without (his/her) equipment or assistance, does ( <i>name</i> ) have difficulty walking?	SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	
<b>UCF12.</b> With (his/her) equipment or assistance, does ( <i>name</i> ) have difficulty walking?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK AT ALL ..... 4	1 ⇒ UCF14 2 ⇒ UCF14 3 ⇒ UCF14 4 ⇒ UCF14

<p><b>UCF13.</b> Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT WALK AT ALL ..... 4</p>	
<p><b>UCF14.</b> Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT PICK UP AT ALL ..... 4</p>	
<p><b>UCF15.</b> Does (<i>name</i>) have difficulty understanding you?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT UNDERSTAND AT ALL ..... 4</p>	
<p><b>UCF16.</b> When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT BE UNDERSTOOD AT ALL ..... 4</p>	
<p><b>UCF17.</b> Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT LEARN THINGS AT ALL ..... 4</p>	
<p><b>UCF18.</b> Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p>	<p>NO DIFFICULTY ..... 1  SOME DIFFICULTY ..... 2  A LOT OF DIFFICULTY ..... 3  CANNOT PLAY AT ALL ..... 4</p>	
<p><b>UCF19.</b> The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does (<i>name</i>) kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p>	<p>NOT AT ALL ..... 1  LESS ..... 2  THE SAME ..... 3  MORE ..... 4  A LOT MORE ..... 5</p>	

BREASTFEEDING AND DIETARY INTAKE		BD		
<b>BD1.</b> Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4 .....2	2 ⇒ End		
<b>BD2.</b> Has ( <i>name</i> ) ever been breastfed?	YES .....1 NO .....2 DK .....8	2 ⇒ BD4 8 ⇒ BD4		
<b>BD3.</b> Is ( <i>name</i> ) still being breastfed?	YES .....1 NO .....2 DK .....8			
<b>BD4.</b> Yesterday, during the day or night, did ( <i>name</i> ) drink anything from a bottle with a nipple?	YES .....1 NO .....2 DK .....8			
<b>BD5.</b> Did ( <i>name</i> ) drink Oral Rehydration Salts solution (ORS), yesterday, during the day or night?	YES .....1 NO .....2 DK .....8			
<b>BD6.</b> Did ( <i>name</i> ) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	YES .....1 NO .....2 DK .....8			
<b>BD7.</b> Now I would like to ask you about all other liquids that ( <i>name</i> ) may have had yesterday during the day or the night.  Please include liquids consumed outside of your home.  Did ( <i>name</i> ) drink ( <i>name of item</i> ) yesterday during the day or the night:		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8
[C] Clear broth/clear soup (Nam Keng)?	CLEAR BROTH	1	2	8
[D] Infant formula, such as Cerelac, Pediasure?	INFANT FORMULA	1	2 ∅	8 ∅
[D1] How many times did ( <i>name</i> ) drink infant formula? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES DRANK INFANT FORMULA .....			BD7[E] BD7[E]
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 ∅	8 ∅
[E1] How many times did ( <i>name</i> ) drink milk? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>	NUMBER OF TIMES DRANK MILK .....			BD7[X] BD7[X]
[X] Any other liquids?	OTHER LIQUIDS	1	2 ∅	8 ∅
			BD8	BD8

[X1] Record all other liquids mentioned.	(Specify) _____				
<p><b>BD8.</b> Now I would like to ask you about <u>everything</u> that (<b>name</b>) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (<b>name</b>) woke up yesterday. Did (he/she) eat anything at that time?  <i>If 'Yes' ask: Please tell me everything (<b>name</b>) ate at that time. Probe: Anything else?  Record answers using the food groups below.</i></p> <p>- What did (<b>name</b>) do after that? Did (he/she) eat anything at that time?  <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p>					
<p>For each food group not mentioned after completing the above ask:  Just to make sure, did (<b>name</b>) eat (<b>food group items</b>) yesterday during the day or the night</p>			YES	NO	DK
[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i>	YOGURT	1	2 $\approx$	8 $\approx$	BD8[B] BD8[B]
[A1] How many times did ( <b>name</b> ) eat yogurt? <i>If 7 or more times, record '7'.  If unknown, record '8'.</i>	NUMBER OF TIMES ATE YOGURT .....				_____
[B] Any baby food, such as Cerelac, Nestum, Pediasure?	FORTIFIED BABY FOOD	1	2	8	
[C] Bread, 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, cassava, or any other foods made from roots?	FOODS MADE FROM ROOTS	1	2	8	
[F] Any dark green, leafy vegetables, such as Spinach, Morning Glory, Salad Green, and Green Leaf Lettuce?	DARK GREEN, LEAFY VEGETABLES	1	2	8	
[G] Ripe mangoes or ripe papayas or carrots or sweet potatoes (locally available vitamin A-rich fruits)?	RIPE MANGO, RIPE PAPAYA	1	2	8	
[H] Any other fruits or vegetables, such as watermelon, banana, (most commonly eaten fruits and vegetables)?	OTHER FRUITS OR VEGETABLES	1	2	8	
[I] Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8	
[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8	
[K] Eggs?	EGGS	1	2	8	
[L] Fish or shellfish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8	
[M] Beans, peas, lentils or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8	

[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 $\approx$ BD9	8 $\approx$ BD9
[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.	(Specify) _____			
<p><b>BD9.</b> How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p><i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>NUMBER OF TIMES ..... _</p> <p>DK ..... 8</p>			

IMMUNIZATION							IM						
<b>IM1.</b> Check UB2: Child's age?		AGE 0, 1, OR 2 ..... 1 AGE 3 OR 4 ..... 2						2 ⇨ IM29					
<b>IM2.</b> Do you have a Yellow Immunization Card / MCH handbook or Immunization Document from a private health provider or any other document where ( <i>name</i> )'s vaccinations are written down?		YES, HAS ONLY CARD/MCH HANDBOOK ..... 1 YES, HAS ONLY OTHER DOCUMENT ..... 2 YES, HAS CARD/MCH HANDBOOK AND OTHER DOCUMENT ..... 3 NO, HAS NO CARDS/MCH HANDBOOK AND NO OTHER DOCUMENT ..... 4						1 ⇨ IM5  3 ⇨ IM5					
<b>IM3.</b> Did you ever have Yellow Immunization Card / MCH handbook or Immunization document from a private health provider for ( <i>name</i> )?		YES ..... 1 NO ..... 2											
<b>IM4.</b> Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 ..... 1 HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 ..... 2						2 ⇨ IM11					
<b>IM5.</b> May I see the card(s) (and/or) other document?		YES, ONLY CARD/MCH HANDBOOK SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD/MCH HANDBOOK AND OTHER DOCUMENT SEEN ..... 3 NO, NO CARDS/MCH HANDBOOK AND NO OTHER DOCUMENT SEEN ..... 4						4 ⇨ IM11					
<b>IM6.</b> (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		<b>DATE OF IMMUNIZATION</b>											
		<b>DAY</b>		<b>MONTH</b>		<b>YEAR</b>							
BCG	BCG					2	0	1					
HepB (at birth)	HepB0					2	0	1					
Polio (OPV) 1	OPV1					2	0	1					
Polio (OPV) 2	OPV2					2	0	1					
Polio (OPV) 3	OPV3					2	0	1					
Polio (IPV)	IPV					2	0	1					
Pentavalent (DPTHibHepB) 1	Penta1					2	0	1					
Pentavalent (DPTHibHepB) 2	Penta2					2	0	1					
Pentavalent (DPTHibHepB) 3	Penta3					2	0	1					
Pneumococcal (Conjugate) 1	PCV1					2	0	1					

Pneumococcal (Conjugate) 2	PCV2					2	0	1		
Pneumococcal (Conjugate) 3	PCV3					2	0	1		
Measles and Rubella	MR					2	0	1		
Japanese Encephalitis Vaccine	JEV					2	0	1		
Vitamin A (Most recent)	Vit. A					2	0	1		
Deworming (Most recent)	Deworming					2	0	1		
<b>IM7.</b> Check IM6. Are all vaccines (BCG to JEV) recorded?	YES ..... 1 NO ..... 2								1 ⇒End	
<b>IM8.</b> Did ( <i>name</i> ) participate in any of the following campaigns, national immunization days or child health days:  [A] National Polio Campaign  [B] National Measles Campaign  [C] National Immunization Day  [D] Provincial Health Day	<p style="text-align: right;">Y N DK</p> NATIONAL POLIO CAMPAIGN ..... 1 2 8 NATIONAL MEASLES CAMPAIGN ..... 1 2 8 NATIONAL IMMUNIZATION DAY ..... 1 2 8 PROVINCIAL HEALTH DAY ..... 1 2 8									
<b>IM9.</b> In addition to what is recorded on the document(s) you have shown me, did ( <i>name</i> ) receive any other vaccinations including vaccinations received during the campaigns, immunization days or provincial health days just mentioned?	YES ..... 1 NO ..... 2 DK ..... 8								2 ⇒End 8 ⇒End	
<b>IM10.</b> Go back to IM6 and probe for these vaccinations.  <i>Record '66' in the corresponding day column for each vaccine received.</i>  <i>For vaccinations <u>not</u> received record '00'.</i>  <i>When <u>finished</u>, go to End of module.</i>									⇒End	

<b>IM11.</b> Has ( <i>name</i> ) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunization day or provincial health day?	YES ..... 1 NO ..... 2 DK ..... 8	
<b>IM12.</b> Did ( <i>name</i> ) participate in any of the following campaigns, national immunization days or child health days:  [A] National Polio Campaign  [B] National Measles Campaign  [C] National Immunization Day  [D] Provincial Health Day	      Y N DK NATIONAL POLIO CAMPAIGN ..... 1 2 8 NATIONAL MEASLES CAMPAIGN ..... 1 2 8 NATIONAL IMMUNIZATION DAY ..... 1 2 8 PROVINCIAL HEALTH DAY ..... 1 2 8	
<b>IM13.</b> Check IM11 and IM12:	ALL NO OR DK ..... 1 AT LEAST ONE YES ..... 2	1 ⇒ End
<b>IM14.</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?	YES ..... 1 NO ..... 2 DK ..... 8	
<b>IM15.</b> Did ( <i>name</i> ) receive a Hepatitis B vaccination – that is an injection on the outside of the thigh to prevent Hepatitis B disease – within the first 24 hours after birth?	YES, WITHIN 24 HOURS ..... 1 YES, BUT NOT WITHIN 24 HOURS ..... 2 NO ..... 3 DK ..... 8	
<b>IM16.</b> Has ( <i>name</i> ) ever received any vaccination drops in the mouth to protect (him/her) from polio?  <i>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</i>	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ IM20 8 ⇒ IM20
<b>IM18.</b> How many times were the polio drops received?	NUMBER OF TIMES ..... DK ..... 8	
<b>IM19.</b> The last time ( <i>name</i> ) received the polio drops, did (he/she) also get an injection to protect against polio?  <i>Probe to ensure that both were given, drops and injection.</i>	YES ..... 1 NO ..... 2 DK ..... 8	

<p><b>IM20.</b> Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the Polio drops.</i></p>	<p>YES .....1  NO .....2  DK .....8</p>	<p>2 ⇒IM22  8 ⇒IM22</p>
<p><b>IM21.</b> How many times was the Pentavalent vaccine received?</p>	<p>NUMBER OF TIMES .....__  DK .....8</p>	
<p><b>IM22.</b> Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus?</p> <p><i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p>	<p>YES .....1  NO .....2  DK .....8</p>	<p>2 ⇒IM26  8 ⇒IM26</p>
<p><b>IM23.</b> How many times was the pneumococcal vaccine received?</p>	<p>NUMBER OF TIMES .....__  DK .....8</p>	
<p><b>IM26.</b> Has (<i>name</i>) ever received a MR vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles and rubella?</p>	<p>YES .....1  NO .....2  DK .....8</p>	
<p><b>IM26A.</b> Has (<i>name</i>) ever received the Japanese Encephalitis Vaccine – that is, injection into a muscle or just under the skin to prevent him/her from against Japanese encephalitis?</p>	<p>YES .....1  NO .....2  DK .....8</p>	<p>1 ⇒End  2 ⇒End  8 ⇒End</p>
<p><b>IM29.</b> Check the vaccination card: Has (<i>name</i>) received a Vitamin A dose within the last 6 months?</p>	<p>YES ..... 1  NO ..... 2  DK, NO VACCINATION CARD ..... 8</p>	<p>1 ⇒IM29B</p>
<p><b>IM29A.</b> Has (<i>name</i>) received a Vitamin A dose like (this /any of these) within the last 6 months?</p>	<p>YES .....1  NO .....2  DK .....8</p>	

<i>Show common types of ampules / capsules / syrups</i>		
<b>IM29B.</b> Has ( <i>name</i> ) ever received the Deworming tablet – that is, a tablet to eliminate the existing worms?	YES ..... 1 NO ..... 2 DK ..... 8	

CARE OF ILLNESS		CA
<p><b>CA1.</b> In the last two weeks, has (<i>name</i>) had diarrhoea?</p>	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇨ CA14  8 ⇨ CA14
<p><b>CA2.</b> Check BD3: Is child still breastfeeding?</p>	YES OR BLANK, BD3=1 OR BLANK ..... 1 NO OR DK, BD3=2 OR 8 ..... 2	1 ⇨ CA3A 2 ⇨ CA3B
<p><b>CA3A.</b> I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>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?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5  DK ..... 8	
<p><b>CA3B.</b> I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine.</p> <p>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?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less?</p>		
<p><b>CA4.</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?</p> <p><i>If 'less', probe:</i> Was (he/she) given much less than usual to eat or somewhat less?</p>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 7  DK ..... 8	
<p><b>CA5.</b> Did you seek any advice or treatment for the diarrhoea from any source?</p>	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇨ CA7  8 ⇨ CA7

<p><b>CA6.</b> Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b>  GOVERNMENT HOSPITAL..... A  GOVERNMENT HEALTH CENTRE ..... B  VILLAGE HEALTH WORKER ..... D  OUTREACH TEAM.....E  OTHER PUBLIC MEDICAL  (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b>  PRIVATE HOSPITAL / CLINIC .....I  PRIVATE PHYSICIAN..... J  PRIVATE PHARMACY ..... K  MOBILE CLINIC ..... M  OTHER PRIVATE MEDICAL  (specify) _____ O</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND.....P  SHOP ..... Q  TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p>	
<p><b>CA7.</b> During the time (<b>name</b>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called oralyte / Nam Tha Lay Phoun?</p> <p>[B] A pre-packaged ORS fluid called oralyte fluid?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Coconut water or rice water with salt?</p>	<p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS PACKET ..... 1 2 8</p> <p>PRE-PACKAGED ORS FLUID..... 1 2 8</p> <p>ZINC TABLETS OR SYRUP..... 1 2 8</p> <p>COCONUT WATER OR RICE WATER WITH SALT ..... 1 2 8</p>	
<p><b>CA8.</b> Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B] ..... 1</p> <p>NO, 'NO' OR 'DK'  IN BOTH CA7[A] AND CA7[B] ..... 2</p>	<p>2 ⇒ CA10</p>

<p><b>CA9.</b> Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><u><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></u></p> <p>_____</p> <p>(Name of place)</p>	<p><b>PUBLIC MEDICAL SECTOR</b>  GOVERNMENT HOSPITAL..... A  GOVERNMENT HEALTH CENTRE ..... B  VILLAGE HEALTH WORKER ..... D  OUTREACH TEAM.....E  OTHER PUBLIC MEDICAL  (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b>  PRIVATE HOSPITAL / CLINIC .....I  PRIVATE PHYSICIAN..... J  PRIVATE PHARMACY ..... K  MOBILE CLINIC ..... M  OTHER PRIVATE MEDICAL  (specify) _____ O</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND.....P  SHOP ..... Q  TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) ..... X  DK / DON'T REMEMBER .....Z</p>	
<p><b>CA10.</b> Check CA7[C]: Was child given any zinc?</p>	<p>YES, CA7[C]=1 ..... 1  NO, CA7[C] ≠1 ..... 2</p>	<p>2 ⇒ CA12</p>
<p><b>CA11.</b> Where did you get the zinc?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><u><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></u></p> <p>_____</p> <p>(Name of place)</p>	<p><b>PUBLIC MEDICAL SECTOR</b>  GOVERNMENT HOSPITAL..... A  GOVERNMENT HEALTH CENTRE ..... B  VILLAGE HEALTH WORKER ..... D  OUTREACH TEAM.....E  OTHER PUBLIC MEDICAL  (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b>  PRIVATE HOSPITAL / CLINIC .....I  PRIVATE PHYSICIAN..... J  PRIVATE PHARMACY ..... K  MOBILE CLINIC ..... M  OTHER PRIVATE MEDICAL  (specify) _____ O</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND.....P  SHOP ..... Q  TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) ..... X  DK / DON'T REMEMBER .....Z</p>	
<p><b>CA12.</b> Was anything else given to treat the diarrhoea?</p>	<p>YES ..... 1  NO ..... 2  DK ..... 8</p>	<p>2 ⇒ CA14  8 ⇒ CA14</p>

<p><b>CA13.</b> What else was given to treat the diarrhoea?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p><b>PILL OR SYRUP</b>  ANTIBIOTIC..... A  ANTIMOTILITY (ANTI-DIARRHOEA) ..... B  OTHER PILL OR SYRUP..... G  UNKNOWN PILL OR SYRUP ..... H</p> <p><b>INJECTION</b>  ANTIBIOTIC.....L  NON-ANTIBIOTIC ..... M  UNKNOWN INJECTION ..... N</p> <p>INTRAVENOUS (IV) ..... O</p> <p>HOME REMEDY /  HERBAL MEDICINE ..... Q</p> <p>OTHER (<i>specify</i>)_____ X</p>	
<p><b>CA14.</b> At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES ..... 1  NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇨ CA16  8 ⇨ CA16</p>
<p><b>CA15.</b> At any time during the illness, did (<i>name</i>) have blood taken from (his/her) finger or heel for testing?</p>	<p>YES ..... 1  NO..... 2</p> <p>DK..... 8</p>	
<p><b>CA16.</b> At any time in the last two weeks, has (<i>name</i>) had an illness with a cough?</p>	<p>YES ..... 1  NO..... 2</p> <p>DK..... 8</p>	
<p><b>CA17.</b> At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing?</p>	<p>YES ..... 1  NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇨ CA19  8 ⇨ CA19</p>
<p><b>CA18.</b> Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?</p>	<p>PROBLEM IN CHEST ONLY ..... 1  BLOCKED OR RUNNY NOSE ONLY ..... 2</p> <p>BOTH..... 3</p> <p>OTHER (<i>specify</i>)_____ 6  DK..... 8</p>	<p>1 ⇨ CA20  2 ⇨ CA20  3 ⇨ CA20  6 ⇨ CA20  8 ⇨ CA20</p>
<p><b>CA19.</b> Check CA14: Did child have fever?</p>	<p>YES, CA14=1 ..... 1  NO OR DK, CA14=2 OR 8 ..... 2</p>	<p>2 ⇨ CA30</p>
<p><b>CA20.</b> Did you seek any advice or treatment for the illness from any source?</p>	<p>YES ..... 1  NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇨ CA22  8 ⇨ CA22</p>

<p><b>CA21.</b> From where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b>  GOVERNMENT HOSPITAL..... A  GOVERNMENT HEALTH CENTRE ..... B  VILLAGE HEALTH WORKER ..... D  OUTREACH TEAM.....E  OTHER PUBLIC MEDICAL  (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b>  PRIVATE HOSPITAL / CLINIC .....I  PRIVATE PHYSICIAN..... J  PRIVATE PHARMACY ..... K  MOBILE CLINIC ..... M  OTHER PRIVATE MEDICAL  (specify) _____ O</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND.....P  SHOP ..... Q  TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p>	
<p><b>CA22.</b> At any time during the illness, was (<i>name</i>) given any medicine for the illness?</p>	<p>YES ..... 1  NO..... 2  DK..... 8</p>	<p>2 ⇒CA30  8 ⇒CA30</p>

<p><b>CA23.</b> What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine?</p> <p><i>Record all medicines given.</i></p> <p><i>“If unable to determine type of medicine, write the brand name and then temporarily record ‘X’ until you learn the appropriate category for the response.”</i></p> <hr/> <p style="text-align: center;"><i>(Name of brand)</i></p> <hr/> <p style="text-align: center;"><i>(Name of brand)</i></p>	<p><b>ANTI-MALARIALS</b></p> <p>ARTEMISININ COMBINATION THERAPY (COARTEM) ..... A</p> <p>SP / FANSIDAR ..... B</p> <p>CHLOROQUINE ..... C</p> <p>AMODIAQUINE ..... D</p> <p>QUININE</p> <p>PILLS.....E</p> <p>INJECTION/IV.....F</p> <p>ARTESUNATE</p> <p>RECTAL..... G</p> <p>INJECTION/IV.....H</p> <p>OTHER ANTI-MALARIAL</p> <p>(specify) _____ K</p> <p><b>ANTIBIOTICS</b></p> <p>AMOXICILLIN .....L</p> <p>COTRIMOXAZOLE ..... M</p> <p>OTHER ANTIBIOTIC</p> <p>PILL/SYRUP ..... N</p> <p>OTHER ANTIBIOTIC</p> <p>INJECTION/IV ..... O</p> <p><b>OTHER MEDICATIONS</b></p> <p>PARACETAMOL/PANADOL/</p> <p>ACETAMINOPHEN..... R</p> <p>ASPIRIN .....S</p> <p>IBUPROFEN.....T</p> <p>OTHER (specify) _____ X</p> <p>DK.....Z</p>	
<p><b>CA24.</b> Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED, CA23=L-O ..... 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED ..... 2</p>	<p>2 ⇄ CA26</p>

<p><b>CA25.</b> Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b>  GOVERNMENT HOSPITAL..... A  GOVERNMENT HEALTH CENTRE ..... B  VILLAGE HEALTH WORKER ..... D  OUTREACH TEAM.....E  OTHER PUBLIC MEDICAL  (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b>  PRIVATE HOSPITAL / CLINIC .....I  PRIVATE PHYSICIAN..... J  PRIVATE PHARMACY ..... K  MOBILE CLINIC ..... M  OTHER PRIVATE MEDICAL  (specify) _____ O</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND.....P  SHOP ..... Q  TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) ..... X  <b>DK / DON'T REMEMBER ..... Z</b></p>	
<p><b>CA26.</b> Check CA23: Anti-malarials mentioned?</p>	<p>YES, ANTI-MALARIALS MENTIONED,  CA23=A-K ..... 1  NO, ANTI-MALARIALS NOT  MENTIONED ..... 2</p>	<p>2 ⇒ CA30</p>
<p><b>CA27.</b> Where did you get the (<i>name of medicine from CA23, codes A to K</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p><b>PUBLIC MEDICAL SECTOR</b>  GOVERNMENT HOSPITAL..... A  GOVERNMENT HEALTH CENTRE ..... B  VILLAGE HEALTH WORKER ..... D  OUTREACH TEAM.....E  OTHER PUBLIC MEDICAL  (specify) _____ H</p> <p><b>PRIVATE MEDICAL SECTOR</b>  PRIVATE HOSPITAL / CLINIC .....I  PRIVATE PHYSICIAN..... J  PRIVATE PHARMACY ..... K  MOBILE CLINIC ..... M  OTHER PRIVATE MEDICAL  (specify) _____ O</p> <p><b>OTHER SOURCE</b>  RELATIVE / FRIEND.....P  SHOP ..... Q  TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) ..... X  <b>DK / DON'T REMEMBER ..... Z</b></p>	
<p><b>CA28.</b> Check CA23: More than one antimalarial recorded in codes A to K?</p>	<p>YES, MULTIPLE ANTI-MALARIALS  MENTIONED ..... 1  NO, ONLY ONE ANTIMALARIAL  MENTIONED ..... 2</p>	<p>1 ⇒ CA29A  2 ⇒ CA29B</p>

<p><b>CA29A.</b> How long after the fever started did (<i>name</i>) first take the first of the (<i>name all anti-malarials recorded in CA23, codes A to K</i>)?</p> <p><b>CA29B.</b> How long after the fever started did (<i>name</i>) first take (<i>name of anti-malarial from CA23, codes A to K</i>)?</p>	<p>SAME DAY ..... 0  NEXT DAY ..... 1  2 DAYS AFTER FEVER STARTED..... 2  3 OR MORE DAYS AFTER FEVER  STARTED..... 3  DK..... 8</p>	
<p><b>CA30.</b> Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2 ..... 1  AGE 3 OR 4..... 2</p>	<p>2 ⇒ End</p>
<p><b>CA31.</b> The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET / LATRINE ..... 01  PUT / RINSED INTO TOILET  OR LATRINE ..... 02  PUT / RINSED INTO DRAIN OR DITCH..... 03  THROWN INTO GARBAGE  (SOLID WASTE)..... 04  BURIED..... 05  LEFT IN THE OPEN..... 06    OTHER (<i>specify</i>) _____ 96  DK..... 98</p>	

<b>UF11.</b> Record the time.	HOURS AND MINUTES..... ____ : ____	
<b>UF12.</b> Language of the Questionnaire.	LAO ..... 1	
<b>UF13.</b> Language of the Interview.	LAO ..... 1 OTHER LANGUAGE (specify) _____ 6	
<b>UF14.</b> Native language of the Respondent.	LAO ..... 1 OTHER LANGUAGE (specify) _____ 6	
<b>UF15.</b> Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE ..... 1 YES, PARTS OF THE QUESTIONNAIRE ..... 2 NO, NOT USED ..... 3	
<b>UF15A.</b> Check UF8A in UNDER-FIVE INFORMATION PANEL: Is the household selected for anaemia testing?	YES..... 1 NO..... 2	⇒UF16B
<b>UF15B.</b> Check UB1 Child age 0-5 months?	0-5 MONTHS ..... 1 OLDER..... 2	⇒UF16B
<p><b>UF16A.</b> Tell the respondent that you will need to measure the haemoglobin level of the child before you leave the household and a colleague will come to lead the measurements. Issue the ANAEMIA MODULE FORM for this child and complete the Information Panel on that Form.</p> <p><b>UF16B.</b> Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.</p> <p>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.</p> <p><input type="checkbox"/> No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.</p> <p><input type="checkbox"/> No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.</p>		

**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS) .....	
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	

ANTHROPOMETRY		
AN7. Measurer's name and number: NAME _____		
AN8. Record the result of weight measurement as read out by the Measurer:  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG) ..... _____ . _____  CHILD NOT PRESENT ..... 99.3 CHILD REFUSED ..... 99.4 RESPONDENT REFUSED ..... 99.5  OTHER (specify) ..... 99.6	99.3 ⇒ AN13 99.4 ⇒ AN10 99.5 ⇒ AN10  99.6 ⇒ AN10
AN9. Was the child undressed to the minimum?	YES ..... 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM ..... 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 ..... 1 AGE 2, 3 OR 4 ..... 2	1 ⇒ AN11A 2 ⇒ AN11B
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer:  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) ..... _____ . _____  CHILD REFUSED ..... 999.4 RESPONDENT REFUSED ..... 999.5  OTHER (specify) ..... 999.6	999.4 ⇒ AN13 999.5 ⇒ AN13  999.6 ⇒ AN13
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer:  <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN ..... 1 STANDING UP ..... 2	
AN13. Today's date: Day / Month / Year: _____ / _____ / <u>2 0 1</u> _____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES ..... 1 NO ..... 2	1 ⇒ Next Child
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

**INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

**MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

**SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE**

ANAEMIA TESTING INFORMATION PANEL		AT
AT1. Cluster number: _____	AT2. Household number: _____	
AT3. Child's name and line number: NAME _____	AT4. Child's age from UB2: AGE (IN COMPLETED YEARS).....__	
AT5. Mother's / Caretaker's name and line number: NAME _____	AT6. Interviewer's name and number: NAME _____	
	AT6A. Measurer's name and number: NAME.....__	

ANAEMIA TESTING		AT
<p><b>AT7.</b> <i>Ask consent for anaemia test from parent/other adult.</i></p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. We ask that all children born in 2012 or later take part in anaemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?            You can say yes or no. It is up to you to decide.            Will you allow (<i>name</i>) to participate in the anaemia test?</p>		
<p><b>AT8.</b>  <i>Record the code and sign your name.</i></p>	GRANTED ..... 1 (Sign) _____ REFUSED..... 2 (Sign) _____ NOT PRESENT/OTHER..... 3	2 ⇨ AT14 3 ⇨ AT14
<p><b>AT9.</b> <i>Prepare equipment and supplies for the test and proceed with the test.</i></p>		
<p><b>AT10.</b>  <i>Record haemoglobin level here and in the anaemia pamphlet.</i></p>	G/DL ..... _ _ . _ CHILD NOT PRESENT ..... 99.3 CHILD REFUSED..... 99.4 OTHER..... 99.6	⇨ AT14 ⇨ AT14 ⇨ AT14
<p><b>AT11.</b>  <i>Informational brochure.</i></p>	<p><i>Write the child's Hb level on the informational brochure.            Give the brochure to the parent or responsible adult.            Inform the parent or responsible adult of the results and briefly explain what the Hb reading means, using the Anaemia Brochure as a guide.</i></p>	
<p><b>AT12.</b>  <i>Check AT10:            Haemoglobin result</i></p>	BELOW 7.0 G/DL/SEVERE ANAEMIA ..... 1 7.0 G/DL OR ABOVE ..... 2	2 ⇨ AT14
<p><b>AT13.</b>  <i>Referral for severe anaemia.</i></p>	<p><i>Provide a written referral to a health facility for medical treatment for any child with severe anaemia. Inform the child's parent or responsible adult, about the effects of severe anaemia and recommend him/her to visit a health facility for follow-up medical attention.            Fill out an Anaemia Referral Slip, on which you have recorded the Hb level.</i></p> <p>The anaemia test shows that (name) has severe anaemia. Your child is very ill and must be taken to a health facility immediately.</p>	
<p><b>AT14.</b> <i>Is there another child/woman to be tested in the household who has not yet been tested?</i></p>	YES..... 1 NO..... 2	1 ⇨ Next Child or Woman
<p><b>AT15.</b> <i>Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all anaemia tests in this household.</i></p>		

**INTERVIEWER'S OBSERVATIONS FOR ANAEMIA TESTING MODULE**

**MEASURER'S OBSERVATIONS FOR ANAEMIA TESTING MODULE**

**SUPERVISOR'S OBSERVATIONS FOR ANAEMIA TESTING MODULE**

**QUESTIONNAIRE FOR CHILDREN AGE 5 – 17**  
**2017 Lao Social Indicator Survey (LSIS II)**

5-17 CHILD INFORMATION PANEL		FS
FS1. Cluster number: _____	FS2. Household number: _____	
FS3. Child's name and line number: NAME _____	FS4. Mother's / Caretaker's name and line number: NAME _____	
FS5. Interviewer's name and number: NAME _____	FS6. Supervisor's name and number: NAME _____	
FS7. Day / Month / Year of interview: _____ / _____ / <u>201</u> _____	FS8. Record the time:	HOURS : MINUTES _____ : _____

*Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:  
 If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in FS17. The respondent must be at least 15 years old. In the very few cases where a child age 15-17 has no mother or caretaker identified in the household (HL20=90), the respondent will be the child him/herself.*

FS9. Check completed questionnaires in this household. Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY ....1 NO, FIRST INTERVIEW .....2	1 ⇒FS10B 2 ⇒FS10A
FS10A. Hello, my name is ( <b>your name</b> ). We are from Lao Statistics Bureau/Ministry of Health. We are conducting a survey about the situation of children, families and households. I would like to talk to you about ( <b>child's name from FS3</b> )'s health and well-being. This interview will take about 30 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	FS10B. Now I would like to talk to you about ( <b>child's name from FS3</b> )'s health and well-being in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES, PERMISSION IS GIVEN.....1 NO, PERMISSION IS NOT GIVEN .....2	1 ⇒CHILD'S BACKGROUND Module 2 ⇒FS17	

FS17. Result of interview for child age 5-17 years  <i>Codes refer to the respondent.</i>  <i>Discuss any result not completed with Supervisor.</i>	COMPLETED .....01 NOT AT HOME .....02 REFUSED .....03 PARTLY COMPLETED.....04 INCAPACITATED (specify) _____ 05  NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17.....06  OTHER (specify) _____ 96
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CHILD'S BACKGROUND		CB
<b>CB1.</b> Check the respondent's line number (FS4) in 5 – 17 CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	FS4=HH47 .....1 FS4≠HH47 .....2	1⇒CB11
<b>CB2.</b> In what month and year was ( <i>name</i> ) born?  <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH MONTH .....__ __  YEAR .....__ __ __	
<b>CB3.</b> How old is ( <i>name</i> )?  <i>Probe:</i> How old was ( <i>name</i> ) at (his/her) last birthday?  <i>Record age in completed years.</i>  <i>If responses to CB2 and CB3 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS).....__ __	
<b>CB4.</b> Has ( <i>name</i> ) ever attended school or any early childhood education programme?	YES .....1 NO .....2	2⇒CB11
<b>CB5.</b> What is the highest level and grade or year of school ( <i>name</i> ) has ever attended? (to include the code of education level)  Primary                    11 – 15 Lower Sec.                21 – 24 Upper Sec.                31 – 33 Post Sec. non tertiary    41 – 43	EARLY CHILDHOOD EDUCATION.....000 PRIMARY..... 1 __ __ LOWER SECONDARY ..... 2 __ __ UPPER SECONDARY ..... 3 __ __ POST SEC. NON TERTIARY..... 4 __ __	000⇒CB7
<b>CB6.</b> Did (he/she) ever complete that (grade/year)?	YES .....1 NO .....2	
<b>CB7.</b> At any time during 2016-17 school year did ( <i>name</i> ) attend school or any early childhood education programme?	YES .....1 NO .....2	2⇒CB9
<b>CB8.</b> During 2016 - 17 school year, which level and grade or year is ( <i>name</i> ) attending?  Primary                    11 – 15 Lower Sec.                21 – 24 Upper Sec.                31 – 33 Post Sec. non tertiary    41 – 43	EARLY CHILDHOOD EDUCATION.....000 PRIMARY..... 1 __ __ LOWER SECONDARY ..... 2 __ __ UPPER SECONDARY ..... 3 __ __ POST SEC. NON TERTIARY..... 4 __ __	
<b>CB9.</b> At any time during the 2015-16 school year did ( <i>name</i> ) attend school or any early childhood education programme?	YES .....1 NO .....2	2⇒CB11
<b>CB10.</b> During that 2015-16 school year, which level and grade or year did ( <i>name</i> ) attend?  Primary                    11 – 15 Lower Sec.                21 – 24 Upper Sec.                31 – 33 Post Sec. non tertiary    41 – 43	EARLY CHILDHOOD EDUCATION.....000 PRIMARY..... 1 __ __ LOWER SECONDARY ..... 2 __ __ UPPER SECONDARY ..... 3 __ __ POST SEC. NON TERTIARY..... 4 __ __	
<b>CB11.</b> Is ( <i>name</i> ) covered by any health insurance?	YES .....1 NO .....2	2⇒End

<p><b>CB12.</b> What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>CIVIL SERVANT SCHEME .....A  SOCIAL SECURITY OFFICE .....B  COMMUNITY BASED HEALTH INSURANCE (CBHI).....C  HEALTH EQUITY FUND (HEF) .....D  FREE MCH .....E  PRIVATE HEALTH INSURANCE ..... F    OTHER (<i>specify</i>) _____X</p>	
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CHILD LABOUR		CL
<p><b>CL1.</b> Now I would like to ask about any work (<i>name</i>) may do.</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 or milking animals?</p> <p>[B] Did (<i>name</i>) help in a family business or a 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>[X] Since last (<i>day of the week</i>), did (<i>name</i>) engage in any <u>other</u> activity in return for income in cash or in kind, even for only one hour?</p>	<p style="text-align: right;">YES NO</p> <p>WORKED ON PLOT, FARM, FOOD GARDEN, LOOKED AFTER ANIMALS ..... 1 2</p> <p>HELPED IN FAMILY / RELATIVE'S BUSINESS / RUN 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>CL2.</b> Check CL1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' ..... 1</p> <p>ALL ANSWERS ARE 'NO' ..... 2</p>	<p>2 ⇒ CL7</p>
<p><b>CL3.</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?</p>	<p>NUMBER OF HOURS ..... __ __</p>	
<p><b>CL4.</b> (Does the activity/Do these activities) require carrying heavy loads?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>CL5.</b> (Does the activity/Do these activities) require working with dangerous tools such as knives and similar or operating heavy machinery?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

<p><b>CL6.</b> How would you describe the work environment of (<i>name</i>)?</p> <p>[A] Is (he/she) exposed to dust, fumes or gas?</p> <p>[B] Is (he/she) exposed to extreme cold, heat or humidity?</p> <p>[C] Is (he/she) exposed to loud noise or vibration?</p> <p>[D] Is (he/she) required to work at heights?</p> <p>[E] Is (he/she) required to work with chemicals, such as pesticides, glues and similar, or explosives?</p> <p>[X] Is (<i>name</i>) exposed to other things, processes or conditions bad for (his/her) 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><b>CL7.</b> Since last (<i>day of the week</i>), did (<i>name</i>) fetch water for household use?</p>	<p>YES..... 1 NO ..... 2</p>	<p>2⇒CL9</p>																								
<p><b>CL8.</b> In total, how many hours did (<i>name</i>) spend on fetching water for household use, since last (<i>day of the week</i>)?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS..... __ __</p>																									
<p><b>CL9.</b> Since last (<i>day of the week</i>), did (<i>name</i>) collect firewood for household use?</p>	<p>YES..... 1 NO ..... 2</p>	<p>2⇒CL11</p>																								
<p><b>CL10.</b> In total, how many hours did (<i>name</i>) spend on collecting firewood for household use, since last (<i>day of the week</i>)?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS..... __ __</p>																									
<p><b>CL11.</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 the household?</p> <p>[B] Cooking?</p> <p>[C] Washing dishes or cleaning around the house?</p> <p>[D] Washing clothes?</p> <p>[E] Caring for children?</p> <p>[F] Caring for someone old or sick?</p> <p>[X] Other household tasks?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>SHOPPING FOR HOUSEHOLD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COOKING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WASHING DISHES / CLEANING HOUSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WASHING CLOTHES .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CARING FOR CHILDREN .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CARING FOR OLD / SICK .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER HOUSEHOLD TASKS .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	SHOPPING FOR HOUSEHOLD.....	1	2	COOKING.....	1	2	WASHING DISHES / CLEANING HOUSE.....	1	2	WASHING CLOTHES .....	1	2	CARING FOR CHILDREN .....	1	2	CARING FOR OLD / SICK .....	1	2	OTHER HOUSEHOLD TASKS .....	1	2	
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<b>CL12.</b> Check CL11, [A]-[X]:	AT LEAST ONE 'YES' .....1 ALL ANSWERS ARE 'NO' .....2	2 ⇒ End
<b>CL13.</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>	NUMBER OF HOURS..... __ __	

## CHILD DISCIPLINE

FCD

<b>FCD1.</b> Check CB3: Child's age:	AGE 5-14 YEARS ..... 1 AGE 15-17 YEARS ..... 2	2 ⇒ End
<b>FCD2.</b> Now I'd like to talk to you about something else.  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 <u>you or any other adult in your household</u> has used this method with <u>(name) in the past month</u> .	YES NO	
[A] Took away privileges, forbade something <u>(name)</u> liked or did not allow (him/her) to leave the house.	TOOK AWAY PRIVILEGES ..... 1 2	
[B] Explained why <u>(name)</u> 's behaviour was wrong.	EXPLAINED WRONG BEHAVIOR ..... 1 2	
[C] Shook (him/her).	SHOOK HIM/HER ..... 1 2	
[D] Shouted, yelled at or screamed at (him/her).	SHOUTED, YELLED, SCREAMED ..... 1 2	
[E] Gave (him/her) something else to do.	GAVE SOMETHING ELSE TO DO ..... 1 2	
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND ..... 1 2	
[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT ..... 1 2	
[H] Called (him/her) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME ..... 1 2	
[I] Hit or slapped (him/her) on the face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS ..... 1 2	
[J] Hit or slapped (him/her) on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG ..... 1 2	
[K] Beat (him/her) up, that is hit him/her over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD ..... 1 2	
<b>FCD3.</b> Check FS4: Is this respondent the mother or caretaker of any other children under age 5?	YES ..... 1 NO ..... 2	2 ⇒ FCD5
<b>FCD4.</b> Check FS4: Has this respondent already responded to the following question (UCD5) for another child?	YES ..... 1 NO ..... 2	1 ⇒ End
<b>FCD5.</b> Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES ..... 1 NO ..... 2  DK / NO OPINION ..... 8	

PARENTAL INVOLVEMENT		PR
<b>PR1.</b> Check CB3: Child's age:	AGE 5-6 YEARS ..... 1 AGE 7-14 YEARS ..... 2 AGE 15-17 YEARS ..... 3	1 ⇨ End 3 ⇨ End
<b>PR3.</b> Excluding school text books and holy books, how many books do you have for ( <i>name</i> ) to read at home?	NONE .....00 NUMBER OF BOOKS ..... <u>0</u> _____ TEN OR MORE BOOKS .....10	
<b>PR4.</b> Check CB7: Did the child attend any school?  <i>Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked</i>	YES, CB7/ED9=1 ..... 1 NO, CB7/ED9=2 OR BLANK ..... 2	2 ⇨ End
<b>PR5.</b> Does ( <i>name</i> ) ever have homework?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇨ PR7 8 ⇨ PR7
<b>PR6.</b> Does anyone help ( <i>name</i> ) with homework?	YES ..... 1 NO ..... 2 DK ..... 8	
<b>PR7.</b> Does ( <i>name</i> )'s school have a school governing body in which parents can participate such as parent teacher association or Board of Trustees?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇨ PR10 8 ⇨ PR10
<b>PR8.</b> In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇨ PR10 8 ⇨ PR10
<b>PR9.</b> During any of these meetings, was any of the following discussed:	YES NO DK [A] A plan for addressing key education issues faced by ( <i>name</i> )'s school? PLAN FOR ADDRESSING SCHOOL'S ISSUES ..... 1 2 8 [B] School budget or use of funds received by ( <i>name</i> )'s school? SCHOOL BUDGET ..... 1 2 8	
<b>PR10.</b> In the last 12 months, have you or any other adult from your household received a school or student report card for ( <i>name</i> )?	YES ..... 1 NO ..... 2 DK ..... 8	

<p><b>PR11.</b> In the last 12 months, have you or any adult from your household gone to <i>(name)</i>'s school for any of the following reasons?</p> <p>[A] A school celebration or a sport event?</p> <p>[B] To discuss <i>(name)</i>'s progress with (his/her) teachers?</p>	<p style="text-align: right;">YES NO DK</p> <p>CELEBRATION OR SPORT EVENT..... 1 2 8</p> <p>TO DISCUSS PROGRESS WITH TEACHERS ..... 1 2 8</p>	
<p><b>PR12.</b> In the last 12 months, has <i>(name)</i>'s school been closed on a school day due to any of the following reasons:</p> <p>[A] Natural disasters, such as flood, cyclone, epidemics or similar?</p> <p>[B] Man-made disasters, such as fire, building collapse, riots or similar?</p> <p>[X] Other?</p>	<p style="text-align: right;">YES NO DK</p> <p>NATURAL DISASTERS..... 1 2 8</p> <p>MAN-MADE DISASTERS ..... 1 2 8</p> <p>OTHER..... 1 2 8</p>	
<p><b>PR13.</b> In the last 12 months, was <i>(name)</i> unable to attend class due to (his/her) teacher being absent?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>PR14.</b> Check PR13: 'Yes' recorded?</p>	<p>YES, PR13=1 ..... 1</p> <p>NO ..... 2</p>	<p>2 ⇒ End</p>
<p><b>PR15.</b> When teacher absence happened did you or any other adult member of your household contact any school officials or school governing body representatives?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	

<b>FS11.</b> <i>Record the time.</i>	HOURS AND MINUTES..... __ : __	
<b>FS12.</b> <i>Language of the Questionnaire.</i>	LAO ..... 1	
<b>FS13.</b> <i>Language of the Interview.</i>	LAO ..... 1  OTHER LANGUAGE (specify) ..... 6	
<b>FS14.</b> <i>Native language of the Respondent.</i>	LAO ..... 1  OTHER LANGUAGE (specify) ..... 6	
<b>FS15.</b> <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE .....1 YES, PARTS OF THE QUESTIONNAIRE .....2 NO, NOT USED .....3	
<b>FS16.</b> <i>Thank the respondent for her/his cooperation.</i>  <i>Proceed to complete the result in FS17 in the 5-17 CHILD INFORMATION PANEL and then go to the HOUSEHOLD QUESTIONNAIRE and complete HH56.</i>  <i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i>		

**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**

ຊື່ປຶ້ມ: Lao Social Indicator Survey II (LSIS II) 2017

ພິມຄັ້ງທີ: 1

ພາສາລາວ ແລະ ພາສາອັງກິດ

ຊື່ຜູ້ແຕ່ງ: ສຸນສະຖິຕິແຫ່ງຊາດ

ຂະໜາດພິມ: A4

ຈຳນວນໜ້າພິມ: 622 ໜ້າ

ເລກຖະບຽນພິມຈຳໜ່າຍ: 144/ພຈ 22062018

ຈຸດປະສົງພິມໃນການພິມ: ແຈກຢາຍ

ພິມທີ່: ປານຄຳ ຈຳປາ

