

HOUSEHOLD QUESTIONNAIRE

Region _____ № _____

Area _____

Urban _____ 1

Rural _____ 2

CLUSTER № _____

Household № _____

Name of the head of the household _____ № _____

Interviewer's name _____ № _____

Supervisor's name _____ № _____

Editor's name _____ № _____

Number of women eligible for survey _____

No of women completed the questionnaire _____

No of children under 5 yrs old _____

No of completed under 5 questionnaires _____

Clerk name _____ № _____

HOUSEHOLD QUESTIONNAIRE

THIS QUESTIONNAIRE IS PRESENTED IN ACCORDANCE WITH THE MEMORANDUM OF UNDERSTANDING BETWEEN UN AGENCIES IN KAZAKHSTAN AND STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN ON MULTI-INDICATOR CLUSTER SURVEY PROJECT IMPLEMENTATION AS OF 3 OCTOBER 2005

START YOUR INTERVIEW WITH WELCOMING:

WE ARE FROM THE STATISTIC AGENCY OF THE REPUBLIC OF KAZAKHSTAN. WE WORK WITHIN THE PROJECT DEVOTED TO THE FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INFORMATION WE WILL OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND NOBODY WILL BE ABLE TO IDENTIFY YOUR ANSWERS. I WOULD LIKE TO TALK TO THE HEAD OF THE HOUSEHOLD AND EVERY MOTHER OR PERSON, WHO TAKES CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW?

If permission is given, begin the interview.

HOUSEHOLD INFORMATION PANEL

HH

HH1. Cluster number:

HH2. Household number:

HH3. Name and number of interviewer:

Name _____

HH4. Supervisor's name and number:

Name _____

HH5. Day/month /year of interview:

____/____/____

HH6. Area

Cities and villages.....1

Rural settlements2

HH7. Регион

Akmolinskaya 01

Aktubinskaya 02

Almatinskaya 03

Atyrauskaya 04

Western Kazakhstan 05

Zhambylskaya 06

Karagandinskaya 07

Kostanaiskaya 08

Kyzylordinskaya 09

Mangistauskaya 10

South Kazakhstan 11

Pavlodarskaya 12

Northern Kazakhstan 13

East Kazakhstan 14

Astana City. 15

Almaty City 16

HH 8. Name of the Head of the household: _____

After all household questionnaires filled enter the following information:

HH9. Outcomes of HH interview:

Completed 1

Not at home 2

Refused 3

HH not found/demolished 4

Other (specify) _____ 6

HH10. Respondent to HH questionnaire:

Name: _____

Line number: _____

HH11. Total number of HH members:

HH12. No of women eligible for interview:

HH13. Total No of completed questionnaires for women:

HH14. No of children under 5:

HH15. Total No of completed under 5 questionnaires:

Interviewer/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.

HH 16. Data entry clerk:

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the head of household (HL3) and their gender (HL4).

Afterwards ask: **ARE THERE ANY OTHERS LIVING HERE, EVEN IF THEY ARE NOT AT HOME AT THE MOMENT?** (These could be kids or adults at school or work). If yes, list them. Then start asking questions from HL5 to each person by turn.

					Eligible for Modules			For household members aged 0-17 years			
					Women	Child's labor	Children's health				
HL1	HL2.	HL3.	HL4.	HL5.	HL6.	HL7.	HL8.	HL9.	HL10.	HL11.	HL12.
No	Name	WHAT IS THE RELATIONSHIP TO THE HEAD OF HH See the below codes	GENDER 1 - M 2 - F	AGE: HOW OLD WAS THE MEMBER AT LAST BIRTHDAY? If 97* years and over, enter «97»	Circle the line No, if woman is 15-49 years old	For each child aged 5-14 year: WHO IS THE MOTHER OR CAREGIVER FOR THE CHILD? Enter the line No of mother /caregiver	For each under 5 child:	IS NATURAL MOTHER ALIVE? 1 YES 2 NO HL11 8 H3 HL11	If alive: DOES THE NATURAL MOTHER LIVE IN THIS HH? YES- line No of mother, NO- 00	IS NATURAL FATHER ALIVE? 1 YES 2 NO NEXT LINE 8 H3 NEXT LINE	If alive: DOES THE NATURAL FATHER LIVE IN THIS HH? YES- line No of father, NO- 00
LINE	NAME	RELAT.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	— —	01	— —	— —	1 2 8	— —	1 2 8	— —
02		— —	1 2	— —	02	— —	— —	1 2 8	— —	1 2 8	— —
03		— —	1 2	— —	03	— —	— —	1 2 8	— —	1 2 8	— —
04		— —	1 2	— —	04	— —	— —	1 2 8	— —	1 2 8	— —
05		— —	1 2	— —	05	— —	— —	1 2 8	— —	1 2 8	— —
06		— —	1 2	— —	06	— —	— —	1 2 8	— —	1 2 8	— —
07		— —	1 2	— —	07	— —	— —	1 2 8	— —	1 2 8	— —
08		— —	1 2	— —	08	— —	— —	1 2 8	— —	1 2 8	— —
09		— —	1 2	— —	09	— —	— —	1 2 8	— —	1 2 8	— —
10		— —	1 2	— —	10	— —	— —	1 2 8	— —	1 2 8	— —
11		— —	1 2	— —	11	— —	— —	1 2 8	— —	1 2 8	— —
12		— —	1 2	— —	12	— —	— —	1 2 8	— —	1 2 8	— —
13		— —	1 2	— —	13	— —	— —	1 2 8	— —	1 2 8	— —
14		— —	1 2	— —	14	— —	— —	1 2 8	— —	1 2 8	— —
15		— —	1 2	— —	15	— —	— —	1 2 8	— —	1 2 8	— —
16		— —	1 2	— —	16	— —	— —	1 2 8	— —	1 2 8	— —

Ask: ARE THERE ANY OTHER CHILDREN, EVEN IF THEY ARE NOT THE MEMBERS OF YOUR HH OR ORPHANS, LIVING IN YOUR HH, (INCLUDING CHILDREN AT SCHOOL AND AT WORK)?

If 'Yes', enter the child's name and complete the form. Then enter the total number.

Total:	Women 15-49 years	Children 5-14 years	Children under 5
	— —	— —	— —

CODES to HL3

01 = HEAD	08 = BROTHER OR SISTER	13 = OTHER RELATIVE
02 = WIFE/HUSBAND	09 = BROTHER OR SISTER-IN-LAW	
03 = SON OR DAUGHTER	10 = UNCLE/AUNT	14 = ADOPTED/STEPCHILD
04 = SON OR DAUGHTER-IN-LAW	11 = NEPHEW/NIECE BY BLOOD	
05 = GRANDCHILD	12 = NEPHEW/NIECE BY MARRIAGE	15 = NOT RELATED
06 = PARENT		98 = DO NOT KNOW
07 = PARENT-IN-LAW		

*) 97 – Only for aged members of HH.

EDUCATION MODULE													ED	
For household members aged 5 years and older					For household members aged 5-24 years									
ED1	ED1A	ED2	ED3		ED4	ED5	ED6		ED7			ED8		
Line №	Name	HAS (NAME) EVER ATTENDED PRE-SCHOOL, SCHOOL AND ANOTHER EDUCATIONAL FACILITY? 1 YES 2 NO ⇨ NEXTLINE	WHAT IS THE HIGHEST LEVEL (NAME) ATTENDED? WHAT IS THE HIGHEST GRADE/COURSE (NAME) COMPLETED AT THIS LEVEL? LEVEL: ⇨ See the below codes GRADE/COURSE 98 = DK		DURING (2005/2006) SCHOOL YEAR, DID (NAME) ATTEND SCHOOL OR PRESCHOOL ? 1 - YES 2 - NO ⇨ ED7	STARTING FROM THE LAST DAY OF THE WEEK, HOW MANY DAYS (NAME) ATTENDED THE SCHOOL (DAYS)	DURING CURRENT SCHOOL YEAR, (2005/2006) WHICH LEVEL AND GRADE DID (NAME) ATTEND? LEVEL: ⇨ See the below codes GRADE/COURSE: 98 = DK		DID (NAME) ATTEND THE SCHOOL LAST 2004/2005 SCHOOL YEAR ? 1 - YES 2 - NO ⇨ NEXTLINE 8 DK ⇨ nextline			WHICH LEVEL AND GRADE/COURSE (NAME) ATTENDED LAST (2004/2005) SCHOOL YEAR? LEVEL: ⇨ See the below codes GRADE/COURSE 98 = DK		
LINE	NAME	YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y	NO	DK	LEVEL	GRADE	
01		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
02		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
03		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
04		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
05		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
06		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
07		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
08		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
09		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
10		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
11		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
12		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
13		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
14		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
15		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
16		1 2	0 1 2 3 4 8	___	1 2	___	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	

For ED3, ED6, ED8			
Education level	Education level code	Grade/course (for interviewer)	Years studies (for clerk)
PRESCHOOL	0	0 - 4	0 - 4
PRIMARY	1	0 - 4	0 - 4
SECONDARY	2	5 - 11	0 - 7
SPECIALIZED SECONDARY	3	0 - 3	0 - 3
HIGHER	4	0 - 6	0 - 6
DK (DOESN'T KNOW)	8		

WATER AND SANITATION MODULE

WS

WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR THE MEMBERS OF YOUR HOUSEHOLD?

<u>Piped water</u>		
Piped into dwelling	11	11⇒ WS5
Piped into yard or plot.....	12	12⇒ WS5
Public standpipe outside.....	13	
<u>Tubewell/borehole</u>	21	
<u>Dug well</u>		
Protected (paled) well.....	31	
Unprotected (unpaled) well.....	32	
<u>Spring water</u>		
Protected (paled) spring	41	
Unprotected (unpaled) spring	42	⇒ WS3
Rainwater collection	51	
Tanker-truck.....	61	
Cart with small tank/drum	71	
Surface water (river, stream, dam, lake, pond, canal).....	81	
<u>Bottled water</u>	91	91⇒ WS2
Other (<i>specify</i>)	96	96⇒ WS3

WS2. WHAT IS THE MAIN SOURCE OF WATER MEMBERS OF YOUR HH USE FOR HAND WASH AND COOKING?

<u>Piped water</u>		
Piped into dwelling	11	11⇒ WS5
Piped into yard or plot.....	12	12⇒ WS5
Public standpipe outside.....	13	
<u>Tubewell/borehole</u>	21	
<u>Dug well</u>		
Protected (paled) well.....	31	
Unprotected (unpaled) well.....	32	
<u>Spring water</u>		
Protected (paled) spring	41	
Unprotected (unpaled) spring	42	
Rainwater collection	51	
Tanker-truck.....	61	
Cart with small tank/drum	71	
Surface water (river, stream, dam, lake, pond, canal).....	81	
<u>Bottled water</u>	91	
Other (<i>specify</i>)	96	

WS3. HOW LONG DOES IT TAKE TO REACH WATER SOURCE, GET WATER AND COME BACK?

Minutes	—	
Water at home/yard.....	995	995⇒ WS5
DK	998	

WS4. WHO USUALLY GOES TO THIS SOURCE TO GET WATER FOR THE MEMBERS OF YOUR HH?

Ask:
IS THIS PERSON UNDER 15 YEARS? WHAT GENDER?
Circle code which best describes this person.

Adult woman	1	
Adult man.....	2	
Female child (under 15 years).....	3	
Male child (under 15 years).....	4	
DK.....	8	

WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER FOR DRINKING?

Yes	1	
No	2	2⇒ WS7
DK.....	8	8⇒ WS7

WS6. WHAT DO YOU USUALLY DO TO MAKE YOUR DRINKING WATER SAFER?

ANYTHING ELSE
Record all mentioned items.

Boil.....	A	
Add bleach/chlorine.....	B	
Strain through a cloth	C	
Use filter (ceramic, sand, composite, etc.)	D	
Sun disinfection.....	E	
Settled water	F	
Other (<i>specify</i>)	X	
DK.....	Z	

WS7. WHAT TOILET TYPE DO THE MEMBERS OF YOUR HH USUALLY USE?

If "FLUSH" or "POUR FLUSH", ask:
WHERE DOES IT FLUSH TO?

If necessary, ask permission to see the facility.

<u>Flush toilet</u>		
Flush to sewerage	11	
Flush to septic tank.....	12	
Flush to pit latrine	13	
Flush to somewhere else.....	14	
Flush to unknown place /not sure/DK	15	
<u>Pit latrine</u>		
Ventilated improved	21	
Pit latrine with slab	22	
Pit latrine without slab/open pit	23	
Composting toilet	31	
Bucket.....	41	
Hanging latrine.....	51	
No toilet, bushes or field	95	95⇒ NEXT MODULE
Other (<i>specify</i>)	96	

WS8. DO YOU SHARE THIS TOILET WITH OTHER HOUSEHOLDS?

Yes	1	
No	2	2⇒ NEXT MODULE

WS9. IN TOTAL, HOW MANY HOUSEHOLDS SHARE THIS TOILET FACILITY?

No of HH (if less than 10)	0	
Ten or more HH	10	
DK.....	98	

HOUSEHOLD CHARACTERISTICS MODULE		HC																																	
HC1B. WHAT IS THE MOTHER TONGUE OF HH HEAD?	Kazakh 1 Russian 2 Other (specify) 6																																		
HC1C. WHAT IS THE NATIONALITY OF HH HEAD?	Kazakhs 1 Russians 2 Other (Specify) 6																																		
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No of rooms — —																																		
HC3. MAIN MATERIAL OF THE FLOOR <i>Record observation.</i>	<u>Natural floor</u> Wooden boards 21 <u>Finished floor</u> Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet 35 Laminate 36 Tapis 37 Linoleum 38 Other (specify) 96																																		
HC4. THE MAIN MATERIAL OF ROOF <i>Record observation.</i>	<u>Natural roof</u> Wooden boards 23 <u>Finished roof</u> Metal 31 Wood 32 Calamine/cement fibers 33 Ceramic tiles 34 Cement 35 Shingles 36 Roofing slate 37 Tile 38 Ruberoid/Tar paper 39 Other (specify) 96																																		
HC5. THE MAIN MATERIAL OF WALLS <i>Record observations.</i>	<u>Natural walls</u> Stone with clay 22 Crude clay 23 Processed wood 26 Cane fiber board 27 <u>Finished walls</u> Cement, concrete, slag 31 Stone with lime/cement 32 Bricks 33 Cement modules 34 Processed clay 35 Wood planks/shingles 36 Monolith 37 Other (specify) 96																																		
HC6. WHAT KIND OF ENERGY (FUEL) DO USUALLY MEMBERS OF YOUR HH USE FOR COOKING?	Electricity 01 Liquid propane gas 02 Natural gas 03 Kerosene, diesel 05 Coal 06 Charcoal 07 Firewood 08 Animal dung 10 Other (specify) 96	01⇒ HC8 02⇒ HC8 03⇒ HC8																																	
HC7. IS FOOD IN THIS HH COOKED AT OPEN FIRE OR AN STOVE? <i>Identify the type.</i>	Open stove 1 Open fire 2 Closed stove 3 Other (specify) 6																																		
HC7A. DOES THE FIRE/STOVE HAVE CHIMNEY OR A HOOD?	Yes 1 No 2																																		
HC8. USUALLY COOKING IS DONE INSIDE THE HOUSE, IN SEPARATE BUILDING OR OUTDOORS?	Inside the house 1 In separate building 2 Outdoors 3 Other (specify) 6																																		
HC9. IN YOUR HOUSEHOLD IS THERE:	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>TV Set</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile phone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Personal computer</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sewing machine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Vacuum cleaner</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Electricity	1	2	Radio	1	2	TV Set	1	2	Mobile phone	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	Personal computer	1	2	Washing machine	1	2	Sewing machine	1	2	Vacuum cleaner	1	2	
	Yes	No																																	
Electricity	1	2																																	
Radio	1	2																																	
TV Set	1	2																																	
Mobile phone	1	2																																	
Non-mobile telephone	1	2																																	
Refrigerator	1	2																																	
Personal computer	1	2																																	
Washing machine	1	2																																	
Sewing machine	1	2																																	
Vacuum cleaner	1	2																																	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE:	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Watch</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorbike</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn cart</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motor boat</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Watch	1	2	Bicycle	1	2	Motorbike	1	2	Animal drawn cart	1	2	Car	1	2	Motor boat	1	2													
	Yes	No																																	
Watch	1	2																																	
Bicycle	1	2																																	
Motorbike	1	2																																	
Animal drawn cart	1	2																																	
Car	1	2																																	
Motor boat	1	2																																	

CHILD LABOR MODULE

CL

To be administered to mother/caregiver of each child in the household aged 5 - 14 years.

Copy the line No of any eligible for interview child from the household listing.

Now I would like to ask you about any work children might do in this household.

CL1.	CL2.	CL3.			CL4.	CL5.			CL6.		CL7.	CL8.		CL9.
No	NAME	WORK FOR NOT A MEMBER OF THIS HOUSEHOLD							WORK FOR THE HOUSEHOLD IN THE FAMILY					
		DURING LAST 7 DAYS DID (NAME) DO ANY KIND OF WORK? If 'Yes': WAS IT FOR PAY? 1 - YES, FOR PAY (CASH OR KIND) 2 - YES, UNPAID 3 - NO ⇒CL5			APPROX. HOW MANY HOURS DID (NAME) WORK DURING LAST 7 DAYS? IF MORE THAN ONE JOB, ENTER ALL HOURS FOR ALL JOBS. ⇒CL6		DURING THE LAST YEAR DID (NAME) DO ANY WORK If 'Yes': FOR PAY? 1 - YES, FOR PAY (CASH OR KIND) 2 - YES, UNPAID 3 - NO		DURING LAST 7 DAYS DID (NAME) HELP WITH HOUSEHOLD CHORES, SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER OR TAKING CARE OF CHILDREN? 1 - YES 2 - NO ⇒CL8		DURING LAST 7 DAYS APPROX. HOW MANY HOURS S/HE PERFORMED THESE CHORES?		DURING LAST 7 DAYS DID (NAME) DO ANY OTHER JOBS IN THE FAMILY (ON THE FARM OR IN THE FAMILY BUSINESS?) 1 - YES 2 - NO ⇒ TO THE NEXT LINE	
LINE	NAME	PAID	UNPAID	NO	No of HOURS	PAID	UNPAID	NO	YES	NO	No of HOURS	YES	NO	No of HOURS
01		1	2	3	___	1	2	3	1	2	___	1	2	___
02		1	2	3	___	1	2	3	1	2	___	1	2	___
03		1	2	3	___	1	2	3	1	2	___	1	2	___
04		1	2	3	___	1	2	3	1	2	___	1	2	___
05		1	2	3	___	1	2	3	1	2	___	1	2	___
06		1	2	3	___	1	2	3	1	2	___	1	2	___
07		1	2	3	___	1	2	3	1	2	___	1	2	___
08		1	2	3	___	1	2	3	1	2	___	1	2	___
09		1	2	3	___	1	2	3	1	2	___	1	2	___
10		1	2		___	1	2	3	1	2	___	1	2	___
11		1	2	3	___	1	2	3	1	2	___	1	2	___
12		1	2	3	___	1	2	3	1	2	___	1	2	___
13		1	2	3	___	1	2	3	1	2	___	1	2	___
14		1	2	3	___	1	2	3	1	2	___	1	2	___
15		1	2	3	___	1	2	3	1	2	___	1	2	___
16		1	2	3	___	1	2	3	1	2	___	1	2	___

TABLES TO IDENTIFY CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD'S DISCIPLINE MODULE

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD'S DISCIPLINE QUESTIONNAIRE

See the LIST OF HOUSEHOLD and list at the bottom all children aged 2-14 years in appropriate line No (HL1). Do not include other members of household beyond age of 2-14 years. Record the line number, name, gender, age and line number of mother/caregiver of each child. Then record total number of children aged 2-14 years in the attached table (CD7).

CD1. No	CD2. Line number (from HL1).	CD3. Name (from HL2).	CD4. Gender (from HL4).		CD5. Age (from HL5).	CD6. Line number of mother/caregiver of child (from HL7 or HL8).
LINE	LINE	NAME	M	F	AGE	MOTHER/CAREGIVER
01	___		1	2	___	___
02	___		1	2	___	___
03	___		1	2	___	___
04	___		1	2	___	___
05	___		1	2	___	___
06	___		1	2	___	___
07	___		1	2	___	___
08	___		1	2	___	___
CD7.	TOTAL NUMBER OF CHILDREN AGED 2-14 YEARS					___

If there is only one child aged 2-14 years in the household go to CD9 and CD11,
if over one child – continue with CD8.

**TABLE 2:
RANDOM SAMPLING OF A CHILD FOR CHILDREN'S DISCIPLINE INTERVIEWING**

The below table should be used for sampling of one child aged 2-14 years, if there is more than one child of this age group in this household. See the last figure of the household number on the cover page. This is the number of the row you should apply to in the below table. Check the total number of eligible children in **CD7** (see above).

This is the column number in the table, you should go to. Find the cross cut cell of column and row and circle the figure in it. This is the number of the child you will ask about.

Record the number to **CD9** below. Finally, enter the line number and the name of selected child in **CD11** at the next page. Then find the mother/caregiver and ask questions starting from **CD12**.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM CD7)							
The last figure of questionnaire number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Enter the number of selected child from the Table 2	Child's number
CD10. Identify in the household the eligible for interview child aged 2-14 years, checking with the tables at previous page, as per instruction. Ask mother or caregiver of the child (selected from the Line No CD6) for interviewing.	
CD11. Enter name and line No of the child eligible for module from CD3 and CD2 , based on the number in CD9 .	Name _____ LINE No _____

CHILDREN'S DISCIPLINE MODULE		CD
CD12. EACH ADULT APPLIES SPECIAL METHODS IN UPBRINGING CHILDREN. AFTER I LIST DIFFERENT METHODS I WILL ASK YOU TO TELL ME IF DURING THE LAST MONTH YOU OR ANY MEMBER OF YOUR HOUSEHOLD APPLIED THEM?		
	Yes	No
CD12A. HAVE YOU DEPRIVED HER/HIM OF PRIVILEGES, AMUSEMENTS, HAVE YOU FORBIDDEN (NAME) ANYTHING OR OBLIGED TO STAY INDOORS?	1	2
CD12B. HAVE YOU EXPLAINED WHY THIS ACTION (BEHAVIOR) WAS WRONG?	1	2
CD12C. DID YOU SHAKE HER/HIM?	1	2
CD12D. DID YOU SCREAM AT HER/HIM?	1	2
CD12E. DID YOU FORCE HER/HIM DOING ANYTHING AGAINST HER/HIS WILL?	1	2
CD12F. DID YOU SLAP, HIT OR BEAT HER/HIS BACK?	1	2
CD12G. DID YOU BEAT HER/HIS BACK OR ANY PART OF THE BODY WITH ANY RIGID STUFF, SUCH AS BELT?	1	2
CD12H. DID YOU CALL HER/HIM SILLY, LAZY OR USE OTHER SIMILAR WORDS?	1	2
CD12I. DID YOU BEAT OT SLAP FACE, HEAD OT EARS?	1	2
CD12J. DID YOU BEAT HER/HIS HANDS, SHOULDERS, LEGS?	1	2
CD12K. DID YOU BEAT HER/HIM WITH ANY STUFF (AGAIN AND AGAIN AND AS STRONG AS POSSIBLE)?	1	2
CD13. DO YOU THINK THAT PHYSICAL PUNISHMENT IS REQUIRED FOR PROPER UPBRINGING OF CHILD?	Yes No DK/no opinion	1 2 8

MATERNAL MORTALITY MODULE
MM

To be administered to each adult member of the household aged **15 years and older**. Record name and line number of every adult household member (15 years and older). If any adult member is not at home another adult may answer instead. In this case mark '1' in **MM3**, and enter the line number of eligible respondent in **MM4**.

For the household members aged under 15 years leave the lines blank.

MM1.	MM2.	MM3.	MM4.	MM5.	MM6.	MM7.	MM8.	MM9.
LINE №	NAME	IS IT REPORT «BY PROXY»? 1. YES ⇒ MM4 2. NO ⇒ MM5	LINE NO OF ELIGIBLE RESPONDENT (IN THE HH LIST HL1)	HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD? 98= DO NOT KNOW	HOW MANY OF THESE SISTERS SURVIVED TILL 15 YEARS? 98= DO NOT KNOW	HOW MANY OF THESE SISTERS (AT LEAST, AT AGE OF 15) ARE STILL ALIVE? 98= DO NOT KNOW	HOW MANY OF THESE SISTERS, WHO REACHED AGE OF 15 AND OLDER, HAVE DIED? 98= DO NOT KNOW	HOW MANY OF THESE DIED SISTERS HAVE DIED DURING PREGNANCY OR DELIVERY OR WITHIN 6 WEEKS AFTER PREGNANCY HAS BEEN FINISHED? 98= DO NOT KNOW
LINE	NAME	YES NO	LINE					
01		1 2	— —	— —	— —	— —	— —	— —
02		1 2	— —	— —	— —	— —	— —	— —
03		1 2	— —	— —	— —	— —	— —	— —
04		1 2	— —	— —	— —	— —	— —	— —
05		1 2	— —	— —	— —	— —	— —	— —
06		1 2	— —	— —	— —	— —	— —	— —
07		1 2	— —	— —	— —	— —	— —	— —
08		1 2	— —	— —	— —	— —	— —	— —
09		1 2	— —	— —	— —	— —	— —	— —
10		1 2	— —	— —	— —	— —	— —	— —
11		1 2	— —	— —	— —	— —	— —	— —
12		1 2	— —	— —	— —	— —	— —	— —
13		1 2	— —	— —	— —	— —	— —	— —
14		1 2	— —	— —	— —	— —	— —	— —
15		1 2	— —	— —	— —	— —	— —	— —
16		1 2	— —	— —	— —	— —	— —	— —

UNICEF MODULE
UH

UH1. UNICEF – THIS IS:	Famous company..... A International non-government organization..... B United Nations Children's Fund C Quality standard..... D Island in Atlantic Ocean E Other (specify)..... F DK..... G	
UH2. DO YOU KNOW WHAT THE CONVENTION ON THE RIGHTS OF THE CHILD IS?	Yes, I know..... A Seems, I have heard something, But am not sure B DK..... C	
UH3. WHERE DO YOU GET THE BASIC FOR YOUR FAMILY INFORMATION FROM?	Newspapers..... A TV..... B Radio..... C Magazines..... D Internet..... E Street advertisements and posters..... F From the relatives, friends and colleagues..... G Other (specify) H	

HEALTHCARE SYSTEM INFORMATION MODULE

SZ

LET ME ASK YOU A FEW GENERAL QUESTIONS ABOUT HEALTHCARE SYSTEM AT THE PLACE OF YOUR RESIDENCE, AND YOUR WILLINGNESS (POSSIBILITY) TO PAY FOR HEALTH SERVICES.

SZ1. HOW FAR FROM YOUR RESIDENCE IS THE NEAREST HEALTH FACILITY?	Less than 5 km1 More than 5 km2 DK8	
SZ2. HOW MUCH TIME DO YOU SPEND TO REACH THE NEAREST HEALTHCARE FACILITY?	Up to 30 minutes1 Up to 1 hour.....2 Up to 2 hours.....3 Over 2 hours.....4 DK8	
SZ3. IF ANYBODY IN THE FAMILY IS SICK, DO THE TREATMENT COSTS (TRANSPORTATION, MEDICATION, CONSULTATION, OBSERVATION ETC.) PREVENT YOU FROM APPLYING FOR THE HEALTHCARE?	No1 In part.....2 Always.....3	

PRIMARY HEALTHCARE ACCESSIBILITY MODULE

PM

Questions in current module are administered to those, who were sick or applied for healthcare **during last 6 months**.

PM1. HAS ANY MEMBER OF YOUR FAMILY REQUIRED HEALTH CARE DURING LAST 6 MONTHS?	Yes1 No.....2	2- NEXT MODULE
PM2. HAVE YOU EVER RECEIVED MEDICATIONS/REMEDIES FROM THE AMBULANCE CAR STAFF AT HOME OR IN THE AMBULANCE MACHINE?	Yes1 No2	1 ⇒ PM3 2 ⇒ PM4
PM3. DID YOU PAY FOR THESE MEDICATIONS?	Yes1 No2 DK.....8	
PM3.1. IF YES, HOW MUCH DID YOU PAY ?	ENTERTenge	
PM4. HOW MUCH HAVE YOU PAID FOR TRANSPORTATION (THERE AND BACK)?	ENTERTenge	
PM5. HOW LONG DID THE FIRST CONSULTATION LAST?	Less than 15 minutes.....1 15-30 minutes.....2 over 30 minutes3	
PM6. WHAT HAVE YOU BEEN PRESCRIBED? <i>Mark all possible answers</i>	Injections1 Antibiotics2 Oral-rehydration medications, aerosol (ORS)3 Cough syrups4 Other tablets of syrups.....5 Unknown tablets or syrups6 Domestic remedies/herbals.....7 Other (<i>specify</i>)8	
PM7. IN THIS PARTICULAR CASE HAVE YOU RECEIVED ANY REMEDY (MEDICATION) FREE OF CHARGE?	Yes1 No2	
PM8. HOW MANY OF PRESCRIBED MEDICATIONS DID YOU PURCHASE?	All1 Some.....2 None3	3 ⇒ PM10
PM9. DO YOU REMEMBER THE COST OF MEDICATIONS? IF YES, WHAT WAS THE PRICE?	Yes1 No2 ENTERtehre	
PM10. IF YOU DID NOT PURCHASE ALL RECOMMENDED MEDICATIONS, WHY?	Lack of money1 We already have them.....2 Were not able to find them.....3 Other (<i>specify</i>)8	

ACCESSIBILITY OF IN-PATIENT AND SPECIALIZED HEALTH CARE		SP
Questions in current module are administered to those, who were sick or applied for healthcare during last 6 months.		
SP1. DURING LAST 6 MONTHS DID YOU APPLY TO THE HEALTH SPECIALIST OR TO THE HOSPITAL BECAUSE OF YOUR OR MEMBER OF YOUR FAMILY'S ILLNESS?	Yes 1 No 2	2-NEXT MODULE
SP2. YOU SAID THAT YOU APPLIED TO THE HEALTH SPECIALIST OR TO THE HOSPITAL BECAUSE OF ILLNESS (ARMAN).	Yes 1 No 2	
SP3. DID YOU RECEIVE ANY MEDICATIONS/REMEDIES FROM THE AMBULANCE CAR STAFF AT HOME OR IN THE AMBULANCE CAR?	Yes 1 No 2	1 ⇒ SP4 2 ⇒ SP5
SP 4. DID YOU PAY FOR THESE REMEDIES?	Yes 1 No 2	1 ⇒ SP4.1 2 ⇒ SP5
SP4.1. Если да, то сколько вам пришлось заплатить?	ENTER Tenge	
SP5. HOW MUCH DID YOU PAY FOR TRANSPORTATION (THERE AND BACK)?	ENTER Tenge	
SP6. AFTER ARRIVAL TO THE HOSPITAL, HOW LONG DID YOU WAIT FOR THE FIRST CONSULTATION?	Less than 15 minutes 1 15-30 minutes 2 30 minutes-1 hour 3 1 - 2 hours 4 over 2 hours 5	
SP7. HOW LONG DID THE FIRST CONSULTATION LAST?	15 minutes 1 15-30 minutes 2 over 30 minutes 3	
SP8. WHAT AMOUNT IN CASH IN TENGE DID YOU PAY FOR: (specify health service)	Staying in the hospital Consultations (staff) Medications Tests and observation Other expenditures, e.g., meal Other	
SP9. WHAT PART OF IN-PATIENT TREATMENT WAS PAID IN KIND (NOT IN CASH)?	Consultations 1 Medications 2 Tests 3 None 4 Other (specify) 5	
SP10. HOW MANY OF PRESCRIBED MEDICATIONS DID YOU PURCHASE?	All 1 Some 2 None 3	3 ⇒ SP12
SP11. DO YOU REMEMBER THE COST OF MEDICATIONS? IF YES, WHAT WAS THE PRICE?	Yes 1 No 2 ENTER tenge	
SP12. IF YOU DID NOT PURCHASE ALL RECOMMENDED MEDICATIONS, WHY?	Lack of money 1 We already had them 2 Were not able to find them 3 Other (specify) 8	

SALT IODIZATION MODULE		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? <i>Once you have examined the salt, circle number that corresponds to test outcome.</i>	Nor iodized 0 PPM 1 Less than 15 PPM 2 15 PPM and more 3 No salt at home 6 Salt not tested 7	
SI2. DOES ELIGIBLE WOMAN AGED 15-49 YEARS RESIDE IN THE HOUSEHOLD? <i>Check the household listing, column HL6. You should have a questionnaire with Informational Panel, filled for each eligible woman.</i> <input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR WOMEN to interview the first eligible woman. <input type="checkbox"/> No. ⇒ Continue.		
SI3. DOES ANY ELIGIBLE CHILD UNDER 5 YEARS RESIDE IN THE HOUSEHOLD? <i>Check the household listing, column HL8. you should have a questionnaire with Informational Panel, filled for each eligible child.</i> <input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER 5 to interview the caregiver of the first eligible child. <input type="checkbox"/> No. ⇒ End the interview by thanking respondent for his/her cooperation. Collect all questionnaires for current household and record the total number of completed interviews on the cover page.		

GOALS AND OBJECTIVES OF MULTI-INDICATOR SURVEY IN KAZAKHSTAN