MOLDOVA DEMOGRAPHIC AND HEALTH SURVEY 2005 June 2005

MAN'S QUESTIONNAIRE

MINISTRY OF HEALTH
CENTER FOR PREVENTIVE MEDICINE

REPUBLIC OF MOLDOVA

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ]

MUNICIPIUL/RAIONUL _____ [ ][ ][ ]

RESIDENCE (URB=1, RUR=2) . . . . . [ ]

NAME AND LINE NUMBER OF MAN _____ [ ][ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY [ ][ ]
				MONTH [ ][ ]
				YEAR 2005
INTERVIEWER'S NAME				INT. CODE [ ][ ][ ]
RESULT*				RESULT [ ]
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS [ ]
TIME				

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE: [ ] LANGUAGE OF INTERVIEW: [ ] LANGUAGE OF RESPONDENT: [ ]

LANGUAGE CODES: ROMANIAN = 1, RUSSIAN = 2, OTHER (SPECIFY_____)= 3

TRANSLATOR USED: 1-YES, 2-NO [ ]

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ [ ][ ][ ]	DATE _____ [ ][ ][ ]	[ ][ ]	[ ][ ]

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health.
We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. The survey usually takes about 45 minutes to complete.
Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . [ ][ ] ALWAYS . . . . . 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, a town or the countryside?	CITY 1 TOWN . . . . . 2 COUNTRYSIDE 3	
104	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
106	Have you ever attended school?	YES . . . . . 1 NO 2	→ 111
107	What is the highest level of school you attended?	PRIMARY (GR 1-4) . . . . . 1 GYMNASIUM (GR 5-9) . . . . . 2 LYCEUM/MEDIUM (GR 10-12) . . . . . 3 POLYVALENT/SPT/MESERII . 4 COLLEGE/TECHNICAL . . . . . 5 INSTIT/UNIV/POST GRAD 6	
108	What is the highest grade you completed at that level?	GRADE . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 107: PRIMARY ☐ → GRADE 5 OR HIGHER ☐ → 113		
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' CIRCLED ☐ → CODE '1' OR '5' CIRCLED ☐ → 114		
113	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	→ 114
113A	Which language(s) do you read most easily?	ROMANIAN / LATIN CHARAC. . . . . 1 ROMANIAN / CYRILLIC CHARAC. . . . 2 RUSSIAN . . . . . 3 READ BOTH ROMANIAN . . . . . AND RUSSIAN EQUALLY WELL . . . 4 OTHER _____ 6 (SPECIFY)	
114	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
115	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . . ☐☐ NONE 00	→ 118
117	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . . 1 NO 2	
118	What is your religion?	ORTHODOX . . . . . 1 CATHOLIC/GREEK CATH. 2 PROTESTANT (EX. EVANGELICAL, BAPTIST, JEHOVAH WITNESS) 3 JEWISH 4 NO RELIGION . . . . . 5 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	What is your ethnic background? RECORD MAJOR ETHNIC GROUP	MOLDOVAN . . . . . 01 ROMANIAN . . . . . 02 UCRAINIAN . . . . . 03 RUSSIAN . . . . . 04 GAGAUZAN . . . . . 05 ROMA (GYPSY) . . . . . 06 BULGARIAN . . . . . 07 JEWISH . . . . . 08 OTHER _____ 96 (SPECIFY) REFUSED/NOT STATED 98	
120	Are you currently working?	YES . . . . . 1 NO 2	→ 123
121	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 123
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING . . . . . 01 LOOKING FOR WORK . . . . . 02 RETIRED . . . . . 03 TOO ILL TO WORK . . . . . 04 HANDICAPPED, CANNOT WORK . . . 05 HOUSEWORK/CHILD CARE . . . . . 06 OTHER _____ 96 (SPECIFY)	→ 201
123	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
124	CHECK 123: WORKS IN AGRICULTURE ☐ ↓ DOES NOT WORK IN AGRICULTURE ☐ →		→ 126
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	
126	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . [ ][ ]	
206	Have you ever fathered a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
209	CHECK 208: Just to make sure I have this right: you have fathered in TOTAL _____ births during your life. Is that correct? YES ↓ NO → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: HAS HAD MORE THAN ONE CHILD ↓ HAS HAD ONLY ONE CHILD → 213 HAS NOT HAD ANY CHILDREN → 214		
211	Do the children you have fathered all have the same biological mother?	YES . . . . . 1 NO 2	→ 213
212	In all how many women have you fathered children with?	NUMBER OF WOMEN . . . . . [ ][ ]	
213	How old were you when your (first) child was born?	AGE IN YEARS . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	Are you the primary care giver for any children?	YES . . . . . 1 NO 2	→ 301
215	Are any of these children for whom you are the primary caregiver under the age of 18?	YES . . . . . 1 NO 2	→ 301
216	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302. Which ways or methods have you heard about? **(1)** FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08A	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES . . . . . 1 NO 2	
08B	FOAM / JELLY / SPERMICIDE Women can place a suppository, jelly or cream, in their vagina before intercourse.	YES . . . . . 1 NO 2	
09	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childl woman can use a method that requires that she breastfeeds frequently, day a and that her menstrual period has not returned.	YES . . . . . 1 NO 2	
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In the last twelve months, have you discussed the practice of family planning with a health worker or health professional?	YES . . . . . 1 NO 2	
305	Now I would like to ask you about when a woman is most likely to get pregnant. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can get pregnant?	YES . . . . . 1 NO . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
308	I willl now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it? b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to get sterilized.	AGREE / DISAGREE / DK a) 1 2 8 b) 1 2 8 c) 1 2 8	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A WOMAN . . . . . 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES . . . . . 1 NO 2	→ 411
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 406
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	→ 406
405	RECORD THE WIFE/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER	
406	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
407	CHECK 406: MARRIED/ LIVED WITH A WOMAN ONLY ONCE → In what month and year did you start living with your wife/partner? MARRIED/ LIVED WITH A WOMAN MORE THAN ONCE → Now I would like to ask about when you started living with your first wife/partner. In what month and year was that?	MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR . . . . . DON'T KNOW YEAR 9998	→ 411
410	How old were you when you first started living with her?	AGE	
411	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
412	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time (if ever)?	NEVER . . . . . 00 AGE IN YEARS . . . . . FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER . . . . . 95 REFUSED 98	→ 414 → 414 → 441
413	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 441
414	CHECK 105: 15-24 YEARS OLD → / 25-59 YEARS OLD		→ 419
415	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
419	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 WEEKS AGO . . . . . 2 MONTHS AGO . . . . . 3 YEARS AGO 4	→ 440A

		SEXUAL PARTNER	SEXUAL PARTNER
424	The last time you had sexual intercourse with this (second) person, was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 426)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 426)
425	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
426	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	WIFE . . . . . 01 (SKIP TO 434) LIVE-IN PARTNER . . . . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)	WIFE . . . . . 01 (SKIP TO 434) LIVE-IN PARTNER . . . . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)
427	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . . . 1 MONTHS 2 YEARS . . . 3	DAYS . . . 1 MONTHS 2 YEARS . . . 3
432	The last time you had sexual intercourse with this (second) person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 434)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 434)
433	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
434	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 424 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 437)	YES . . . . . 1 (GO TO 435) IN NEXT PAGE) NO . . . . . 2 (SKIP TO 437)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
435	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS . . . . . ☐☐ DON'T KNOW 98	
437	CHECK 426: NO PARTNERS WERE COMMERCIAL SEX WORKERS OR Q.426 NOT ASKED ☐ AT LEAST ONE PARTNER WAS A COMMERCIAL SEX WORKER ☐		→ 439
438	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	→ 440A
439	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	→ 440A
440	Did you use a condom during every sexual intercourse every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DK 8	
440A	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
441	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 501
442	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A FAMILY HEALTH CENTER . . . . . B FAMILY PLANNING CLINIC . . . . . C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . E PHARMACY . . . . . F PRIVATE DOCTOR . . . . . G OTHER PRIVATE MEDICAL _____ H (SPECIFY) OTHER SOURCE SHOP . . . . . I CHURCH . . . . . J FRIENDS/RELATIVES . . . . . K NGO . . . . . L OTHER _____ X (SPECIFY)	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING TOGETHER ↓ / NOT IN UNION → 505		
502	Is your wife/partner currently pregnant?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
503	CHECK 502: WIFE/PARTNER NOT PREGNANT OR UNSURE ↓ / WIFE/PARTNER PREGNANT ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS WIFE/WIVES CAN'T GET PREGNANT . . . . . 3 UNDECIDED/DON'T KNOW 8	→ 505
504	CHECK 502: WIFE/PARTNER NOT PREGNANT OR UNSURE ↓ / WIFE/PARTNER PREGNANT ↓ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
505	CHECK 202 AND 204: HAS LIVING CHILDREN ↓ / NO LIVING CHILDREN ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	
507	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? In a pamphlet/poster/leaflets/booklets? At a community event?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 PAMPHLET, ETC. . . . . 1 2 COMMUNITY EVENT 1 2	
508	CHECK 401: YES, CURRENTLY MARRIED ↓ / YES, LIVING WITH A WOMAN ↓ / NO, NOT IN UNION → 515		
509	Is your wife/partner currently using a method of family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Would you say that (not) using contraception is mainly your decision, mainly your wife's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY WIFE/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 8 (SPECIFY)	
511	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 WIFE/PARTNER DOESN'T WANT . . 4 DON'T KNOW 8	
512	Who decides how the money you earn will be used: mainly you, mainly your wife/partner, or you and your wife/partner jointly?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/PARTNER JOINTLY . . . 3 OTHER 6	
513	Would you say that the money that you bring into the household is more than what your wife/partner brings in, less than what she brings in, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 WIFE/PARTNER DOESN'T BRING IN ANY MONEY . . . . . 4 DON'T KNOW 8	
514	Now I would like to ask you a few questions regarding decision making.	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & WIFE/PARTNER JOINTLY = 3 SOMEONE ELSE = 4	
	a) Who usually makes decisions about making major household purchases?	1 2 3 4 5	
	b) Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 5	
	c) Who usually makes decisions about visits to your family or relatives?	1 2 3 4 5	
515	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	
	If she goes out without telling him?	GOES OUT 1 2 8	
	If she neglects the children?	NEGL. CHILDREN . . . 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	
516	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:	YES NO DK	
	She knows her husband has a sexually transmitted disease?	HAS STD 1 2 8	
	She knows her husband has sex with other women?	OTHER WOMEN 1 2 8	
	She is tired or not in the mood?	TIRED/NOT IN MOOD 1 2 8	
517	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to:	YES NO DON'T KNOW/ IT DEPENDS	
	a) Get angry and reprimand her?	a) 1 2 8	
	b) Refuse to give her money or other means of financial support?	b) 1 2 8	
	c) Use force and have sex with her even if she doesn't want to?	c) 1 2 8	
	d) Go and have sex with another woman?	d) 1 2 8	
518	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
518A	I would like to ask you some questions about medical care for yourself. Do you have health insurance?	YES . . . . . 1 NO 2	→ 519
518B	What type of health insurance do you have? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER/EDUC.INST. A SOCIAL SECURITY . . . . . B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER _____ X (SPECIFY)	
519	Now, regarding any injections you have had in the last 12 months. Have you had an injection for any reason in the last twelve months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 523
520	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 523
521	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 FAMILY HEALTH CENTER . . . . . 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 DENTAL CLINIC/OFFICE . . . . . 22 PHARMACY . . . . . 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER . . . . . 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME . . . . . 31 OTHER _____ 96 (SPECIFY)	
522	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
523	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→ 525
524	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . . ☐☐	
525	Do you currently smoke or use any other type of tobacco?	YES . . . . . 1 NO 2	→ 526A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
526	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED	PIPE . . . . . A CHEWING TOBACCO . . . . . B SNUFF . . . . . C OTHER _____ X (SPECIFY)	
526A	Now I have some questions to ask you about drinking alcohol. We count one drink as one can or bottle of beer, one glass of wine, or one shot of liquor, vodka or whiskey. (BOTTLE OF BEER=330-500ML, GLASS OF WINE=50-200ML, SHOT OF LIQUOR=50ML.) In the past month, on the days that you drank alcohol, how many drinks did you usually have?	NUMBER OF DRINKS . . . . . ☐☐ NO DRINKS 00	→ 527
526B	How often did you drink that amount? PROBE: How many times in a month?	EVERY DAY . . . . . 1 ALMOST EVERY DAY . . . . . 2 1-2 TIMES A WEEK . . . . . 3 2-3 TIMES A MONTH . . . . . 4 ONCE A MONTH 5	
526C	In the past 3 months, have there been days when you had more than usual? (RELATIVE TO THE NUMBER IN 526A?)	YES 1 NO 2	→ 527
526D	In the past 3 months, how many drinks did you have on the days that you drank more than usual? (RELATIVE TO NUMBER IN 526A)	NUMBER OF DRINKS . . . . . ☐☐	
526E	How often did you drink that amount?	EVERY DAY . . . . . 1 ALMOST EVERY DAY . . . . . 2 1-2 TIMES A WEEK . . . . . 3 2-3 TIMES A MONTH . . . . . 4 ONCE A MONTH . . . . . 5 1-2 TIMES IN THREE MONTHS 6	
527	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 601
528	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T' KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
528A	What signs or symptoms would lead you to think that a person has tuberculosis? Any others? RECORD ALL MENTIONED.	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS J LETHARGY K OTHER _____ X (SPECIFY) DON'T KNOW Y	
529	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
530	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

SECTION 6. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 646
602	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
604	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
606	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
606A	Can people get HIV/AIDS by getting injections with a syringe and needle that was already used by someone else?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
608	Is there anything (else) a person can do to avoid or reduce the chances of getting the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 610
609	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH PROSTITUTES . . . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS . H AVOID BLOOD TRANSFUSIONS . . . . . I AVOID INJECTIONS . . . . . J AVOID SHARING RAZORS/BLADES . K AVOID KISSING . . . . . L AVOID MOSQUITO BITES . . . . . M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . . . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
610	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
615	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 620
616	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE MONTHS AGO 3	
617	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
618	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
619	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 FAMILY HEALTH CENTER . . . . . 12 AIDS CENTER . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 SKIN-STI DISPANSER . . . . . 15 OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 PRIVATE LABS . . . . . 22 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 622

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES . . . . . 1 NO 2	→ 622
621	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A FAMILY HEALTH CENTER . . . . . B AIDS CENTER . . . . . C FAMILY PLANNING CLINIC . . . . . D SKIN-STI DISPANSER . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . G PRIVATE LABS . . . . . H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER _____ X (SPECIFY)	
622	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
623	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
624	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
625	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
630	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . . 1 NO 2	
631	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
632	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
633	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
634	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
646	CHECK 601: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
648	CHECK 412: HAS HAD SEXUAL INTERCOURSE HAS NOT HAD SEXUAL INTERCOURSE or refused to answer → 656		
649	CHECK 646: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT → 651		
650	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
651	Sometimes men experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
652	Sometimes men have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
653	CHECK 650, 651, AND 652: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW → 656		
654	The last time you had (PROBLEM FROM Qs. 651/652/653), did you seek any kind of advice or treatment?	YES . . . . . 1 NO . . . . . 2 → 656	
655	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A FAMILY HEALTH CENTER . . . . . B AIDS CENTER/LABS . . . C FAMILY PLANNING CLINIC . . . . . D SKIN-STI DISPAN . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . G PRIVATE LABS . . . . . H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER SOURCE SHOP . . . . . J OTHER _____ X (SPECIFY)	
656	Some men are circumcised. Are you circumcised?	YES . . . . . 1 NO 2	
657	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

MOLDOVA DEMOGRAPHIC AND HEALTH SURVEY 2005 June 27, 2005

CARETAKER QUESTIONNAIRE FOR CHILDREN AGE 0-5 WITH NO BIOLOGICAL MOTHER IN HOUSEHOLD

MINISTRY OF HEALTH
CENTER FOR PREVENTIVE MEDECINE

REPUBLIC OF MOLDOVA

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ]

MUNICIPIUL / RAIONUL _____ [ ][ ][ ]

RESIDENCE (URBAN = 1, RURAL = 2) . . . . . [ ]

NAME AND LINE NUMBER OF CARETAKER _____ [ ][ ]

INTERVIEWER VISITS

				VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR 2005
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE [ ][ ][ ]
RESULT*	_____	_____	_____	RESULT [ ]

TOTAL NUMBER OF CHILDREN CARED FOR BY THIS CARETAKER [ ]

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE: [ ] LANGUAGE OF INTERVIEW: [ ] LANGUAGE OF RESPONDENT: [ ]

LANGUAGE CODES: ROMANIAN = 1, RUSSIAN = 2, OTHER (SPECIFY_____)= 3

TRANSLATOR USED: 1-YES, 2-NO [ ]

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	[ ][ ]	[ ][ ]
DATE _____ [ ][ ][ ]	DATE _____ [ ][ ][ ]		

501	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH CHILD AGE 0-5 YEARS WHO IS CARED FOR BY THIS CARETAKER. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN, BEGINNING WITH THE YOUNGEST CHILD. (IF THE CARETAKER CARES FOR MORE THAN 3 CHILDREN, USE ADDITIONAL QUESTIONNAIRES).			
502	NAME AND LINE NUMBER FROM HOUSEHOLD LIST	YOUNGEST CHILD LINE NUMBER . . . . . [ ][ ] NAME _____	SECOND-TO-YOUNGEST CHILD LINE NUMBER . . . . . [ ][ ] NAME _____	THIRD-TO- YOUNGEST CHILD LINE NUMBER . . . . . [ ][ ] NAME _____
502A	What is your relationship to this child?	SON OR DAUGHTER 01 BROTHER OR SISTER 02 GRANDCHILD 03 NIECE/NEPHEW BY BLOOD 04 NIECE/NEPHEW MARRIAGE 05 ADOPTIVE/FOSTER PARENT 06 OTHER RELATIVE 07 FRIEND 08 NANNY/BABYSITTER 09 OTHER PERSON _____ 96 (SPECIFY)	SON OR DAUGHTER 01 BROTHER OR SISTER 02 GRANDCHILD 03 NIECE/NEPHEW BY BLOOD 04 NIECE/NEPHEW MARRIAGE 05 ADOPTIVE/FOSTER PARENT 06 OTHER RELATIVE 07 FRIEND 08 NANNY/BABYSITTER 09 OTHER PERSON _____ 96 (SPECIFY)	SON OR DAUGHTER 01 BROTHER OR SISTER 02 GRANDCHILD 03 NIECE/NEPHEW BY BLOOD 04 NIECE/NEPHEW MARRIAGE 05 ADOPTIVE/FOSTER PARENT 06 OTHER RELATIVE 07 FRIEND 08 NANNY/BABYSITTER 09 OTHER PERSON _____ 96 (SPECIFY)
502B	How long have you been the caretaker?	DAYS . . . . . [ ][ ] WEEKS . . . . . [ ][ ] MONTHS . . . . . [ ][ ]	DAYS . . . . . [ ][ ] WEEKS . . . . . [ ][ ] MONTHS . . . . . [ ][ ]	DAYS . . . . . [ ][ ] WEEKS . . . . . [ ][ ] MONTHS . . . . . [ ][ ]
502C	In what month and year was (NAME) born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998
502D	How old was (NAME) at the last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	AGE IN COMPLETED YEARS [ ][ ]	AGE IN COMPLETED YEARS [ ][ ]
506	Is (NAME) currently taking iron pills, sprinkles with iron, or iron syrup (like this/ any of these)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
506A	Has (NAME) taken any drug for intestinal parasites in the past 6 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
507	Does (NAME) have a card where his/her vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 509) ←┘ YES, NOT SEEN . . . . . 2 (SKIP TO 512) ←┘ NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 509) ←┘ YES, NOT SEEN . . . . . 2 (SKIP TO 512) ←┘ NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 509) ←┘ YES, NOT SEEN . . . . . 2 (SKIP TO 512) ←┘ NO CARD 3
508	Did (NAME) ever have a vaccination card?	YES . . . . . 1 (SKIP TO 512) ←┐ NO . . . . . 2 DK 8	YES . . . . . 1 (SKIP TO 512) ←┐ NO . . . . . 2 DK 8	YES . . . . . 1 (SKIP TO 512) ←┐ NO . . . . . 2 DK 8

509 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.

(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	YOUNGEST CHILD								SECOND-TO-YOUNGEST CHILD								THIRD-TO- YOUNGEST CHILD							
	DAY		MONTH		YEAR				DAY		MONTH		YEAR				DAY		MONTH		YEAR			
BCG																								
POLIO 1																								
POLIO 2																								
POLIO 3																								
POLIO 4																								
DPT 1																								
DPT 2																								
DPT 3																								
DPT 4																								
HepB 1																								
HepB 2																								
HepB 3																								
MEASLES																								
MUMPS																								
RUBELLA																								

NOTE: Since 2002 in Moldova, vaccines against measles, mumps and rubella are administered in a single combined vaccine.

		NAME _____ YOUNGEST CHILD	NAME _____ SECOND-TO-YOUNGEST	NAME _____ THIRD-TO- YOUNGEST
512	Please tell me if (NAME) received any of the following vaccinations:			
512A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
512B	Polio vaccine, that is, drops in the mouth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512E) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512E) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512E) ←┤ DON'T KNOW 8
512D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
512E	A DPT vaccination, that is, an injection given in the thigh or buttocks to protect him/her against tetanus, whooping cough, and diptheria? This is sometimes given at the same time as polio drops.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8
512F	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
512G	An HepB vaccination, that is, an injection in the thigh or buttock, to protect against Hepatitis B?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 512G) ←┤ DON'T KNOW 8
512H	How many times was a HepB vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
512 I	An injection in the arm to prevent measles? IF YES, ASK Was this a single injection to prevent measles, mumps and rubella?	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ←┘ NO . . . . . 3 DON'T KNOW 8	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ←┘ NO . . . . . 3 DON'T KNOW 8	MEASLES ONLY . 1 YES, MMR COMB . 2 (SKIP TO 512L) ←┘ NO . . . . . 3 DON'T KNOW 8
512J	An injection to prevent mumps?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
512 K	An injection to prevent rubella?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

		NAME _____ YOUNGEST CHILD	NAME _____ SECOND-TO-YOUNGEST	NAME _____ THIRD-TO- YOUNGEST

512L YOUNGEST CHILD

RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.

FULL NAME OF CHILD: _____ BIRTHDATE ____ ____ ____ DAY MONTH YEAR

NAME AND ADDRESS OF MEDICAL FACILITY:

_____

SECOND-TO-YOUNGEST CHILD

RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.

FULL NAME OF CHILD: _____ BIRTHDATE ____ ____ ____ DAY MONTH YEAR

NAME AND ADDRESS OF MEDICAL FACILITY:

_____

THIRD-TO-YOUNGEST CHILD

RECORD THE NAME AND ADDRESS OF THE HEALTH CENTER OR MEDICAL FACILITY WHERE THE CHILD IMMUNIZATION RECORD IS KEPT.

FULL NAME OF CHILD: _____ BIRTHDATE ____ ____ ____ DAY MONTH YEAR

NAME AND ADDRESS OF MEDICAL FACILITY:

_____

AFTER COMPLETION OF THE INTERVIEWS IN THIS HOUSEHOLD GO THE HEALTH CENTER AND COMPLETE THE VACCINATION DATES IN SECTION 11.

		NAME _____ YOUNGEST CHILD	NAME _____ SECOND-TO-YOUNGEST	NAME _____ THIRD-TO- YOUNGEST
515	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8
516	Was there any blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
518	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
519	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 524)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 524)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 524)
520	Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL A FAMILY HEALTH CENTER . . . . . B MEDICAL CABINET . . . . . C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. _____ H (SPECIFY) OTHER SOURCE SHOP . . . . . I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A FAMILY HEALTH CENTER . . . . . B MEDICAL CABINET . . . . . C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. _____ H (SPECIFY) OTHER SOURCE SHOP . . . . . I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A FAMILY HEALTH CENTER . . . . . B MEDICAL CABINET . . . . . C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. _____ H (SPECIFY) OTHER SOURCE SHOP . . . . . I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)

		NAME _____ YOUNGEST CHILD	NAME _____ SECOND-TO-YOUNGEST	NAME _____ THIRD-TO- YOUNGEST
521	CHECK 520:	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 523)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 523)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 523)
522	Where did you first seek advice or treatment? USE LETTER CODE FROM 520.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
523	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
524	Does (NAME) still have diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
525	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:	YES NO DK	YES NO DK	YES NO DK
	a. A fluid made from a special packet called Regidron or Rehidol?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
	b. A pre-packaged ORS liquid?	ORS LIQUID 1 2 8	ORS LIQUID 1 2 8	ORS LIQUID 1 2 8
526	Was anything (else) given to treat the diarrhea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8
527	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . . C OTHER (NOT ANTIBIOTIC, ANTIMOTILITY, OR ZINC) . . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE . . . . . J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . . C OTHER (NOT ANTIBIOTIC, ANTIMOTILITY, OR ZINC) . . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE . . . . . J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . . C OTHER (NOT ANTIBIOTIC, ANTIMOTILITY, OR ZINC) . . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE . . . . . J OTHER _____ X (SPECIFY)

		NAME _____ YOUNGEST CHILD	NAME _____ SECOND-TO-YOUNGEST	NAME _____ THIRD-TO- YOUNGEST
530	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
531	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 534) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 534) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 534) DON'T KNOW 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 535) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 535) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 535) DON'T KNOW 8
533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 535)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 535)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 535)
534	CHECK 530: HAD FEVER?	YES NO OR DK (SKIP TO 546)	YES NO OR DK (SKIP TO 546)	YES NO OR DK (SKIP TO 546)
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8

		NAME _____ YOUNGEST CHILD	NAME _____ SECOND-TO-YOUNGEST	NAME _____ THIRD-TO- YOUNGEST
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
537	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 542)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 542)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 542)
538	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . . C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. _____ H (SPECIFY) OTHER SOURCE SHOP . . . . . I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . . C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. _____ H (SPECIFY) OTHER SOURCE SHOP . . . . . I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . . C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. _____ H (SPECIFY) OTHER SOURCE SHOP . . . . . I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)
539	CHECK 538:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 541)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 541)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 541)
540	Where did you first seek advice or treatment? USE LETTER CODE FROM 538.	FIRST PLACE . . .	FIRST PLACE . . .	FIRST PLACE . . .
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS	DAYS	DAYS . . . . .

		NAME _____ YOUNGEST CHILD	NAME _____ SECOND-TO-YOUNGEST	NAME _____ THIRD-TO- YOUNGEST
542	Is (NAME) still sick with a (fever/ cough)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
543	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 546) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 546) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 546) ← DON'T KNOW 8
544	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
544A	CHECK 544: ANY ANTIBIOTICS CIRCLED (CODES A-B)?	YES NO (SKIP TO 546)	YES NO (SKIP TO 546)	YES NO (SKIP TO 546)
545	Did you already have (NAME OF DRUG FROM 544) at home when the child became ill? IF YES, CIRCLE CODE FOR THAT DRUG. ASK SEPARATELY FOR EACH ANTIBIOTIC GIVEN IN 544.	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIBIOTIC AMOXICILLINUM / COTRIMOXAZOL A OTHER ANTI-BIOTICS . . . . . B OTHER DRUGS ASPIRIN . . . . . C ACETA-MINOPHEN . . . D IBUPROFEN . . . E PARACETAMOL F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
546A		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE CHILDREN, GO TO 549.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE CHILDREN, GO TO 549.	GO TO 503 IN NEW QUESTIONNAIRE FOR FOURTH CHILD, OR, IF NO MORE CHILDREN GO TO 549.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
549	CHECK 525(a) AND 525(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID ☐ → 566A		
550	Have you ever heard of a special product called Regidrom Rehidol, or a pre-packaged ORS liquid you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
566A	CHECK 502D: AGE IN COMPLETED YEARS CARES FOR AT LEAST ONE CHILD AGE 0-3 YEARS ☐ DOES NOT CARE FOR ANY CHILDREN AGE 0-3 YEARS ☐ → 1101A RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 567) _____ (NAME)		
567	Now I would like to ask you about liquids or food (NAME FROM 566A) had yesterday during the day or at night. Did (NAME FROM 566) drink or eat:	YES NO DK	
	Plain water?	PLAIN WATER 1 2 8	
	Commercially produced infant formula?	FORMULA 1 2 8	
	Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G. CERELAC]?	BABY CEREAL 1 2 8	
	Any other porridge or gruel? E.g. hrishka, mamliga	OTHER PORRIDGE/GRUEL. . 1 2 8	
	Any other liquid or food?	OTHER LIQUID OR FOOD 1 2 8	

568 Now I would like to ask you about (other) liquids or foods that (NAME FROM 566A) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods.

Did (NAME FROM 566A) drink or eat:		CHILD YES NO DK
a. Milk such as tinned, powdered, or fresh animal milk?	**a**	1 2 8
b Tea or coffee?	**b**	1 2 8
c. Sugary drinks such as sodas or fruit juices?	**c**	1 2 8
d. Any other liquids?	**d**	1 2 8
e. Bread, rice, noodles, biscuits or other foods made from grains? E.g. hrishka, mamaliga	**e**	1 2 8
f. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	**f**	1 2 8
g. White potatoes, white yams, turnips or any other foods made from roots?	**g**	1 2 8
h. Any dark green, leafy vegetables? E.g. marar (dill), parsley, spinach, turnip greens, nettle	**h**	1 2 8
i. Ripe peaches or apricots?	**i**	1 2 8
j. Any other fruits or vegetables? E.g. cabbage, beets	**j**	1 2 8
k. Liver, kidney, heart, tongue or other organ meats?	**k**	1 2 8
l. Beef, pork, lamb, goat, rabbit or any game meat?	**l**	1 2 8
m. Chicken, turkey, duck or other birds?	**m**	1 2 8
n. Eggs?	**n**	1 2 8
o. Fish, caviar or shellfish?	**o**	1 2 8
p. Any foods made from beans, peas, or lentils?	**p**	1 2 8
q. Any nuts?	**q**	1 2 8
r. Cheese, yogurt or other milk products?	**r**	1 2 8
s. Any oil, lard, butter or other fats?	**s**	1 2 8
u. Any other solid or semi-solid food?	**u**	1 2 8
t. Any sugary foods such as pastries, cakes or candies?	**t**	1 2 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
569	CHECK 568 (CHILD): AT LEAST ONE "YES' ☐ NOT A SINGLE "YES" ☐ → 1101A		
570	How many times did (NAME FROM 566A) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 8	

SECTION 11. VISIT TO MEDICAL FACILITY TO RECORD IMMUNIZATION INFORMATION

1101A ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH LIVE BIRTH EXACTLY AS IT IS RECORDED IN 502.
(IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

1102A INFORMATION FROM 502	YOUNGEST CHILD	NEXT YOUNGEST CHILD	SECOND YOUNGEST CHILD
	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
	NAME _____	NAME _____	NAME _____
1103 CHECK 512L INFORMATION ABOUT THE MEDICAL FACILITY WHERE IMMUNIZATION RECORD IS KEPT?	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 1107)
1104 HEALTH CENTER WAS VISITED?	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO NEXT COLUMN)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 1107)
1105 IS THERE AN IMMUNIZATION RECORD IN THE FACILITY FOR (NAME)?	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 (SKIP TO NEXT COLUMN) NO CARD 3	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 (SKIP TO NEXT COLUMN) NO CARD 3	YES, SEEN . . . . . 1 YES, NOT SEEN . . . . . 2 (SKIP TO 1107) NO CARD 3

1106 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE IMMUNIZATION RECORD

(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
BCG									
POLIO 1									
POLIO 2									
POLIO 3									
POLIO 4									
DPT 1									
DPT 2									
DPT 3									
DPT 4									
HepB 1									
HepB 2									
HepB 3									
MEASLES				MEASL			MEASL		
MUMPS				MUMPS			MUMPS		
RUBELLA				RUBELLA			RUBELLA		

1107 END

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____