

INTERVIEWER : _____ <input type="text"/> EDITOR : _____ <input type="text"/> SUPERVISOR : _____ <input type="text"/>	CONFIDENTIAL	EA : <input type="text" value="2"/> HHID : <input type="text"/> ROUND : <input type="text" value="B"/>
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SURVEY ON TOTAL SANITATION AND SANITATION MARKETING (TSSM)

BOOK 2

CHILDREN AND CAREGIVER BOOK – ENDLINE

(CHILDREN THE AGE 0 TO UNDER 5 YEARS)

MODULE : G14, G17,G19, G20, G21, G22, G24, G25, G33, G25B, G18, G32, CP

	B02. Major language in interview <input type="text"/> Other, _____	B02, B03 00. Indonesia 03. Batak 04. Minangkabau 05. Sundanese 06. Javanese 07. Maduranese 08. Balinese 09. Sasak 10. Sumba 11. Banjar 13. Makasar 15. Chinese 16. Minahasa 17. Osing 18. Mandar 91. Other _____ 96. NONE
	B03. Other language in interview (if any): <input type="text"/> Other, _____	

NUMVIS. Number of visits :

	INTERVIEW 1	INTERVIEW 2	INTERVIEW 3	INTERVIEW 4	INTERVIEW 5	INTERVIEW 5									
DATE	<input type="text"/> / <input type="text"/> / <input type="text"/> DATE MONTH YEAR	<input type="text"/> / <input type="text"/> / <input type="text"/> DATE MONTH YEAR	<input type="text"/> / <input type="text"/> / <input type="text"/> DATE MONTH YEAR	<input type="text"/> / <input type="text"/> / <input type="text"/> DATE MONTH YEAR	<input type="text"/> / <input type="text"/> / <input type="text"/> DATE MONTH YEAR	<input type="text"/> / <input type="text"/> / <input type="text"/> DATE MONTH YEAR									
TIME START :	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE									
TIME END :	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE									
B04. RESULT OF INTERVIEW BOOK 2	B05. REASON FOR ANSWER "3 OR 2" IN B04		B06. CORRECTION BY EDITOR		B07. OBSERVATION BY SUPERVISOR										
1. Completed → B06 2. Partly completed 3. Not completed	1. Respondent not at home/ found 2. Respondent is sick 3. Respondent refuses 5. Other : _____		1. Data entered without mistake 2. Data entered and corrected 3. Data entered without being corrected, explain _____ 4. Manual edit without CAFÉ		<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Observed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Check</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>			Yes	No	a. Observed	1	2	b. Check	1	2
	Yes	No													
a. Observed	1	2													
b. Check	1	2													

MODULE G14 (OBSERVATION OF CHILDREN)

ONLY FOR CHILDREN UNDER FIVE YEARS OR PANEL CHILD. DIRECT OBSERVATION

CHILD ID	G14.2	G14.3	G14.4	G14.5	G14.6	G14.7	G14.8	G14.9
	 IS [NAME] RELATIVELY CLEAN, WITH NO OFFENSIVE ODOR? Yes.....1 No2 COULD NOT OBSERVE..... -99	 DOES [NAME] HAVE DIRTY HANDS? Yes.....1 No2 COULD NOT OBSERVE.....-99	 DOES [NAME] HAVE SOIL OR MUD IN FINGER ? Yes 1 No.....2 COULD NOT OBSERVE-99	 IS [NAME]'S FACE DIRTY? Yes.....1 No.....2 COULD NOT OBSERVE.....-99	 DOES [NAME] HAVE CLOTHES TO WEAR ? Yes 1 No.....2 → G14.8 COULD NOT OBSERVE -99 → G14.8	 ARE [NAME]'S CLOTHES DIRTY? Yes1 No2 COULD NOT OBSERVE.....-99	 DOES [NAME] HAVE A POT-BELLY? Yes 1 No.....2 COULD NOT OBSERVE -99	 DOES [NAME] HAVE SHOES ON (IF OUTSIDE OR ON DIRT FLOOR) OR AVAILABLE TO WEAR? (ASK IF NOT OBSERVABLE.) Yes 1 No.....2 COULD NOT OBSERVE.....-99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99 → G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99 → G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99 → G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99 → G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99 → G14.8	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99 → G14.8	1 2 -99	1 2 -99	1 2 -99

MODUL G17 (ALOKASI WAKTU PENGASUH)

Respondent: primary caregiver of children under 5

CHILD ID	G17.2		G17.3						
	COPY THE ID CODE AND NAME OF THE PRIMARY CAREGIVER FOR THIS CHILD FROM BLOCK G1 (G1.1 AND G1.10)		In the last week, how much time did (CAREGIVER) spend primarily caring for or attending to (CHILD)? Please answer this question for each child you took care of even if you were caring for two children simultaneously. (Answer in terms of hours per week) (NOTE THIS DOES NOT INCLUDE TIME WHEN LOOKING AFTER THE CHILD WAS THE SECONDARY ACTIVITY. IT DOES INCLUDE TIME WHEN LOOKING AFTER THE CHILD WAS THE PRIMARY ACTIVITY, EVEN IF ENGAGING IN A SECONDARY ACTIVITY NOT DIRECTLY RELATED TO CARING FOR THE CHILD.)						
	CAREGIVER ID	CAREGIVER NAME	(NOTE: SAME DAY OF WEEK AS TODAY.) ↓						
			a) Yesterday	b) Day Before Yesterday	c) 3 Days Ago	d) 4 Days Ago	e) 5 Days Ago	f) 6 Days Ago	g) 7 Days Ago
___	___		___	___	___	___	___	___	___
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___	___		___	___	___	___	___	___	___

MODUL G17 (ALOKASI WAKTU PENGASUH)

CHILD ID	G17.4 Did you take any of the children to the toilet facility or a place for defecation yesterday? Yes.....1 No.....2 →Module 19	G.17.4B How many times did you go to the toilet facility or place of defecation? NUMBER OF TRIPS	G.17.4C. IF YES, how long did you need to take, to wait and to take back from defecation? MINUTES
┌┐	2 →module 19 1→	┌┐ times	┌┐ Minutes
┌┐	2 →module 19 1→	┌┐ times	┌┐ Minutes
┌┐	2 →module 19 1→	┌┐ times	┌┐ Minutes
┌┐	2 →module 19 1→	┌┐ times	┌┐ Minutes
┌┐	2 →module 19 1→	┌┐ times	┌┐ Minutes
┌┐	2 →module 19 1→	┌┐ times	┌┐ Minutes

MODULE G19 (CHILD HEALTH CALENDAR)

**Insert and Ask MODULE 19 (Children Health Calendar for children < 5 yr)
for each children
After it finished, attach MODULE 19 here**

Number of Children Health Calender, children < 5 yr (MODULE 19) :

MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART CHILD	B20.0	B20.1	B20.1a	B20.1b	B20.1c	B20.1d	B20.1e
	Was [...] given deworming drugs in the past 2 years?	When was the last time [CHILD] given worm treatment? Month/year	Who did give the deworming drugs? 1. YOUR HOUSEHOLD 2. GOVERNMENT PROGRAM 3. NON GOVERNMENT PROGRAM	Was there any anti-worm promotion in this village? YES..... 1 NO2→G20.2 DON'T KNOW -99→G20.2	If there was, what was the name of the program?	Who did carry out the program? 1 District government 2 Central government 3 NGO 4 Other _____ 5 Don't know	Was this household given deworming drugs from this program? Yes 1 No 2 Don't know -99
____	Yes 1 No.....2→G20.1b	____/____	1 2 3	1 2 -99 → G20.2	Name of program: _____	1 2 3 5 4 _____	1 2 -99
____	Yes 1 No.....2→G20.1b	____/____	1 2 3	1 2 -99 → G20.2	Name of program: _____	1 2 3 5 4 _____	1 2 -99
____	Yes 1 No.....2→G20.1b	____/____	1 2 3	1 2 -99 → G20.2	Name of program: _____	1 2 3 5 4 _____	1 2 -99
____	Yes 1 No.....2→G20.1b	____/____	1 2 3	1 2 -99 → G20.2	Name of program: _____	1 2 3 5 4 _____	1 2 -99
____	Yes 1 No.....2→G20.1b	____/____	1 2 3	1 2 -99 → G20.2	Name of program: _____	1 2 3 5 4 _____	1 2 -99
____	Yes 1 No.....2→G20.1b	____/____	1 2 3	1 2 -99 → G20.2	Name of program: _____	1 2 3 5 4 _____	1 2 -99

MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART ANAK	G20.2	G20.3	G20.4	G20.5	G20.6	G20.7
	ANY "YES" TO COUGH, CONGESTION, WHEEZING, OR DIFFICULTY BREATHING (G.19.2. – G.19.4) FOR THIS CHILD? YES 1 NO 2 →G20.6	 MEASURE THE NUMBER OF CHEST RISES FOR CHILD OVER 30 SECONDS. COULD NOT OBSERVE.....-99 REFUSED.....-98 CHILD NOT PRESENT -95 →G20.6 BREATHS / 30 SECONDS	 DO YOU OBSERVE LOWER CHEST WALL INDRAWING? YES.....1 NO.....2 REFUSED TO BE OBSERVED....-98 COULD NOT OBSERVE.....-99	 DO YOU HEAR THE CHILD WHEEZING OR WHISTLING UPON INHALATION? YES.....1 NO.....2 REFUSED TO BE OBSERVED....98 COULD NOT OBSERVE.....-99	ANY "YES" TO DIARRHEA OR RESPIRATORY SYMPTOMS (G.19.1. – G.19.11.) FOR THIS CHILD? Yes 1 No 2 → G20.10	In the past 7 days did you seek medical advice for [NAME]? If so, what type? No A → G20.10 Day visit to doctor B Overnight stay at Pharmacist D Traditional Healer E Herbalist F Community Health Center / Sub P Midwife/village midwife Q Integrated Service Post (Posyandu) R General hospital S Private Hospital T Private clinic U Other (specify) _____ V NOT APPLICABLE W DON'T KNOW Y
┌┐	1 2→G20.6	_____ -98 -99 -95→G20.6	1 2 -98 -99	1 2 -98 -99	1 2→G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
┌┐	1 2→G20.6	_____ -98 -99 -95→G20.6	1 2 -98 -99	1 2 -98 -99	1 2→G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
┌┐	1 2→G20.6	_____ -98 -99 -95→G20.6	1 2 -98 -99	1 2 -98 -99	1 2→G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
┌┐	1 2→G20.6	_____ -98 -99 -95→G20.6	1 2 -98 -99	1 2 -98 -99	1 2→G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
┌┐	1 2→G20.6	_____ -98 -99 -95→G20.6	1 2 -98 -99	1 2 -98 -99	1 2→G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y
┌┐	1 2→G20.6	_____ -98 -99 -95→G20.6	1 2 -98 -99	1 2 -98 -99	1 2→G20.10	A → G20.10 B D E F P Q R S T U V _____ W Y

MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

CHILD ID	G20.8B	G20.8C	G.20.8D	G20.8E	G20.8F	G20.8G
	How many visits did [NAME] go to the facility/place for medical advice? VISITS _____ DON'T KNOW...-99	How many total hours were spent at the facility/place for medical advice? HOURS _____ DON'T KNOW...-99	How did [NAME] travel to the facility/ place? On foot (walk)A Bus (public transportation) B Car (motor vehicle) or motorcycleC Other (Specify _____)V DON'T KNOW.....-99	How much time was spent in total one travelling to the facility/place for medical advice in one way? HOURS _____ DON'T KNOW...-99	Did anyone accompany [NAME] to the facility/place for medical advice? IF YES, how many persons? Yes1 NUMBER OF PERSONS _____ No 2	How much money was spent in total on travel to the facility/place for medical advice? CURRENCY _____ DON'T KNOW...-99
____	____ Visits	____ 1 . minutes 2.hours	1 2 3 4 _____ -99	____ 1 . minutes 2.hours	1 . ____ 2	Rp _____
____	____ Visits	____ 1 . minutes 2.hours	1 2 3 4 _____ -99	____ 1 . minutes 2.hours	1 . ____ 2	Rp _____
____	____ Visits	____ 1 . minutes 2.hours	1 2 3 4 _____ -99	____ 1 . minutes 2.hours	1 . ____ 2	Rp _____
____	____ Visits	____ 1 . minutes 2.hours	1 2 3 4 _____ -99	____ 1 . minutes 2.hours	1 . ____ 2	Rp _____
____	____ Visits	____ 1 . minutes 2.hours	1 2 3 4 _____ -99	____ 1 . minutes 2.hours	1 . ____ 2	Rp _____
____	____ Visits	____ 1 . minutes 2.hours	1 2 3 4 _____ -99	____ 1 . minutes 2.hours	1 . ____ 2	Rp _____

MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART ANAK	G20.10	G20.11	G20.12	G20.13
	<p>ANY "YES" TO COUGH, CONGESTION, COLD, ETC. (G19.2. –G19.4.)? TO ALL CHILDREN < 5 YEARS OF AGE?</p> <p>Yes1 No2 → G20.13</p>	<p>Did you do anything to treat [NAME]'s respiratory problems?</p> <p>No treatmentA → G.20.13 Pill or syrupB InjectionC Intravenous fluid (IVD Traditional remedies.....E Other (Specify _____)V DON'T KNOW.....Y</p> <p>(ANSWER MAY BE MORE THAN ONE)</p>	<p>How much did you spend on treatments and advice for [NAME]?</p> <p>Did not pay..... 0 DON'T KNOW...99</p>	<p>ANY "YES" TO STOMACH PROBLEMS OR DIARRHEA IN (G.19.5 – G.19.11)? TO ALL CHILDREN < 5 YEARS OF AGE?</p> <p>Yes..... 1 No2 → G20.16</p>
<p>___</p>	<p>1 2 → G20.13</p>	<p>A → G.20.13 B C D E V _____ Y</p>	<p>Rp. ___ ___ ___ ___ ___ </p>	<p>1 2 → G20.16</p>
<p>___</p>	<p>1 2 → G20.13</p>	<p>A → G.20.13 B C D E V _____ Y</p>	<p>Rp. ___ ___ ___ ___ ___ </p>	<p>1 2 → G20.16</p>
<p>___</p>	<p>1 2 → G20.13</p>	<p>A → G.20.13 B C D E V _____ Y</p>	<p>Rp. ___ ___ ___ ___ ___ </p>	<p>1 2 → G20.16</p>
<p>___</p>	<p>1 2 → G20.13</p>	<p>A → G.20.13 B C D E V _____ Y</p>	<p>Rp. ___ ___ ___ ___ ___ </p>	<p>1 2 → G20.16</p>
<p>___</p>	<p>1 2 → G20.13</p>	<p>A → G.20.13 B C D E V _____ Y</p>	<p>Rp. ___ ___ ___ ___ ___ </p>	<p>1 2 → G20.16</p>
<p>___</p>	<p>1 2 → G20.13</p>	<p>A → G.20.13 B C D E V _____ Y</p>	<p>Rp. ___ ___ ___ ___ ___ </p>	<p>1 2 → G20.16</p>

MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART ANAK	G20.14	G20.15	G20.16							
	Did you do anything to treat [NAME]'s stomach or diarrhea symptoms No treatment A Pill or syrup B Injection C Intravenous fluid (IV) D Traditional remedies..... E Oral Rehydration Solution F Homemade sugar/salt water..... G Other(Specify)V DON'T KNOW Y (ANSWER MAY BE MORE THAN ONE)	How much did you spend on treatments and advice for [NAME]? Did not pay..... 0 DON'T KNOW..-99 RP	In the past 14 days , how much time were household members unable to work or go to school because they were caring for [NAME]? Please estimate the number of days and the number of hours per day. ENTER INFORMATION FOR THE TWO HOUSEHOLD MEMBERS WHO SPENT THE MOST TIME CARING FOR THIS CHILD. PUT "0" HOURS IF THEY SPENT TIME CARING FOR THE CHILD WITHOUT MISSING ANY WORK OR SCHOOL.							
			NAME	PID	Number of Day	Number of Hour per Day	NAME	PID	Number of Day	Number of Hour per Day
<input type="checkbox"/>	A → G20.16 B C D E F G V _____ Y	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	A → G20.16 B C D E F G V _____ Y	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	A → G20.16 B C D E F G V _____ Y	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	A → G20.16 B C D E F G V _____ Y	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	A → G20.16 B C D E F G V _____ Y	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	A → G20.16 B C D E F G V _____ Y	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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MODULE G20 (SUMMARY OF CHILD HEALTH CALENDAR)

NO ART ANAK	G20.17.	G20.18.	G20.19.	G20.20.
	Does the [CHILD] or your household have health/medical insurance? Yes1 No 2 → module 24	How much do you pay per month for medical insurance? MONTHLY PAYMENT (LOCAL CURRENCY) DON'T KNOW.....-99	Does this medical insurance pay for G.20.12 and G.20.15 (concerning respiration and diarrhea/stomac ache) 1. Yes, all 2. Yes, some 3. No → next modul -97 No cost report	how much were you reimbursed? REIMBURSEMENT _____ (LOCAL CURRENCY) DON'T KNOW.....-99
<input type="text"/>	1 2→ Module 24	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2→ Module 24	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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MODULE G24 (SUPPORT FOR LEARNING PROCESS/SUPPORTING ENVIRONMENT)

I am interested in learning about the things that [CHILD] plays with when he/she is at home and the type of activities [CHILD] does. Please tell me if [CHILD] plays with:

NO ART ANAK	G24.4 Household objects such as bowls, baskets, spoons, plates, cups or pots?	G24.5 Toys that came from a store that were bought or received as gifts?	G24.6 About how many children's books or picture books do you have for [CHILD'S NAME] now?	G24.7 Does [CHILD] attend any type of early child education program OR does a community worker come to your home to play with your child?
	Yes1 No.....2 DK -99	Yes1 No.....2 DK.....-99	_____ IF NONE, ENTER..00	Yes..... 1 No 2 DON'T KNOW -99
____	1 2 -99	1 2 -99	____	1 2 -99
____	1 2 -99	1 2 -99	____	1 2 -99
____	1 2 -99	1 2 -99	____	1 2 -99
____	1 2 -99	1 2 -99	____	1 2 -99
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____	1 2 -99	1 2 -99	____	1 2 -99

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MODULE G24 (SUPPORT FOR LEARNING PROCESS/SUPPORTING ENVIRONMENT)

		G.24.10.	G.24.12.	G.24.14.	G.24.18.	G.24.20.	G.24.22.
COPY NAME AND PID OF CHILDREN UNDER 5 YEAR OLD ASK FROM G14.2 – G24.22 EACH ROWS		In the past 3 days, did you or any other household members who are more than 15 years old...					
NO ART ANAK	NAMA ANAK (G1.1)	...reading books or looking at book contents with [CHILD]? (WITH PHOTO, ALBUM, BUT NOT MAGAZINES) Yes..... 1 No..... 2 TT.....-99	...telling stories to [CHILD]? (without book). MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD Yes..... 1 No 2 TT-99	...sing along with [CHILD]? MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD Yes 1 No.....2 TT..... -99	...taking [CHILD] out of the house to yard, garden, or land inside the house fence? (LIKE VISITING NEIGHBOR, SHPING, OR GO TO CLINIC) MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD Yes 1 No.....2 TT.....-99	...playing along with [CHILD]? MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD Yes..... 1 No 2 TT-99	...spending some times with [CHILD] and mentioning objects, counting numbers, and/or drawing things? MAKE SURE THAT HOUSEHOLD MEMBER IS MORE THAN 15 YEARS OLD Yes1 No.....2 TT -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99

MODULE G21 (BREASTFEEDING)

For children < 2 Tahun Respondent: primary caregiver of children under 2 years of age

B21.1x. Are there any children under 2 years in this household?

2. No → module 25

1. Yes → G21.1

G21.1	G21.4	G21.5		G21.6	G21.7	G21.9	G21.10	G21.11	G21.12	G21.13
CHILD ID	Was [CHILD] ever breastfed?	How long after birth was the first time [CHILD] put to the breast?		Is [CHILD] still being breastfed?	For how many months was [CHILD] breastfed?	In the first three days after delivery, did [CHILD]'s mother give [CHILD] the liquid that came from her breasts?	In the first three days after delivery, was [CHILD] given anything to drink other than liquid from the breast?	In the first three days after delivery, what was [CHILD] given to drink other than breastmilk? DO NOT READ THE LIST. RECORD ALL MENTIONED BY CIRCLING NUMBER FOR EACH ONE MENTIONED. FORMULA MILK..... A MILK (OTHER THAN BREASTFEED) B PLAIN WATER C SUGAR OR GLUCOSE WATER D GRUPE WATER E SUGAR-SALT WATER INFUSION F FRUIT JUICE..... G TEA/INFUSION H HONEY I OTHER (SPECIFY) V NONE Y	At what month (age) did you start giving [CHILD] solid or semi-solid food? (like banana, porridge, bread, etc)	Did [CHILD] drink anything from a bottle with a nipple yesterday or last night?
	Yes..... 1 No 2 → G21.9 DON't KNOW... -99 → G21.9	IF LESS THAN ONE HOUR, RECORD "00" HOURS IF MORE THAN 24 HOURS, RECORD NUMBER OF DAYS. UNITS: Hours.....1 Days.....2		Yes 1 → G21.9 No 2 DON't KNOW -99	IF LESS THAN ONE MONTH, RECORD "00" MONTHS DON'T KNOW..... -99	Yes..... 1 No..... 2 DON'T KNOW..... -99	Yes 1 No 2 → G21.12 DON't KNOW..... -99 → G21.12		IF THE RESPONSE IS LESS THAN ONE MONTH OF AGE, RECORD "00" MONTHS. IF NEVER, ENTER "-97".	Yes 1 No 2 DON'T KNOW.... -99
		TOTAL	UNIT		MONTH				MONTH	
___	2 -99 → G21.9 1	___	1 2	1 → G21.9 2 -99	___	1 2 -99	2 -99 → G21.12 1	A B C D E F G H I V Lainnya _____ Y	___	1 2 -99
___	2 -99 → G21.9 1	___	1 2	1 → G21.9 2 -99	___	1 2 -99	2 -99 → G21.12 1	A B C D E F G H I V Lainnya _____ Y	___	1 2 -99
___	2 -99 → G21.9 1	___	1 2	1 → G21.9 2 -99	___	1 2 -99	2 -99 → G21.12 1	A B C D E F G H I V Lainnya _____ Y	___	1 2 -99
___	2 -99 → G21.9 1	___	1 2	1 → G21.9 2 -99	___	1 2 -99	2 -99 → G21.12 1	A B C D E F G H I V Lainnya _____ Y	___	1 2 -99

MODULE G22 (INFANT/YOUNG CHILD FEEDING)

Now we would ask about infant/young child under 2 years feeding

G22.1	G22.2	G22.3	G22.3B	G22.4	G22.5	G22.6
CHILD ID	<p>Did [...] consume any of these followings yesterday ?</p> <p>READ OUT EACH ITEM. RECORD ALL "YES" BY CIRCLING THEIR CODES</p> <p>Breast milkA Plain waterB Commercially produced infant formula.....C Any fortified, commercially available infant and young child food (e.g. Cerelac)?.....D Any (other) porridge or gruel (home-made, not packaged without pulp such as starch water)?.....E Milk such as tinned, powdered, or fresh animal milk?.....F Fruit juice?.....G Tea or coffee? (liquids with caffeine)....H Any other liquids? (SPECIFY) _____ V1 (SPECIFY) _____ V2 (SPECIFY) _____ V3</p> <p>CIRCLE ALL THAT APPLY</p>	<p>Did [CHILD] eat any solid or semi-solid food yesterday, during the day or during the night yesterday?</p> <p>Yes 1 No 2 → G22.34 DON'T KNOW...-99 →G22.34</p>	<p>How many times did [CHILD] eat solid or semi-solid food yesterday?</p> <p>WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED.</p> <p>LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID</p> <p>CIRCLE RESPONSE</p>	<p>Did [CHILD] eat any foods made from grains yesterday ?</p> <p>(GRAINS INCLUDE MILLET, SORGHUM, MAIZE, RICE, WHEAT, OR OTHER LOCAL GRAINS. THEN FOLLOW WITH BREAD, RICE, NOODLES, ETC.</p> <p>Yes1 No2 DON'T KNOW.....-99</p>	<p>Did [CHILD] eat any food made from carrots, red sweet potatoes, ripe mangoes, papayas, cantaloupe or green leafy vegetables yesterday?</p> <p>(INCLUDE ONLY VITAMIN A-RICH TUBERS, STARCHES, OR VITAMIN A-RICH RED, ORANGE, OR YELLOW VEGETABLES, OR GREEN LEAFY VEGETABLES THESE INCLUDE CASSAVA LEAVES, BEAN LEAVES, SPINACH, TARO LEAVES, OR OTHER DARK GREEN LEAFY VEGETABLES.)</p> <p>Yes 1 No..... 2 DON'T KNOW -99</p>	<p>Did [CHILD] eat any food made from roots or tubers (white potatoes, onions, beets, turnips, etc.) yesterday ?</p> <p>Yes.....1 No2 DON'T KNOW..... -99</p>
	<p>A B C D E F G H</p> <p>V1 _____ V2 _____ V3 _____</p>	<p>2 -99→G22.34 1</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12</p>	<p>1 2 -99</p>	<p>1 2 -99</p>	<p>1 2 -99</p>
	<p>A B C D E F G H</p> <p>V1 _____ V2 _____ V3 _____</p>	<p>2 -99→G22.34 1</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12</p>	<p>1 2 -99</p>	<p>1 2 -99</p>	<p>1 2 -99</p>
	<p>A B C D E F G H</p> <p>V1 _____ V2 _____ V3 _____</p>	<p>2 -99→G22.34 1</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12</p>	<p>1 2 -99</p>	<p>1 2 -99</p>	<p>1 2 -99</p>
	<p>A B C D E F G H</p> <p>V1 _____ V2 _____ V3 _____</p>	<p>2 -99→G22.34 1</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12</p>	<p>1 2 -99</p>	<p>1 2 -99</p>	<p>1 2 -99</p>

MODULE G22 (INFANT/YOUNG CHILD FEEDING)

G22.1	G22.10	G22.11	G22.15	G22.17	G22.21
CHILD ID	Did [CHILD] eat: any other fruits or vegetables yesterday	Did [CHILD] eat: any meat, fish, eggs, poultry, cheese or yogurt yesterday?	Did [CHILD] eat: any foods made from beans, peas, lentils, or nuts? (Including soy products, like soy milk, or tofu) yesterday?	Did [CHILD] eat: any oil, fats, or butter, or foods made with any of these yesterday?	Does [CHILD] typically feed self with utensils or with hands?
	Yes1 No.....2 DON't KNOW.....-99	Yes.....1 No2 DON't KNOW-99	Yes..... 1 No..... 2 DON't KNOW..... -99	Yes1 No2 DON't KNOW -99	Yes..... 1 No 2 DON't KNOW-99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99

MODULE G22 (INFANT/YOUNG CHILD FEEDING)

G14.1 SEE MODUL G1 (G1.1, G1.5 AND G1.5X) COPY NAME AND IDRT OF CHILD UNDER 2 YEARS OLD		G22.34	G22.35	G22.36	G22.37
CHILD ART G14.1	CHILLD'S NAME (G1.1)	In the last seven days, did [CHILD] take iron pills, sprinkles with iron, or iron syrup?	Has [CHILD] taken any drug for intestinal worms in the past 6 months?	Has [CHILD] ever received a vitamin A dose (tablet, syrup or injection)?	Did [CHILD] receive a vitamin A dose within the last 6 months?
		Yes..... 1	Yes..... 1	Yes 1	Yes 1
		No..... 2	No..... 2	NO2 → MODUL 25	No2
		DK... -99	DK..... -99	DK.... -99 → MODUL 25	DK.... -99
		1 2 -99	1 2 -99	2 -99 → MODUL 25 1	1 2 -99
		1 2 -99	1 2 -99	2 -99 → MODUL 25 1	1 2 -99
		1 2 -99	1 2 -99	2 -99 → MODUL 25 1	1 2 -99
		1 2 -99	1 2 -99	2 -99 → MODUL 25 1	1 2 -99

FOR CHILDREN AGED 2 YEARS OLD OR CHILD PANEL
Insert and Ask MODULE 25 (Ages and Stages of Questionnaires)

For each of the children
After it finished, attach MODULE 25 here

Number of MODULE 25:

SCREENING MODULE 25

MODUL 25 KE OF CHILD NAME : _____

NO.ART:

G25.1B	G25.2	G25.3	G25.4				G25.5	G25.6				
Does [CHILD] have any sight, hearing, motoric problem? Yes..... 1 → G25.6 No 2 Don't Know -99	Was [CHILD] born earlier than it should be (premature)? Yes..... 1 No 2 → G.25.4 Don't know.. -99 → G.25.4	How many weeks earlier was [CHILD] born Don't know..... -99	COUNT HOW OLD IS THE CHILD EXACTLY				HOW OLD IS THE CHILD BASED ON THE CLOSEST MONTH?	CHOOSE AND COMPLETE THIS QUESTIONNAIRE BASED ON CHILDREN'S AGE LEVEL				
		EARLIER		Year	Month	Date	Month and Day	FINISHED.....1 UNFINISHED, CHILD IS HANDICAPPED.....2 CHILD WAS BORN MORE THAN 3 WEEKS EARLIER.....3 NOT INCLUDING IN CHILD'S AGE LEVEL.....4 UNABLE TO RECOED (EXPLAIN).....-99 IF RESPONSE 2, 3, 4 or -99 → NEXT CHILD				
1 → G25. 6 2 -99	2 -99 → G25. 4 1	<input type="text"/> Unit: 1. Weeks 2. Days IF MORE THAN 3 WEEKS, DO NOT QUESTION MODUL 25 → G.25.6	Interview				Month	Day	2	3	4	-99 → NEXT CHILD
			Date of birth						1			
			Difference									
CIRCLE QUESTIONNAIRE TYPE	AGE		COMMUNICATION				MOTORIC ABILITY		SOCIAL ABILITY			
A.	4 – 6 MONTHS (3 MONTHS 16 DAYS – 6 MONTHS 15 DAYS)		25.7.1 THROUGH 25.7.13				25.8.1 THROUGH 25.8.14		25.9.1 THROUGH 25.9.11			
B.	7 – 9 MONTHS (6 MONTHS 16 DAYS – 9 MONTHS 15 DAYS)		25.7.6 THROUGH 25.7.16				25.8.7 THROUGH 25.8.17		25.9.6 THROUGH 25.9.16			
C.	10 – 11 MONTHS (9 MONTHS 16 DAYS – 11 MONTHS 15 DAYS)		25.7.12 THROUGH 25.7.19				25.8.13 THROUGH 25.8.18		25.9.12 THROUGH 25.9.20			
D.	12 – 13 MONTHS (11 MONTHS 16 DAYS – 13 MONTHS 15 DAYS)		25.7.14 THROUGH 25.7.22				25.8.15 THROUGH 25.8.21		25.9.14 THROUGH 25.9.22			
E.	14 – 15 MONTHS (13 MONTHS 16 DAYS – 15 MONTHS 15 DAYS)		25.7.17 THROUGH 25.7.24				25.8.18 THROUGH 25.8.26		25.9.17 THROUGH 25.9.24			
F.	16 – 17 MONTHS (15 MONTHS 16 DAYS – 17 MONTHS 15 DAYS)		25.7.20 THROUGH 25.7.26.1				25.8.21 THROUGH 25.8.28		25.9.19 THROUGH 25.9.26			
G.	18 – 19 MONTHS (17 MONTHS 16 DAYS – 19 MONTHS 15 DAYS)		25.7.23 THROUGH 25.7.28				25.8.24 THROUGH 25.8.30		25.9.23 THROUGH 25.9.27			
H.	20 - 21 MONTHS (19 MONTHS 16 DAYS – 21 MONTHS 15 DAYS)		25.7.25 THROUGH 25.7.31				25.8.26 THROUGH 25.8.31		25.9.25 THROUGH 25.9.32			
I.	22 – 24 MONTHS (21 MONTHS 16 DAYS – 24 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.33.1				25.8.28 THROUGH 25.8.34		25.9.27 THROUGH 25.9.32			
J.	25 – 30 MONTHS (24 MONTHS 16 DAYS – 30 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.36				25.8.28 THROUGH 25.8.36		25.9.27 THROUGH 25.9.38			
K.	31 – 36 MONTHS (30 MONTHS 16 DAYS – 36 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.39				25.8.28 THROUGH 25.8.39		25.9.27 THROUGH 25.9.39			
L.	37 – 42 MONTHS (36 MONTHS 16 DAYS – 42 MONTHS 15 DAYS)		25.7.32 THROUGH 25.7.42				25.8.31 THROUGH 25.8.41		25.9.32 THROUGH 25.9.41			
M.	43 – 48 MONTHS (42 MONTHS 16 DAYS – 48 MONTHS 15 DAYS)		25.7.34 THROUGH 25.7.44				25.8.34 THROUGH 25.8.43		25.9.34 THROUGH 25.9.46			
N.	49 – 60 MONTHS (48 MONTHS 16 DAYS – 59 MONTHS 29 DAYS)		25.7.37 THROUGH 25.7.47				25.8.36 THROUGH 25.8.44		25.9.37 THROUGH 25.9.47			

SCREENING MODULE 25

MODUL 25 KE OF CHILD NAME : _____

NO.ART:

G25.1B	G25.2	G25.3	G25.4				G25.5	G25.6				
Does [CHILD] have any sight, hearing, motoric problem? Yes..... 1 → G25.6 No 2 Don't Know -99	Was [CHILD] born earlier than it should be (premature)? Yes..... 1 No 2 → G.25.4 Don't know.. -99 → G.25.4	How many weeks earlier was [CHILD] born Don't know..... -99	COUNT HOW OLD IS THE CHILD EXACTLY				HOW OLD IS THE CHILD BASED ON THE CLOSEST MONTH?	CHOOSE AND COMPLETE THIS QUESTIONNAIRE BASED ON CHILDREN'S AGE LEVEL				
		EARLIER		Year	Month	Date	Month and Day	FINISHED.....1 UNFINISHED, CHILD IS HANDICAPPED.....2 CHILD WAS BORN MORE THAN 3 WEEKS EARLIER.....3 NOT INCLUDING IN CHILD'S AGE LEVEL.....4 UNABLE TO RECOED (EXPLAIN).....-99 IF RESPONSE 2, 3, 4 or -99 → NEXT CHILD				
1 → G25. 6 2 -99	2 -99 → G25. 4 1	<input type="text"/> Unit: 1. Weeks 2. Days IF MORE THAN 3 WEEKS, DO NOT QUESTION MODUL 25 → G.25.6	Interview				Month	Day	2	3	4	-99 → NEXT CHILD
			Date of birth						1			
			Difference									
CIRCLE QUESTIONNAIRE TYPE	AGE		COMMUNICATION				MOTORIC ABILITY		SOCIAL ABILITY			
A.	4 – 6 MONTHS (3 MONTHS 16 DAYS – 6 MONTHS 15 DAYS)		25.7.1 THROUGH 25.7.13				25.8.1 THROUGH 25.8.14		25.9.1 THROUGH 25.9.11			
B.	7 – 9 MONTHS (6 MONTHS 16 DAYS – 9 MONTHS 15 DAYS)		25.7.6 THROUGH 25.7.16				25.8.7 THROUGH 25.8.17		25.9.6 THROUGH 25.9.16			
C.	10 – 11 MONTHS (9 MONTHS 16 DAYS – 11 MONTHS 15 DAYS)		25.7.12 THROUGH 25.7.19				25.8.13 THROUGH 25.8.18		25.9.12 THROUGH 25.9.20			
D.	12 – 13 MONTHS (11 MONTHS 16 DAYS – 13 MONTHS 15 DAYS)		25.7.14 THROUGH 25.7.22				25.8.15 THROUGH 25.8.21		25.9.14 THROUGH 25.9.22			
E.	14 – 15 MONTHS (13 MONTHS 16 DAYS – 15 MONTHS 15 DAYS)		25.7.17 THROUGH 25.7.24				25.8.18 THROUGH 25.8.26		25.9.17 THROUGH 25.9.24			
F.	16 – 17 MONTHS (15 MONTHS 16 DAYS – 17 MONTHS 15 DAYS)		25.7.20 THROUGH 25.7.26.1				25.8.21 THROUGH 25.8.28		25.9.19 THROUGH 25.9.26			
G.	18 – 19 MONTHS (17 MONTHS 16 DAYS – 19 MONTHS 15 DAYS)		25.7.23 THROUGH 25.7.28				25.8.24 THROUGH 25.8.30		25.9.23 THROUGH 25.9.27			
H.	20 - 21 MONTHS (19 MONTHS 16 DAYS – 21 MONTHS 15 DAYS)		25.7.25 THROUGH 25.7.31				25.8.26 THROUGH 25.8.31		25.9.25 THROUGH 25.9.32			
I.	22 – 24 MONTHS (21 MONTHS 16 DAYS – 24 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.33.1				25.8.28 THROUGH 25.8.34		25.9.27 THROUGH 25.9.32			
J.	25 – 30 MONTHS (24 MONTHS 16 DAYS – 30 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.36				25.8.28 THROUGH 25.8.36		25.9.27 THROUGH 25.9.38			
K.	31 – 36 MONTHS (30 MONTHS 16 DAYS – 36 MONTHS 15 DAYS)		25.7.27 THROUGH 25.7.39				25.8.28 THROUGH 25.8.39		25.9.27 THROUGH 25.9.39			
L.	37 – 42 MONTHS (36 MONTHS 16 DAYS – 42 MONTHS 15 DAYS)		25.7.32 THROUGH 25.7.42				25.8.31 THROUGH 25.8.41		25.9.32 THROUGH 25.9.41			
M.	43 – 48 MONTHS (42 MONTHS 16 DAYS – 48 MONTHS 15 DAYS)		25.7.34 THROUGH 25.7.44				25.8.34 THROUGH 25.8.43		25.9.34 THROUGH 25.9.46			
N.	49 – 60 MONTHS (48 MONTHS 16 DAYS – 59 MONTHS 29 DAYS)		25.7.37 THROUGH 25.7.47				25.8.36 THROUGH 25.8.44		25.9.37 THROUGH 25.9.47			

MODULE G33 (ANTHROPOMETRY AND ANEMIA)

FOR CHILDREN UNDER 2 YEARS OR CHILD OF PANEL WHO HAS BEEN MEASURED IN BASELINE

G33.1	G33.2	G33.3	G33.4	G33.5	G33.6	G33.7
ID CODE	What was [NAME]'s weight at birth? IF KNOWN, RECORD WEIGHT, AND SKIP TO → G33.4 DON'T KNOW.....-99	Was [NAME] born with low weight? Yes 1 No, close to normal weight..... 2	Is your child measured for weight and/or height at least 6 times per year at a clinic, at home, or somewhere else? Yes, at clinic.....A Yes, at home.....B Yes, elsewhere...C Yes, community Health center/sub..... P Yes, midwife / village midwife Q Yes, integrated Service Post R No.....W	WEIGH EACH CHILD. IF CHILD CANNOT OR WILL NOT STAND ON SCALE, WEIGH IN MOTHER'S ARMS. (TO NEAREST 0.1 KG)	WAS THE CHILD WEIGHED ALONE, OR IN MOTHER'S ARMS? ALONE 1 → G.33.9 IN MOTHER'S ARMS 2	IF WEIGHED IN MOTHER'S ARMS, RECORD THE WEIGHT OF THE MOTHER (TO NEAREST 0.1 KG))
	Kg			Kg		Kg
		1 2	A B C P Q R W	.	1 → G.33.9 2	.
		1 2	A B C P Q R W	.	1 → G.33.9 2	.
		1 2	A B C P Q R W	.	1 → G.33.9 2	.
		1 2	A B C P Q R W	.	1 → G.33.9 2	.

MODULE G33 (ANTHROPOMETRY AND ANEMIA)

CONSENT STATEMENT FOR ANEMIA TEST FOR CHILDREN

As part of this survey, we are asking members of household to take an anemia test. Anemia 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 anemia. We request that all children 6 – 24 months child ever measured in 2008 participate in the anemia testing as part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 anemia immediately, and the result will be told to you right away. The result will be kept confidential. Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide. Will you allow [NAME(S) OF CHILD(REN)] to participate in the anemia test?

G33.1		G33.9	G33.10	G33.11	G33.12	G33.13	G33.15	G33.14
FROM MODULE 1, COPY NAME(S) AND NUMBER(S) OF HOUSEHOLD MEMBER OF ALL CHILDREN UNDER 2 YEARS OLD OR PANEL RESPONDENT (SEE G1.1 AND G1.5)		MEASURE THE HEIGHT OR LENGTH OF EACH CHILDREN	MEASURE THE ARM CIRCUMFERENCE OF EACH CHILDREN	MEASURE THE HEAD CIRCUMFERENCE OF EACH CHILDREN	RESULT OF ANTHROPOMETRY MEASUREMENT STANDING.....1 LYING DOWN.....2 REFUSED.....-98 NOT PRESENT-95	FOR CHILDREN 6 – 23 MONTHS, 29 DAYS OF AGE: OR CHILDREN ABOVE >24 MONTHS OLD WHO HAS BEEN MEASURED IN BASELINE READ CONSENT STATEMENT ABOVE FOR THE CHILD. CIRCLE CODE AND SIGN YOUR NAME. AGREE 1 REFUSE 2 CHILDREN < 6 MTH-97	RESULT OF HEMOGLOBIN MEASUREMENT MEASURED.....1 REFUSED....-98↓ NOT PRESENT.-95↓	RECORD HEMOGLOBIN LEVEL HERE. (TO NEAREST 0.1)
		TO THE NEAREST 0,1 CM			STANDING FOR CHILDREN ABOVE TO YEARS OLD PANEL RESPONDENT			
No	NAME OF CHILD	Cm	Cm	Cm				g / dl
		.	.	.	1 2 -98 -95	1 _____ 2 _____ ↓ -97 ↓	1 -98↓ -95↓	.
		.	.	.	1 2 -98 -95	1 _____ 2 _____ ↓ -97 ↓	1 -98↓ -95↓	.
		.	.	.	1 2 -98 -95	1 _____ 2 _____ ↓ -97 ↓	1 -98↓ -95↓	.
		.	.	.	1 2 -98 -95	1 _____ 2 _____ ↓ -97 ↓	1 -98↓ -95↓	.

MODULE 25B. Self-Reported Handwashing Behavior

EACH primary caregiver of children under 5 years old or panel child

THIS SECTION MUST BE ADMINISTERED INDIVIDUALLY WITH EACH CAREGIVER. IF MORE THAN ONE PERSON IS PRESENT, PLEASE ASK ALL BUT ONE TO STEP OUT AND ALLOW THE CAREGIVER BEING INTERVIEWED PRIVACY IN ANSWERING THESE QUESTIONS. INTERVIEW EACH CAREGIVER IN TURN.

Comment [12]: New module. We dropped this for the baseline but now it is required for all countries.

INTERVIEWER NOTE: THERE ARE CHILDREN UNDER AGE 2 YEARS OR CHILD PANEL: 1. YES 2. NO → MODULE G16.0

COPY THE ID CODES AND NAMES OF ALL THE PRIMARY CAREGIVERS, ASK EACH CAREGIVER SEPARATELY (COPY FROM G17.2 IF ONE PERSON BECOME PRIMARY CAREGIVER FOR MORE THAN ONE CHILD, ENTER RESPONSE FROM PRIMARY CAREGIVER IN ONE COLUMN)		CAREGIVER NAME _____ PID _____	CAREGIVER NAME _____ PID _____	CAREGIVER NAME _____ PID _____
G.25B.2. IS THIS PERSON PRESENT, ALONE WITH THE INTERVIEWER, AND ANSWERING FOR SELF?	Yes No	1 2 → next caregiver / next MODULE	1 2 → next caregiver / next MODULE	1 2 → next caregiver / next MODULE
G.25B.3. Have you used soap to wash your hands at least once since this time yesterday?	Yes..... Never..... DON'T KNOW.....	1 2 →G.16.0 3 →G.16.0	1 2 →G.16.0 3 →G.16.0	1 2 →G.16.0 3 →G.16.0
G.25B.4. Under what circumstances did you last use soap to wash your hands? SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD. IF "for washing my hands" OR "for washing my children's hands" IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC. CIRCLE ONLY ONE ANSWER	BATHING A CHILD BATHING ONESELF USING TOILET CLEANING BABY'S BOTTOM..... CLEANING LATRINE..... CLEANING TOILET RETURNING HOME FROM OUTSIDE PREPARING FOOD / COOKING FEEDING CHILDREN WASHING CHILD'S HANDS..... CLEANING DISHES DOING LAUNDRY BECAUSE THEY LOOK OR FEEL DIRTY OTHER (SPECIFY _____) DON'T KNOW12345678910111213-96-97 →G.16.0.....12345678910111213-96-97 →G.16.0.....12345678910111213-96-97 →G.16.0.....
G.25B.5. Under what other circumstances did you use soap to wash your hands to wash soap since this time yesterday? SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD. IF "for washing my hands" OR "for washing my children's hands" IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC. CIRCLE ALL THAT APPLY .	BATHING A CHILD BATHING ONESELF USING TOILET CLEANING BABY'S BOTTOM..... CLEANING LATRINE..... CLEANING TOILET RETURNING HOME FROM OUTSIDE PREPARING FOOD / COOKING FEEDING CHILDREN WASHING CHILD'S HANDS..... CLEANING DISHES DOING LAUNDRY BECAUSE THEY LOOK OR FEEL DIRTY OTHER (SPECIFY _____) DON'T KNOW DON'T WASH HANDS WITH SOAP12345678910111213-96-99.....-97.....12345678910111213-96-99.....-97.....12345678910111213-96-99.....-97.....

MODULE G.18 Program Exposure (1/1)

EACH primary caregiver of children **under 5** (up to, but not after, the child's fifth birthday). (The primary caregiver is the person the child spends the most time with. This is often the mother.)

NUMBER OF CAREGIVER :

(REPEAT FOR EACH PRIMARY CAREGIVER OF CHILDREN < 5 YEARS OLD)

CAREGIVER <input type="text"/> G.18.0 PRIMAY CAREGIVER NAME: _____	No ART: <input type="text"/>
---	------------------------------

G.18.1 In the past 2 years do you remember seeing, hearing or reading anything about invitation/encouragement to stop open defecation and to use/build own toilet/latrine		
(READ ALL AND CIRCLE AL THAT APPLY)		
A. TV ads	1. Yes	2. No
B. Radio ads	1. Yes	2. No
C. Poster / Printed media / Wall calender/ Pocket calender/ Leaflet of Products/ Merchandise/Banner	1. Yes	2. No
D. Presentation Video	1. Yes	2. No
E. Shop name plate (Taxable)	1. Yes	2. No
F. Village announcement board	1. Yes	2. No
G. Health Officer (Midwife, officer from PUSKESMAS, Doctor, Triggering officers, Sanitarian)	1. Yes	2. No
H. Triggering officer	1. Yes	2. No
I. Sanitarian	1. Yes	2. No
J. Village midwife	1. Yes	2. No
K. Cadre POSYANDU/Cadre PKK	1. Yes	2. No
L. Village/sub-district staff	1. Yes	2. No
V. Other _____	1. Yes	2. No

G18.X INTERVIEWER NOTES. IF ALL ANSWERS IN G18.1 ARE CIRCLED 2?	1. YES → B.18.17a 2. NO
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MODULE G.18. Program Exposure

Now we are going to ask you about what you saw or heard.				
	B18.1b	B18.1c	B18.1d	B18.1e
CODE FROM G18.1 (CIRCLE APPROPRIATE CODE)	Was it about a particular program called Total Sanitation and Sanitation Marketing (TSSM) or Community-based Sanitation (STBM)?	How frequently do you remember seeing or hearing [...]?	When did you last see or hear [...]?	Where did you see or hear this? AT HOME1 AT MARKET 2 AT SCHOOL..... 3 AT HEALTH CENTER / HEALTH POST 4 IN PUBLIC MEETING PLACE5 AT THE VILLAGE OFFICE6 OTHER (SPECIFY _____)-96 DON'T KNOW -99
A B C D E F G H I J K L V _____	Yes 1 No2↓ Don't Know-99↓	Only once1 Several times.....2 Often3 Too often4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes 1 No2↓ Don't Know-99↓	Only once1 Several times.....2 Often3 Too often4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes 1 No2↓ Don't Know-99↓	Only once1 Several times.....2 Often3 Too often4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes 1 No2↓ Don't Know-99↓	Only once1 Several times.....2 Often3 Too often4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes 1 No2↓ Don't Know-99↓	Only once1 Several times.....2 Often3 Too often4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes 1 No2↓ Don't Know-99↓	Only once1 Several times.....2 Often3 Too often4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99
A B C D E F G H I J K L V _____	Yes 1 No2↓ Don't Know-99↓	Only once1 Several times.....2 Often3 Too often4	1. a. Month: <input type="text"/> b. Year: <input type="text"/> -99 Don't know	1 2 3 4 5 6 -96 _____ -99

MODULE G.18. Program Exposure

B.18.17a	In the past 2 years, has there been a community event (event such as triggering/motivation) where [SANITATION] was mentioned in this village?	YES 1 NO2 → B.18.50X DON'T KNOW-99 → B.18.50X
G.18.17	Did you participate in this community event (event such as triggering/motivation) where [SANITATION] was mentioned?	YES 1 NO2 → B.18.50X DON'T KNO.....-99 → B.18.50X
B.18.17b	Was that triggering activity motivated the implementation of STMB/SToPs program?	YES 1 NO 2 DON'T KNOW-99
G.18.18	Where did the event(s) take place? (DO NOT READ – CIRCLE ALL THAT APPLY)	IN THIS RT 1 IN THIS DUSUN 2 IN THIS VILLAGE 3 AT THE CAMAT 4 IN THE KABUPATEN OFFICES 5 OTHER (SPECIFY _____) -96 DON'T KNOW -99
B.18.20a	How many people participated the triggering?	□□□□ People
B.18.20b	How charismatic/persuasive were the people/person who conducted the triggering?	VERY CHARISMATIC 1 SOMEWHAT CHARISMATIC 2 AVERAGE 3 NOT CHARISMATIC AT ALL 4 DON'T KNOW -99
B.18.24b	How many times did the team/person who did the triggering return to the dusun?	□□□□
B.18.24c	Was there a reward offered if your community became Open defecation free (ODF)?	Yes 1 No 2
B.18.24e	Did the program involve a competition?	Yes 1 No 2

B.18.24f	If so, was it	Between villages 1 Between districts 2 A school completion 3 Other, sepcify _____ -96
B.18.25	Do you defecate in the same place as before the triggering program was implemented?	The same 1 Using facility /other place existed..... 2 Using improved facility 3 Using the new facility 4
B.18.25a	Is there any sanction for those who defecate in open place	Fine money, Rp. 1 Social sanction (other than money)..... 2 No sanction 3
B.18.50X	Is there any other child's caregiver?	Yes 1 → G.18.0 No 2 → G.32.1

MODULE G32. CHECK LIST OF INTERVIEWER

Interviewer response only

G32.1	HAS EVERY PAGE BEEN MARKED? PLEASE CHECK.	YES 1 NO 3
G32.5	HAVE YOU GIVEN THE HOUSEHOLD THEIR COMPENSATION GIFT	YES 1 NO 3
G32.6	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS. _____	[SIGNATURE]

Supervisor response only.

G32.7	HAS EVERY PAGE BEEN MARKED? PLEASE CHECK.	YES 1 NO 3
G32.12	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS. _____	[SIGNATURE]

INTERVIEWER NOTES:

<p>CP1. WHO ARE PRESENT (OTHERS) EXCEPT RESPONDENT AND INTERVIEWER DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE</p> <p>A. NONE B. CHILDREN AGED 5 YEARS OLD OR LESS C. CHILDREN AGED MORE THAN 5 D. ADULT PEOPLE, HOUSEHOLD MEMBER E. ADULT, NON HOUSEHOLD MEMBER</p>	<p>CP2. WHAT IS YOUR ASSESMENT TOWARD RESPONDENT'S ANSWER ACCURACY?</p> <p>1. VERY GOOD 2. GOOD 3. FAIR 4. NOT GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR ASSESMENT TOWARD RESPONDENT'S ATTENTION SINCERITY?</p> <p>1. VERY GOOD 2. GOOD 3. FAIR 4. NOT GOOD 5. VERY BAD</p>
<p>CP4. WHICH QUESTION IS DIFFICULT, EMBARRASSING OR CONFUSING FOR RESPONDENT?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP5. WHICH QUESTION IS DIFFICULT, EMBARRASSING OR CONFUSING FOR RESPONDENT? _____</p> <p>_____</p> <p>_____</p>	<p>CP6. WHICH QUESTION IS INTERESTING FOR RESPONDENT?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>NOTES :</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p> <p>h. _____</p>		

MODULE 19. CHILD HEALTH CALENDAR

EACH primary caregiver of children **under 5** (up to, but not after, the child's fifth birthday). (The primary caregiver is the person the child spends the most time with. This is often the mother.)
 NEED TO PRINT MULTIPLE COPIES TO HAVE IN EACH QUESTIONNAIRE, OR HAVE EXTRAS FOR INTERVIEWER TO USE.

Comment [I3]: This module is quite different to what it was in the baseline.

REFERRING TO THE MASTER G.14.0 ROSTER, COMPLETE THIS MODULE FOR EACH CHILD UNDER THEIR CARE. FILL IN THE CAREGIVER'S ID CODE AND NAME FOR THE FIRST CHILD UNDER THIS PERSON'S CARE FROM CH5C AND CH5D.

Comment [I4]: Does this make sense for us?

(REPEAT FOR EACH CHILD < 5 YEARS OLD)

G.19.0A CAREFTAKER ID CODE: [] NAME _____

G.19.0 CHILD ID CODE: [] NAME _____

Now I would like to ask about the health of [CHILD] in the last 14 days (in the past two weeks).

	G.19.1	G.19.2	G.19.3	G.19.4	G.19.5	G.19.6	G.19.7	B19.8 x	G.19.8	G.19.9	G.19.10	G.19.11	G.19.12	G.19.13	G.19.14
	Fever?	Constant Cough?	Congestion?	Parfing/ wheezing/ difficulty breathing?	Stomach pain or cramps?	Nausea?	Vomit?	Diarrhea?	3 or more bowel movements in one day and one night?	Watery or soft stool?	Mucus or Blood in the stool?	Refuse to feed / eat?	Abrasion, scrapes or bruising?	Skin itching on the body or scalp?	Do you think that [Symptoms] are / were serious?
DK : -99 YES : 1 NO : 2															
In the last 14 days, did he/she have:	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2
In the last 7 days (since this day last week), did he/she have:	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2	-99 Y N 1 2
Which days did he/she have [SYMPTOM] ?	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
days ago 7															7
6															6
5															5
4															4
3															3
2															2
Yester. 1															1
Today 0															0