

SUPERVISOR FILL IN CLUSTER AND HOUSEHOLD CODES BEFORE DISTRIBUTING QUESTIONNAIRE FORM TO INTERVIEWERS FOR HOUSEHOLD VISIT.

<b>CLUSTER:</b>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
<b>HOUSEHOLD:</b>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>

Location information	Code	Survey staff	Name	Code	Ngày/tháng/năm
Province Name: _____	__ __	Interviewer	.....	__ __	__ __ / __ __ / __ __
District Name : _____	__ __ __	Supervisor	.....	__ __	__ __ / __ __ / __ __
Commune Name: _____	__ __ __ __ __	Data editor	.....	__ __	__ __ / __ __ / __ __
Household ID Code (from Enumeration List)	__ __ __	Data entry	.....	__ __	__ __ / __ __ / __ __
Total persons listed in BASELINE Household Roster	__ __	Data entry	.....	__ __	__ __ / __ __ / __ __
Total persons listed in ENDLINE Household Roster	__ __				
Household Address:					
Description of how to find household:					
Telephone/Other contact information:					

	Visit 1	Visit 2	Visit 3
Date of Interview	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __
Time begun	__ __ : __ __	__ __ : __ __	__ __ : __ __
Time ended	__ __ : __ __	__ __ : __ __	__ __ : __ __
Duration	__ __ : __ __	__ __ : __ __	__ __ : __ __
Result	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9

Codes for Result of Visit

Completed Interview.....1	Rescheduled Interview (Note next appointment below.)..... 4	Refused to Participate.....7
Incomplete Interview (Explain below.).....2	Nobody Home..... 5	Dwelling Vacated (Nobody lives here.).....8
Necessary Respondent Not Available (Make appointment.).....3	Temporarily Away.....6	Household Not Found.....9

**OBSERVATIONS (Notes of interviewer during household visit, if any):**

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## 0. Household Listing

Most knowledgeable member of the household

ID CODE	<p>G.1.1. RELIST THE NAMES OF ALL HOUSEHOLD MEMBERS LISTED IN THE ORIGINAL BASELINE QUESTIONNAIRE USING BASELINE LISTING REPORT.</p> <p>HOUSEHOLD MEMBERS <u>MUST BE LISTED IN THE SAME ORDER</u> AS THEY APPEAR ON THE BASELINE LISTING REPORT. THIS IS TO ENSURE THAT ID CODE REMAINS THE SAME FROM BASELINE.</p> <p>ADD NEW HOUSEHOLD MEMBERS TO THE END OF THE HH ROSTER</p> <p><u>NOTE:</u> A HOUSEHOLD IS A GROUP OF PEOPLE WHO LIVE TOGETHER AND EAT AT LEAST ONE MEAL TOGETHER EACH DAY, EXCEPT FOR SPECIAL DAYS.</p> <p>FULL NAME OF HOUSEHOLD MEMBER</p>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

# 1. Household Roster (1 of 2)

Most knowledgeable member of the household

G.1.0. Enter ID Code of the most knowledgeable member of household ID CODE: ____										
ID CODE	G.1.1B Is [NAME] still a resident of the HH? (HAS HOUSEHOLD MEMBER MOVED OR DIED SINCE THE BASELINE SURVEY WAS CONDUCTED?)  Yes, still in HH.....1 No, moved from HH.....2 [ <b>&gt;&gt;Do not ask further questions for this person</b> ] No, deceased.....3 [ <b>&gt;&gt;Do not ask further questions for this person</b> ] Other (Specify).....-96 Don't know.....-99		G.1.2. Sex: Male.....1 Female.....2	V.1.2 Ethnicity: Kinh.....1 Tày.....2 Thái.....3 Hoa.....4 Khome.....5 Mường.....6 Nùng.....7 Hmông.....8 Dao.....9 Khác (Ghi rõ).....10	G.1.3. Relationship to Head of Household: Head of Household.....1 Wife / Husband / Partner.....2 Child / Adopted Child.....3 Grandchild.....4 Niece / Nephew.....5 Father / Mother.....6 Sister / Brother.....7 Son-in-Law / Daughter-in-Law.....8 Brother-in-Law / Sister-in-Law.....9 Grandfather / Grandmother.....10 Father-in-Law / Mother-in-Law.....11 Resident Housekeeper.....12 Resident Caregiver.....13 Non-Resident Caregiver.....14 Other (Specify).....-96	G.1.4. What is [NAME]'s birth date?  IF CANNOT REMEMBER, ASK TO SEE BIRTH CERTIFICATE OR DOCUMENT WITH BIRTH DATE.  IF DOCUMENT NOT AVAILABLE FOR CHILDREN UNDER 5 YEARS OF AGE, PROBE FOR SEASON OR HOLIDAY TO ESTIMATE MONTH OF BIRTH.  IF STILL DON'T KNOW, ENTER -99 IN YEAR AND LEAVE DATE AND MONTH BLANK			G.1.5. How old is [NAME]?  IF < 5 YEARS OLD, ALSO COLLECT MONTHS.  IF < 12 YEARS OLD, [ <b>&gt;&gt;G.1.8.</b> ]  DON'T KNOW.....-99	
	Date (DD)	Month (MM)	Year (YYYY)	Years	Months					
1	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			
2	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			
3	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			
4	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			
5	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			
6	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			
7	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			
8	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			
9	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			
10	1 2 3 -96 -99	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	___	___	_____			

## 1. Household Roster (2 of 2)

Most knowledgeable member of household

ID CODE	G.1.6. What is the present marital status of [NAME]?  Married.....1  Civil Union.....2  Separated.....3 [>>G.1.8.]  Divorced.....4 [>>G.1.8.]  Widowed.....5 [>>G.1.8.]  Single.....6 [>>G.1.8.]  Other.....-96	G.1.7. COPY THE ID CODE OF THIS PERSON'S SPOUSE/PARTNER.      DECEASED.....-77      NOT IN HOUSEHOLD .....-88	G.1.8. IF THIS PERSON IS >= 18 YEARS OLD, SKIP TO G.1.12. OTHERWISE COPY THE ID CODE OF THIS PERSON'S FATHER   DECEASED.....-77   NOT IN HOUSEHOLD .....-88	G.1.9. IF THIS PERSON IS >= 18 YEARS OLD, SKIP TO G.1.12. OTHERWISE COPY THE ID CODE OF THIS PERSON'S MOTHER   DECEASED..-77   NOT IN HOUSEHOLD .....-88	G.1.10. IF THIS PERSON IS < 5 YEARS OLD, COPY THE ID CODE OF THIS PERSON'S PRIMARY CAREGIVER   THE PRIMARY CAREGIVER IS THE PERSON WITH WHOM THE CHILD SPENDS THE MOST TIME. THIS IS USUALLY THE MOTHER.   IF PRIMARY CAREGIVER NOT IN ROSTER, RETURN TO G.1.1. AND ENTER ROSTER INFO FOR CAREGIVER EVEN IF NOT RESIDENT IN THE HOUSEHOLD.	G.1.12. CONFIRM THAT THIS IS THE PRIMARY RESIDENCE FOR [NAME]. IN OTHER WORDS, HAS THIS PERSON LIVED HERE AT LEAST 6 MONTHS OF THE PAST 12 MONTHS?  YES, RESIDENT.....1 NO, NOT A RESIDENT.....2 [>>DO NOT ASK QUESTIONS ABOUT THIS PERSON IN ANY OTHER MODULE.]  NO, NON-RESIDENT CAREGIVER.....3   CONFIRM THERE IS NO OTHER INDIVIDUAL LIVING IN THE HOUSEHOLD, INCLUDING YOUNG CHILDREN, ELDERLY, OR NON-FAMILY RESIDENTS
1	1 2 3 4 5 6 96					1 2 3
2	1 2 3 4 5 6 96					1 2 3
3	1 2 3 4 5 6 96					1 2 3
4	1 2 3 4 5 6 96					1 2 3
5	1 2 3 4 5 6 96					1 2 3
6	1 2 3 4 5 6 96					1 2 3
7	1 2 3 4 5 6 96					1 2 3
8	1 2 3 4 5 6 96					1 2 3
9	1 2 3 4 5 6 96					1 2 3
10	1 2 3 4 5 6 96					1 2 3

**BEFORE CONTINUING TO NEXT MODULE, COMPLETE ROSTER G.14.0 AND G.21.0**

## 2. Education Module (1 of 1)

Most knowledgeable member of household

<b>G.2.1.</b> REFER TO G.1.5 AND CIRCLE THE ID CODE FOR EACH PERSON AGE 5 AND OLDER	<b>G.2.3.</b> Has [NAME] ever attended school?  Yes.....1  No.....2      [ <b>&gt;&gt;G.3.1</b> ]  DON'T KNOW .....-99    [ <b>&gt;&gt;G.3.1</b> ]	<b>G.2.4.</b> What is the highest grade and level [NAME] <b>completed</b> in school?	
ID CODE		GRADE IN LEVEL:       DON'T KNOW.....-99	LEVEL:  Preschool..... 1 Kindergarten.....2 Primary.....3 Lower Secondary...9 Upper Secondary...10 Preparatory.....5 Trade School (College)..... 6 University.....7 Higher..... 8  DON'T KNOW.....-99
		GRADE	LEVEL
1	1 2 -99		1 2 3 9 10 5 6 7 8 -99
2	1 2 -99		1 2 3 9 10 5 6 7 8 -99
3	1 2 -99		1 2 3 9 10 5 6 7 8 -99
4	1 2 -99		1 2 3 9 10 5 6 7 8 -99
5	1 2 -99		1 2 3 9 10 5 6 7 8 -99
6	1 2 -99		1 2 3 9 10 5 6 7 8 -99
7	1 2 -99		1 2 3 9 10 5 6 7 8 -99
8	1 2 -99		1 2 3 9 10 5 6 7 8 -99
9	1 2 -99		1 2 3 9 10 5 6 7 8 -99
10	1 2 -99		1 2 3 9 10 5 6 7 8 -99



## 6. Dwelling Characteristics (1 of 1) (PG)

Most knowledgeable member of household

G.6.1.	How many total rooms does your dwelling have? IF DON'T KNOW ENTER -99	TOTAL NUMBER ROOMS _ _ _		
G.6.11.	What fuel do you use most often to light your dwelling? CIRCLE ONLY ONE.	No Lighting..... 0 Electricity ..... 1 Gas..... 2 Kerosene ..... 3 Coal ..... 4 Wood ..... 5 Peat / Manure ..... 6 Candles ..... 7 Battery ..... 8 Other (Specify _____) ..... -96		
G.6.12.	What fuel do you use most often for cooking? CIRCLE ONLY ONE.	No Fuel for Cooking ..... 0 Electricity ..... 1 Gas..... 2 Kerosene ..... 3 Coal ..... 4 Wood ..... 5 Peat / Manure ..... 6 Candles ..... 7 Battery ..... 8 Other (Specify _____) ..... -96		
G.6.13.	How do you most often heat your dwelling? CIRCLE ONLY ONE.	Do not heat dwelling ..... 0 Water Radiators from Centralized Hot Water ..... 1 Water Radiators in Rooms from a Gas, Coal, or Electric Boiler in House ..... 2 Electric Heaters ..... 3 Coal Stove ..... 4 Wood Stove ..... 5 Kerosene Sto ..... 6 Stove for Straw, Brush, Manure, Peat ..... 7 Other (Specify _____) ..... -96		

## 7. Water Sources (1 of 2) (JC)

Most knowledgeable member of household

G.7.0.	Do you use the same water source <u>for drinking water</u> year round, i.e. during the rainy and dry season?	Yes, same source all year round ..... No, changes with the season..... DON'T KNOW .....	1 2 -99	
G.7.1	What is the main source of <u>DRINKING</u> water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... PIPED INTO YARD / PLOT..... PUBLIC TAP / STANDPIPE..... TUBE WELL OR BOREHOLE ..... DUG WELL PROTECTED WELL ..... UNPROTECTED WELL ..... WATER FROM SPRING PROTECTED SPRING ..... UNPROTECTED SPRING..... RAINWATER..... TANKER TRUCK ..... CART WITH SMALL TANK ..... SURFACE WATER (RIVER / DAM / LAKE / POND / STREAM / CANAL / IRRIGATION CHANNEL) ..... BOTTLED WATER..... OTHER (Specify) _____	1 2 3 4 5 6 7 8 9 10 11 12 13 -96	[ >>G.7.6C] [ >>G.7.6C] [ >>G.7.6C]
G.7.1B	How many months per year does your household use water from this source?	MONTHS PER YEAR ____ ____ ____ IF DON'T KNOW ENTER -99		
G.7.2	Where is that water source located?	IN OWN DWELLING ..... IN OWN YARD / PLOT ..... ELSEWHERE.....	1 2 3	
G.7.3	Is this source covered?	COVERED ..... OPEN..... BOTH COVERED AND OPEN ..... DON'T KNOW .....	1 2 3 -99	

## 7. Water Sources (2 of 2) (JC)

Most knowledgeable member of household

G.7.4	How long does it take to go there, collect water, and come back? IF DON'T KNOW ENTER -99 IF WATER SOURCE IN OWN HOUSEHOLD OR YARD / PLOT ENTER '0' AND <b>SKIP TO [&gt;&gt;G.7.6C]</b>	MINUTES ____ ____ ____ IF DON'T KNOW ENTER -99		
G.7.4B	How much time do you usually spend at the water source?	MINUTES ____ ____ ____ IF DON'T KNOW ENTER -99		
G.7.4C	What do you usually do at the water source (other than collecting water)? <b>CIRCLE ALL THAT APPLY</b>	CHAT WITH NEIGHBORS/FRIENDS..... WAIT IN LINE..... NOTHING..... OTHER (SPECIFY _____).... DON'T KNOW.....	1 2 3 <b>-96</b> -99	
G.7.5	How often does your household collect water from this source? IF DON'T KNOW ENTER -99, AND CIRCLE -99 FOR FREQUENCY	TRIPS ____ ____ ____ PER: DAY..... WEEK..... MONTH..... DON'T KNOW.....	1 2 3 -99	
G.7.6	Who usually goes to this source to fetch water for your household?	ADULT WOMAN..... ADULT MAN..... FEMALE CHILD < 15 YEARS..... MALE CHILD < 15 YEARS..... OTHER (Specify).....	1 2 3 4 <b>-96</b>	
G.7.6B	How much water is brought to your dwelling/yard from this source each time? ASK TO OBSERVE CONTAINER USED TO COLLECT WATER AND ESTIMATE NUMBER OF LITERS	LITERS ____ ____ ____ IF DON'T KNOW ENTER -99		
G.7.6C	Is water ever scarce from this source?	NEVER..... SOMETIMES..... OFTEN, SEVERAL TIMES A WEEK..... DAILY, SEVERAL TIMES A DAY..... DON'T KNOW.....	1 2 3 4 -99	
G.7.7	Are you satisfied with the <u>quantity</u> of water that you obtain from this source?	YES..... NO..... DON'T KNOW.....	1 2 -99	

G.7.7B	How much did you initially pay for this water source? (connection, construction, or equipment) IF DID NOT PAY, ENTER '0'	AMOUNT (VND) _____ IF DON'T KNOW ENTER -99		
G.7.8	Does your household pay (bill, tax, fee) for water from [SOURCE]?	YES ..... NO ..... DON'T KNOW.....	1 2 -99	[>> G.8.1] [>> G.8.1]
G.7.9	Do you obtain an <u>unlimited</u> amount of water for this payment?	YES ..... NO ..... DON'T KNOW.....	1 2 -99	
G.7.10	How much do you pay for water from [SOURCE]? IF DON'T KNOW ENTER -99, AND CIRCLE -99 FOR FREQUENCY	AMOUNT (VND) _____ PER : DAY..... WEEK ..... MONTH ..... 3 MONTHS ..... 6 MONTHS..... YEAR ..... DON'T KNOW.....	1 2 3 4 5 6 -99	

## 8. Drinking Water (1 of 1) (JC)

Most knowledgeable member of household

G.8.1.	Do you store drinking water in your home?	Yes..... 1 No ..... 2	[>>G.8.4.]
G.8.2.	How often do you wash the primary storage container?	Do not wash / Never ..... 1 Once or twice per year ..... 2 Between 1 and 3 times per month ..... 3 More than once per week ..... 4	[>>G.8.4.]
G.8.3.	How do you wash the primary storage container? DO NOT PROMPT. DO NOT READ OUT THE ANSWERS.	WATER ONLY ..... 1 SOAP / DETERGENT / BLEACH ..... 2 OTHER (SPECIFY.....) ..... -96 DON'T KNOW ..... -99	
G.8.4.	Do you do anything to your water to prepare it for drinking?	Yes..... 1 Sometimes ..... 2 No ..... 3	[>>G.9.1.]
G.8.5.	What do you do to your water to prepare it for drinking? DO NOT READ OUT THE ANSWERS. PROMPT 1 – 2 TIMES AND CIRCLE ALL THAT APPLY.	BOIL THE WATER ..... 1 ADD CHLORINE ..... 2 ADD IODINE ..... 3 SOLAR DISINFECTION (SODIS) ..... 4 FILTER (MECHANICAL / CERAMIC / SAND / ETC.) ..... 5 STRAIN THROUGH A CLOTH ..... 6 LET IT STAND AND SETTLE ..... 7 OTHER (SPECIFY.....) ..... -96	
G.8.6.	In the last 7 days, how often did you or somebody in your household do something to prepare the water that members of your household drank at home?	No, Not in the last 7 days..... 0 Every day ..... 1 Every other day ..... 2 Once or twice ..... 3 Don't know ..... -99	

G.8.7.	Approximately how many liters of water did your household treat <b>yesterday</b> (or on <b>average per day</b> ) <u>for drinking</u> ?	METHOD	Amount (LITERS)	Monthly Costs (VND)
	Approximately how much do you spend per month on this method for water treatment?	BOILING THE WATER .....	— — —	_____
	IF MULTIPLE METHODS, ESTIMATE FOR EACH METHOD	ADDING CHLORINE .....	— — —	_____
	ASK RESPONDENT TO ESTIMATE NUMBER OF LITERS AND APPROXIMATE COSTS FOR EACH METHOD FOR TREATING DRINKING WATER MENTIONED IN G.8.5. IF METHOD 'BOILING THE WATER' IS USED, ASK RESPONDENT TO ESTIMATE MONTHLY COST FOR OVERALL ENERGY USE, EITHER ELECTRIC, GAS, OR SOLID FUEL.	ADDING IODINE .....	— — —	_____
	IF RESPONDENT HAS DIFFICULTY ESTIMATING NUMBER OF LITERS, ASK TO OBSERVE CONTAINER USED TO TREAT/PREPARE WATER FOR DRINKING AND ESTIMATE NUMBER OF LITERS	SOLAR DISINFECTION (SODIS) .....	— — —	_____
		FILTER (MECHANICAL / CERAMIC / SAND / ETC.) .....	— — —	_____
		STRAIN THROUGH A CLOTH .....	— — —	_____
		LET IT STAND AND SETTLE .....	— — —	_____
		OTHER (SPECIFY _____)	— — —	_____
			— — —	_____

## 9. Sanitation Facilities (1 of 2) (JC, JM)

Most knowledgeable member of household

G.9.1.	<p>What is your household's main sanitation facility (main toilet facility)?</p> <p>(OR, Where do members of your household usually go to defecate?)</p> <p>SHOW PICTURES.</p>	<p>Flush / Pour Flush:</p> <p>to Piped Sewer System..... 1</p> <p>to Septic Tank..... 2</p> <p>to Pit Latrine ..... 3</p> <p>to Elsewhere..... 4</p> <p>to Don't Know Where..... 5</p> <p>Ventilated Improved Pit Latrine (VIP) ..... 6</p> <p>Pit Latrine with Slab ..... 7</p> <p>Composting Toilet..... 8</p> <p>Pit Latrine without Slab / Open Pit ..... 9</p> <p>Bucket Latrine ..... 10</p> <p>Hanging Toilet / Hanging Latrine..... 11</p> <p>No Facilities or Bush or Field ..... 12</p> <p>Other (Specify) ..... -96</p>	<p>[&gt;&gt;G.9.9.]</p>
G.9.2	<p>Is this facility public or private?</p>	<p>Public..... 1</p> <p>Private..... 2</p>	
G.9.3	<p>Who chose to install the latrine / toilet?</p>	<p>Individual household member.....ID CODE _____</p> <p>Multiple household members ..... 101</p> <p>Non-household members (non-resident family member, friend, community members, volunteers) ..... 102</p> <p>Was already here when we moved in ..... 103</p> <p>Other (Specify.....) -96</p> <p>DON'T KNOW ..... -99</p>	<p>[&gt;&gt;G.9.9.]</p> <p>[&gt;&gt;G.9.9.]</p> <p>[&gt;&gt;G.9.9.]</p> <p>[&gt;&gt;G.9.9.]</p>
G.9.4.	<p>When was the latrine / toilet installed?</p> <p>IF LESS THAN 1 YEAR, ENTER MONTHS; OTHERWISE ENTER YEARS ONLY</p> <p>IF DON'T KNOW ENTER -99 IN SPACE FOR YEARS</p>	<p>_____ Months ago, OR _____ Years ago</p>	

## 9. Sanitation Facilities (2 of 2) (JC, JM)


Most knowledgeable member of household

G.9.9.	Where is this facility or area located?	Inside household..... 1 In household yard or land..... 2 Less than 10 minute walk from house ..... 3 More than 10 minute walk from house..... 4 No designated area..... 5 Other (Specify) _____ -96	
G.9.10.	Do you share this facility or area with other households?	Yes ..... 1 No ..... 2	[>>G.9.22]
G.9.11.	How many households use this toilet facility or area? IF DON'T KNOW ENTER -99	Number of households      _ _ _	
G.9.22.	Where does the waste from your baby / youngest child usually go after they defecate?  DO NOT READ OUT OPTIONS.  <b>CIRCLE ALL THAT APPLY.</b>	BUSHES / GROUND ..... 1 PIT / HOLE IN GROUND ..... 2 OPEN SEWER / DRAIN ..... 3 TOILET / LATRINE ..... 4 GARBAGE ..... 5 RIVER..... 6 BASIN / SINK..... 7 GIVE IT TO ANIMALS..... 8 OTHER (SPECIFY) _____ -96	



## 16. Perceptions of Illness (1 of 1) (JC)

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.)

REFER TO THE MASTER G.14.0 ROSTER AND LIST THE ID CODES AND NAMES OF ALL CAREGIVERS SHOWN IN COLUMNS CG5A AND CG5B			CAREGIVER	CAREGIVER	CAREGIVER
ASK THESE THREE QUESTIONS OF EACH CAREGIVER SEPARATELY. TRY TO DO SO PRIVATELY, SO EACH CAREGIVER DOES NOT LISTEN TO THE ANSWERS GIVEN BY OTHER RESPONDENTS. RECORD EACH PERSON'S RESPONSES IN THE CORRESPONDING COLUMN.			NAME _____ ID CODE _____	NAME _____ ID CODE _____	NAME _____ ID CODE _____
G.16.0	Is this caregiver present?	Yes ..... No.....	<b>1</b> <b>2 [&gt;&gt;Next Caregiver]</b>	<b>1</b> <b>2 [&gt;&gt;Next Caregiver]</b>	<b>1</b> <b>2 [&gt;&gt;Next Section]</b>
G.16.1.	In your opinion, what are the symptoms of diarrhea?  SPONTANEOUS RESPONSE.  DO NOT READ OUT THE ANSWERS.  PROMPT 1 – 2 TIMES.  <b>CIRCLE ALL THAT APPLY.</b>	LOOSE OR WATERY STOOL ..... BLOOD OR MUCUS IN STOOL ..... FREQUENT STOOLS..... ABDOMINAL PAIN ..... SOFT PART OF HEAD SUNKEN ..... FEVER ..... VOMITING..... NAUSEA..... WEAKNESS (LOSS OF WEIGHT, NOT EATING OR DRINKING WELL) DEHYDRATION (MARKED THIRST, DRIED LIPS, NO TEARS) ..... LOSS OF SENSE (DIZZINESS, MENTAL STUPOR)..... HEADACHE..... CHILD IS TIRED / MOODY / CRIES A LOT ..... OTHER (SPECIFY) ..... DON'T KNOW .....	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 - 99	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 - 99	1 2 3 4 5 6 7 8 9 10 11 12 13 -96 - 99
G.16.2.	Does [CAUSE] cause diarrhea?   READ EACH ANSWER ALOUD.	Eating stale foods ..... Eating food from street vendors ..... Eating food touched by flies ..... Unclean / smelly food..... Drinking dirty water ..... Using dirty latrines / open defecation ..... Not washing hands with water ..... Not washing hands with soap and water ..... Bad weather / weather change ..... Exposure to sun..... Teething / new teeth ..... Some types of vaccines ..... Dirty household..... Unclean neighborhood / village .....	Yes No Don't Know 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	Yes No Don't Know 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	Yes No Don't Know 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

## 17. Caregiver Time Use (1 of 1) (PG)

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.)

G.17.2.		G.17.1.		G.17.3.	G.17.3B	G.17.3C				
<p>REFER TO THE MASTER G.14.0 ROSTER AND LIST THE ID CODE AND NAME OF THE FIRST CAREGIVER SHOWN IN COLUMNS CG5A AND CG5B. THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE FROM <b>CH5C</b> AND <b>CH5D</b>. CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER THEIR CARE UNTIL ALL CAREGIVERS AND CHILDREN ARE LISTED BELOW</p>				<p>Yesterday, how much time did (CAREGIVER) spend <b>primarily</b> caring for or attending to (CHILD)?</p> <p>Please answer this question for each child you took care of even if you were caring for two children simultaneously</p> <p>(Answer in terms of hours per day.)</p>	<p>The day before Yesterday, how much time did (CAREGIVER) spend <b>primarily</b> caring for or attending to (CHILD)?</p> <p>Please answer this question for each child you took care of even if you were caring for two children simultaneously</p> <p>(Answer in terms of hours per day.)</p>	<p>Besides yesterday and the day before, <u>since this day last week</u>, has there been anything out of the ordinary that caused (CAREGIVER) to spend more or less time <b>primarily</b> caring for or attending to (CHILD)?</p> <p>IF 'YES', ENTER NUMBER OF HOURS SPENT PRIMARILY CARING FOR OR ATTENDING TO [CHILD] IN COLUMN BELOW CORRESPONDING TO NUMBER OF DAYS AGO</p> <p>IF 'NO', ENTER NUMBER OF HOURS SPENT PRIMARILY CARING FOR OR ATTENDING TO [CHILD] AS YESTERDAY</p> <p>Please answer this question for each child you took care of even if you were caring for two children simultaneously</p> <p>(Answer in terms of hours per day.)</p>				
ID CODE	CAREGIVER NAME	ID CODE	CHILD NAME	Yesterday	Day before yesterday	3 days ago	4 days ago	5 days ago	6 days ago	7 days ago

## 19. Child Health Calendar (1 of 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.)

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 FROM COLUMNS **CG5A** AND **CG5B**, THEN LIST THE ID CODE AND NAME FOR THE FIRST CHILD UNDER THIS PERSON'S CARE FROM **CH5C** AND **CH5D**

(REPEAT FOR EACH CHILD < 5 YEARS OLD)

**G.19.0A** CARETAKER ID CODE: [ ] NAME [ ]

**G.19.0** CHILD ID CODE: [ ] NAME [ ]

Now I would like to ask about the health of [CHILD] in the last 7 days (in the past week).

	G.19.1	G.19.2	G.19.3	G.19.4A	G.19.4	G.19.5	G.19.6	G.19.7	G.19.8A	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?	Fast breathing?	Panting/ 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 7 days (since this day last week), has [CHILD] been ill with:	-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	-99 Y N 1 2 No symptom -97
Which days did [CHILD] have [SYMPTOM]?	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
<u>days ago</u> Today 0																0
Yesterday 1																1
2																2
3																3
4																4
5																5
6																6
7																7

## 20. Child Health Calendar Summary (1 of 3)

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.)

<p>G.20.9. REFER TO THE MASTER G.14.0 ROSTER AND LIST THE ID CODE AND NAME OF THE FIRST CAREGIVER SHOWN IN COLUMNS <b>CG5A</b> AND <b>CG5A</b>.  THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE SHOWN IN COLUMNS <b>CG5C</b> AND <b>CG5D</b>.  CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER THEIR CARE UNTIL ALL CAREGIVERS AND CHILDREN ARE LISTED BELOW.</p>				<p>G.20.7. In the past <b>7 days</b> did you seek medical advice for [NAME]?  If so, what type?  No.....1 <b>[&gt;&gt;G.20.10]</b> Day visit to doctor..... 2 Overnight stay at hospital or clinic..... 3 Pharmacist..... 4 Traditional Healer..... 5 Herbalist..... 6 Other (specify) _____ -96 DON'T KNOW.....-99  <b>CIRCLE ALL THAT APPLY</b></p>		<p>G.20.8. Was the care provider public or private?  Public.....1 Private.. 2 Both... 3  DON'T KNOW....-99</p>		<p>G.20.8B. How many visits did [NAME] make to the facility/ place for medical advice?  DON'T KNOW....-99</p>		<p>G.20.8C. How much time was spent in total at the facility/ place for medical advice?  DON'T KNOW....-99</p>		<p>G.20.8D. How did [NAME] travel to the facility/ place for medical advice?  On foot (walk) ....1 Bus (public transport) ..... 2 Taxi..... 3 Own vehicle ..... 4  Other (Specify: _____)..... -96 DON'T KNOW.. -99</p>		<p>G.20.8E. How much time was spent in total <b>travelling</b> to the facility/ place for medical advice?  DON'T KNOW....-99</p>		<p>G.20.8F. Did anyone accompany [NAME] to the facility/place for medical advice?  IF YES, how many persons?  Yes .....1 No ..... 2</p>		<p>G.20.8G. How much money was spent in total on <b>travel</b> to the facility/place for medical advice?  DON'T KNOW....-99</p>	
ID CODE	CAREGIVER NAME	ID CODE	CHILD NAME			VISITS	HOURS / MINUTES	<b>CIRCLE ALL THAT APPLY</b>	HOURS / MINUTES	Y/N	NUMBER PERSONS	AMOUNT (VND)							
				1 2 3 4 5 6 -96 -99	1 2 3 -99		□□:□□	1 2 3 4 -96 -99	□□:□□	1 2		_____							
				1 2 3 4 5 6 -96 -99	1 2 3 -99		□□:□□	1 2 3 4 -96 -99	□□:□□	1 2		_____							
				1 2 3 4 5 6 -96 -99	1 2 3 -99		□□:□□	1 2 3 4 -96 -99	□□:□□	1 2		_____							
				1 2 3 4 5 6 -96 -99	1 2 3 -99		□□:□□	1 2 3 4 -96 -99	□□:□□	1 2		_____							
				1 2 3 4 5 6 -96 -99	1 2 3 -99		□□:□□	1 2 3 4 -96 -99	□□:□□	1 2		_____							
				1 2 3 4 5 6 -96 -99	1 2 3 -99		□□:□□	1 2 3 4 -96 -99	□□:□□	1 2		_____							
				1 2 3 4 5 6 -96 -99	1 2 3 -99		□□:□□	1 2 3 4 -96 -99	□□:□□	1 2		_____							
				1 2 3 4 5 6 -96 -99	1 2 3 -99		□□:□□	1 2 3 4 -96 -99	□□:□□	1 2		_____							

## 20. Child Health Calendar Summary (2 of 3)

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.)

<p>G.20.9. REFER TO THE MASTER G.14.0 ROSTER AND LIST THE ID CODE AND NAME OF THE FIRST CAREGIVER SHOWN IN COLUMNS <b>CG5A</b> AND <b>CG5A</b>.</p> <p>THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE SHOWN IN COLUMNS <b>CG5C</b> AND <b>CG5D</b>.</p> <p>CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER THEIR CARE UNTIL ALL CAREGIVERS AND CHILDREN ARE LISTED BELOW.</p>				<p>G.20.10. ANY "YES" TO COUGH, CONGESTION, ETC. (G.19.2., G.19.3, G.19.4A, G.19.4.)?  YES.....1 NO.....2 [&gt;&gt;G.20.13.]</p>		<p>G.20.11. Did you do anything to treat [CHILD]'s respiratory problems?  No treatment..1 [ &gt;&gt;G.20.13.] Pill, syrup, liquid drop.....2 Injection.....3 Intravenous fluid (IV).....4 Traditional remedies.....5 Other _____-96 (Specify) _____-96  DON'T KNOW.....-99  CIRCLE ALL THAT APPLY</p>		<p>G.20.12. How much did you spend on treatments and advice for [CHILD]?  Did not pay..... 0  DON'T KNOW.... -99</p>		<p>G.20.13. ANY "YES" TO STOMACH PROBLEMS OR DIARRHEA IN (G.19.5. – G.19.10.)?  YES.....1 NO.....2 [&gt;&gt; G.20.16.]</p>		<p>G.20.14. Did you do anything to treat [CHILD]'s stomach or diarrhea symptoms?  No treatment.....1 [ &gt;&gt; G.20.16.] Pill or syrup.....2 Injection.....3 Intravenous fluid (IV).....4 Traditional remedies.....5 Oral Rehydration Solution / Powder.....6 Homemade sugar/salt water...7 Other (Specify) _____-96  DON'T KNOW.....-99  CIRCLE ALL THAT APPLY</p>		<p>G.20.15. How much did you spend on treatments and advice for [CHILD]?  Did not pay..... 0  DON'T KNOW ..-99</p>	
ID CODE	CAREGIVER NAME	ID CODE	CHILD NAME			VND				VND					
				1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99							
				1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99							
				1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99							
				1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99							
				1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99							
				1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99							
				1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99							
				1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99							

## 20. Child Health Calendar Summary (3 of 3)

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.)

<p>G.20.9. REFER TO THE MASTER G.14.0 ROSTER AND LIST THE ID CODE AND NAME OF THE FIRST CAREGIVER SHOWN IN COLUMNS <b>CG5A</b> AND <b>CG5A</b>.</p> <p>THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE SHOWN IN COLUMNS <b>CG5C</b> AND <b>CG5D</b>.</p> <p>CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER THEIR CARE UNTIL ALL CAREGIVERS AND CHILDREN ARE LISTED BELOW.</p>				<p>G.20.16. In the <b>past 14 days</b>, how much time were household members unable to work or go to school because they were caring for [CHILD] due to symptoms/ illness mentioned here or other. Please estimate the number of days and the number of hours per day</p> <p>ENTER INFORMATION FOR THE TWO HOUSEHOLD MEMBERS WHO SPENT THE MOST TIME CARING FOR THIS CHILD.</p> <p>PUT ZERO HOURS IF THEY SPENT TIME CARING FOR THE CHILD WITHOUT MISSING ANY WORK OR SCHOOL. IF NOBODY SPENT TIME CARING FOR THE CHILD THE 1<sup>ST</sup> ID SHOULD BE 0.</p>						<p>G.20.17. Is [CHILD] covered by health / medical insurance? OR Does [CHILD] have health insurance card?</p> <p>Yes ..... 1 No ..... 2 <b>[&gt;&gt;G.21.1]</b></p> <p>DON'T KNOW....-99</p>		<p>G.20.19. Did this medical insurance pay for expenses reported in G.20.12 and G.20.15?</p> <p>Yes, all..... 1 Yes, some..... 2 No ..... 3 No expense reported....-97</p> <p>DON'T KNOW....-99</p>	
ID CODE	CAREGIVER NAME	ID CODE	CHILD NAME	ID CODE	Days	Hours per day	ID CODE	Days	Hours per day				
										1 2 -99	1 2 3 -99		
										1 2 -99	1 2 3 -99		
										1 2 -99	1 2 3 -99		
										1 2 -99	1 2 3 -99		
										1 2 -99	1 2 3 -99		
										1 2 -99	1 2 3 -99		
										1 2 -99	1 2 3 -99		
										1 2 -99	1 2 3 -99		
										1 2 -99	1 2 3 -99		

## 21. Breastfeeding (1 of 2) (LF/TK)

EACH primary caregiver of children **under 2 years of age** (up to, but not after, the child's second birthday). (The primary caregiver is the person the child spends the most time with. This is often the mother.)

G.21.1				G.21.4.	G.21.5.		G.21.6.	G.21.7.	G.21.9.
<b>REFER TO THE MASTER G.21.0 ROSTER AND LIST THE ID CODE AND NAME OF THE FIRST CAREGIVER SHOWN IN COLUMNS CG2A AND CG2A.</b>  <b>THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE SHOWN IN COLUMNS CG2C AND CG2D.</b>  <b>CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER THEIR CARE UNTIL ALL CAREGIVERS AND CHILDREN ARE LISTED BELOW.</b>				Was [CHILD] ever breastfed?  Yes..... 1 No..... 2  [ >>G.21.9.]  DON'T KNOW ..... -99 [ >>G.21.9.]	How long after birth was the first time [CHILD] was put to the breast?  IF LESS THAN ONE HOUR, RECORD "00" HOURS.  IF MORE THAN 24 HOURS, RECORD NUMBER OF DAYS.   <div style="text-align: right;"> <u>Units</u>              Hours ... 1              Days .... 2           </div>		Is [CHILD] still being breastfed?  Yes ... 1 [ >>G.21.9.] No .....2  DON'T KNOW ..... -99	For how many months was [CHILD] breastfed?  IF LESS THAN ONE MONTH, RECORD "00" MONTHS  DON'T KNOW ..... -99	During the first three days after delivery, did [CHILD]'s mother give [CHILD] colostrum?  (COLOSTRUM IS THE YELLOWISH LIQUID THAT COMES FIRST FROM BREAST BEFORE MILK COMES IN.)  Yes..... 1 No..... 2  DON'T KNOW..... -99
					NUMBER	UNITS		MONTHS	
ID CODE	CAREGIVER NAME	ID CODE	CHILD NAME						
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99
				1 2 -99	_ _	1 2	1 2 -99	_ _	1 2 -99

## 21. Breastfeeding (2 of 2) (LF/TK)

EACH primary caregiver of children **under 2 years of age** (up to, but not after, the child's second birthday). (The primary caregiver is the person the child spends the most time with. This is often the mother.)

G.21.1				G.21.10.	G.21.11.	G.21.12.	G.21.13.
<p>REFER TO THE MASTER <b>G.21.0</b> ROSTER AND LIST THE ID CODE AND NAME OF THE FIRST CAREGIVER SHOWN IN COLUMNS <b>CG2A</b> AND <b>CG2A</b>.</p> <p>THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE SHOWN IN COLUMNS <b>CG2C</b> AND <b>CG2D</b>.</p> <p>CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER THEIR CARE UNTIL ALL CAREGIVERS AND CHILDREN ARE LISTED BELOW.</p>				<p>In the first three days after delivery, was [CHILD] given anything to drink other than liquid from the breast?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>[&gt;&gt; G.21.12.]</p> <p>DON'T KNOW ... -99</p> <p>[&gt;&gt; G.21.12.]</p>	<p>In the first three days after delivery, what was [CHILD] given to drink?</p> <p>Anything else?</p> <p>DO NOT READ THE LIST.</p> <p>RECORD ALL MENTIONED BY CIRCLING NUMBER FOR EACH ONE MENTIONED.</p> <p>(GRIPE WATER IS A HERBAL HOME REMEDY FOR BABIES WITH COLIC, GAS, TEETHING PAIN OR OTHER STOMACH AILMENTS.)</p> <p>INFANT FORMULA..... 1</p> <p>MILK (OTHER THAN BREASTMILK).... 2</p> <p>PLAIN WATER..... 3</p> <p>SUGAR OR GLUCOSE WATER..... 4</p> <p>GRIPE WATER..... 5</p> <p>SUGAR-SALT-WATER SOLUTION..... 6</p> <p>FRUIT / LEMON JUICE..... 7</p> <p>TEA / INFUSIONS..... 8</p> <p>HONEY..... 9</p> <p>OTHER (SPECIFY) _____ -96</p>	<p>At what month (age) did you start giving [CHILD] solid or semi-solid food?</p> <p><b>THIS HAS BEEN ADAPTED FOR EXAMPLES IN VIETNAMESE</b></p> <p>(EXAMPLES OF SOLID AND SEMI-SOLID FOOD ARE PORRIDGES, PAPS (STICKY, STARCHY MIX USED TO PICK UP FOOD), THICK GRUELS, STEWS, ETC. SOLID FOODS – FAMILY FOODS, BANANAS, MANGOES, POTATOES, BREAD – ARE ALSO INCLUDED.)</p> <p><b>IF THE RESPONSE IS LESS THAN ONE MONTH OF AGE, RECORD "00" MONTHS.</b></p> <p><b>IF NEVER, ENTER "-97".</b></p>	<p>Did [CHILD] drink anything from a bottle with a nipple yesterday or last night?</p> <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DON'T KNOW ..... -99</p>
ID CODE	CAREGIVER NAME	ID CODE	CHILD NAME			MONTHS	
				1 2 -99	1 2 3 4 5 6 7 8 9 -96	_ _ _	1 2 -99
				1 2 -99	1 2 3 4 5 6 7 8 9 -96	_ _ _	1 2 -99
				1 2 -99	1 2 3 4 5 6 7 8 9 -96	_ _ _	1 2 -99
				1 2 -99	1 2 3 4 5 6 7 8 9 -96	_ _ _	1 2 -99
				1 2 -99	1 2 3 4 5 6 7 8 9 -96	_ _ _	1 2 -99
				1 2 -99	1 2 3 4 5 6 7 8 9 -96	_ _ _	1 2 -99
				1 2 -99	1 2 3 4 5 6 7 8 9 -96	_ _ _	1 2 -99
				1 2 -99	1 2 3 4 5 6 7 8 9 -96	_ _ _	1 2 -99
				1 2 -99	1 2 3 4 5 6 7 8 9 -96	_ _ _	1 2 -99



## 22. Infant/Young Child Feeding (1 of 2) (LF/TK)

EACH primary caregiver of children **under 2 years of age** (up to, but not after, the child's second birthday).(The primary caregiver is the person the child spends the most time with. This is often the mother.)

G.22.1				G.22.2.	G.22.3.	G.22.3B	G.22.4.	G.22.5.	G.22.6.
<p>REFER TO THE MASTER <b>G.21.0</b> ROSTER AND LIST THE ID CODE AND NAME OF THE FIRST CAREGIVER SHOWN IN COLUMNS <b>CG2A</b> AND <b>CG2A</b>.</p> <p>THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE SHOWN IN COLUMNS <b>CG2C</b> AND <b>CG2D</b>.</p> <p>CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER THEIR CARE UNTIL ALL CAREGIVERS AND CHILDREN ARE LISTED BELOW.</p>				<p>Yesterday, has [CHILD] received any of the following:</p> <p>READ OUT EACH ITEM. RECORD ALL "YES" BY CIRCLING CODE FOR EACH ONE [CHILD] DRANK YESTERDAY.</p> <p>Breast milk ..... 1 Plain water ..... 2 Commercially produced infant formula.3 Any fortified, commercially available infant and young child food (e.g. Cerelac)?.....4 Any (other) porridge or gruel (home-made, not packaged)?.....5 Milk such as tinned, powdered, or fresh animal milk?..... 6 Fruit juice?..... 7 Tea or coffee? (liquids with caffeine).... 8</p> <p>Any other liquids? (SPECIFY) ..... -96 (SPECIFY) ..... -94 (SPECIFY) ..... -93 SPECIFY ANY OTHER LIQUIDS NOT LISTED ABOVE</p>	<p>Yesterday, did [CHILD] eat any solid or semi-solid food yesterday, during the day or during the night?</p> <p>Yes..... .... 1</p> <p>No ..... 2</p> <p><b>[&gt;&gt;G.22.34.]</b></p> <p>DON'T KNOW ..... -99 <b>[&gt;&gt;G.22.34.]</b></p>	<p>Yesterday, how many times did [CHILD] eat solid or semi-solid food yesterday?</p> <p>(SOLID FOODS INCLUDE PORRIDGE, PAP, BREAD)</p>	<p>Yesterday, did [CHILD] eat any foods made or prepared with grains?</p> <p>(SUCH AS CEREAL, RICE, CORN)</p> <p>Yes ..... 1</p> <p>No..... 2</p> <p>DON'T KNOW..... -99</p>	<p>Yesterday, did [CHILD] eat any food made or prepared with carrots, red sweet potatoes, ripe mangoes, papayas, cantaloupe or green leafy vegetables?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DON'T KNOW ..... -99</p>	<p>Yesterday, did [CHILD] eat any food made or prepared with roots or tubers (white potatoes, onions, beets, turnips, etc.)</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DON'T KNOW ... -99</p>
ID CODE	CAREGIVER NAME	ID CODE	CHILD NAME	CIRCLE EACH "YES"		CIRCLE RESPONSE			
				1 2 3 4 5 6 7 8 -96 -94 -93	1 2 -99	1 2 3 4	1 2 -99	1 2 -99	1 2 -99
				1 2 3 4 5 6 7 8 -96 -94 -93	1 2 -99	1 2 3 4	1 2 -99	1 2 -99	1 2 -99
				1 2 3 4 5 6 7 8 -96 -94 -93	1 2 -99	1 2 3 4	1 2 -99	1 2 -99	1 2 -99
				1 2 3 4 5 6 7 8 -96 -94 -93	1 2 -99	1 2 3 4	1 2 -99	1 2 -99	1 2 -99
				1 2 3 4 5 6 7 8 -96 -94 -93	1 2 -99	1 2 3 4	1 2 -99	1 2 -99	1 2 -99
				1 2 3 4 5 6 7 8 -96 -94 -93	1 2 -99	1 2 3 4	1 2 -99	1 2 -99	1 2 -99
				1 2 3 4 5 6 7 8 -96 -94 -93	1 2 -99	1 2 3 4	1 2 -99	1 2 -99	1 2 -99
				1 2 3 4 5 6 7 8 -96 -94 -93	1 2 -99	1 2 3 4	1 2 -99	1 2 -99	1 2 -99
				1 2 3 4 5 6 7 8 -96 -94 -93	1 2 -99	1 2 3 4	1 2 -99	1 2 -99	1 2 -99

## 22. Infant/Young Child Feeding (2 of 2) (LF/TK)

EACH primary caregiver of children **under 2 years of age** (up to, but not after, the child's second birthday).(The primary caregiver is the person the child spends the most time with. This is often the mother.)

G.22.1				G.22.10.	G.22.11.	G.22.15.	G.22.17.	G.22.21.	G.22.34.	G.22.35.	G.22.36.	G.22.37.
<p>REFER TO THE MASTER <b>G.21.0</b> ROSTER AND LIST THE ID CODE AND NAME OF THE FIRST CAREGIVER SHOWN IN COLUMNS <b>CG2A</b> AND <b>CG2A</b>.</p> <p>THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE SHOWN IN COLUMNS <b>CG2C</b> AND <b>CG2D</b>.</p> <p>CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER THEIR CARE UNTIL ALL CAREGIVERS AND CHILDREN ARE LISTED BELOW.</p>				<p>Yesterday, did [CHILD] eat:</p> <p>Any other fruits or vegetables or foods made with any of these?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... -99</p>	<p>Yesterday, did [CHILD] eat any meat, fish, eggs, poultry, cheese or yogurt or foods made with any of these?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... -99</p>	<p>Yesterday, did [CHILD] eat any foods made from beans, peas, lentils, or nuts? (Including soy products, like soy milk, or tofu) or foods made with any of these?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... -99</p>	<p>Yesterday, did [CHILD] eat any oil, fats, or butter, or foods made with any of these?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... -99</p>	<p>Does [CHILD] typically feed self with utensils or with hands?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... -99</p>	<p>In the last seven days, did [CHILD] take iron pills, sprinkles with iron, or iron syrup?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... -99</p>	<p>Has [CHILD] taken any drug for intestinal worms in the past 6 months?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... -99</p>	<p>Has [CHILD] ever received a vitamin A dose?</p> <p>(THIS CAN BE PROVIDED AS A TABLET, LIQUID OR INJECTION)</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... -99</p> <p>[&gt;&gt;G.25B.1.]</p> <p>[&gt;&gt;G.25B.1.]</p>	<p>Did [CHILD] receive a vitamin A dose within the last 6 months?</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... -99</p>
ID CODE	CAREGIVER NAME	CHILD ID CODE	CHILD'S NAME	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
				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

## 25B. Self-Reported Handwashing Behavior (1 of 2) (PR)

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




PHÒNG VẤN TỪNG NGƯỜI CHĂM SÓC. NẾU CÓ HƠN MỘT NGƯỜI Ở ĐÓ, HÃY YÊU CẦU TỪNG NGƯỜI CHĂM SÓC TRẢ Ồ LẠI TRẢ LỜI MỘT CÁCH RIÊNG BIỆT. HÃY PHÒNG VẤN LẦN LƯỢT TỪNG NGƯỜI CHĂM SÓC MỘT.

<p>G.25B.1. REFER TO THE MASTER ROSTER G.14.0 AND LIST THE ID CODES AND NAMES OF ALL CAREGIVERS SHOWN IN COLUMNS <b>CG5A</b> AND <b>CG5B</b></p>		<p>G.25B.2. IS THIS PERSON PRESENT, ALONE WITH THE INTERVIEWEE AND ANSWERING FOR SELF?</p> <p>YES ..... 1</p> <p>NO ..... 2 [&gt;&gt;NEXT CAREGIVER]</p>	<p>G.25B.3. Have you used soap to wash your hands at least once since this time yesterday?</p> <p>Yes..... 1</p> <p>No..... 2 [&gt;&gt;G.25.B.6]</p> <p>DK..... -99 [&gt;&gt;G.25.B.6]</p>	<p>G.25B.4. Under what circumstances did you <b>last</b> use soap to wash your hands?</p> <p>SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.</p> <p>IF "for washing my hands" OR "for washing my children's hands" IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC.</p> <p>CIRCLE <b>ONLY ONE</b> ANSWER.</p> <p>While BATHING A CHILD.....1</p> <p>While BATHING ONESELF .....2</p> <p>After USING TOILET .....3</p> <p>After or While CLEANING BABY'S BOTTOM .....4</p> <p>After CLEANING LATRINE / TOILET.....5</p> <p>After RETURNING HOME FROM OUTSIDE .....7</p> <p>Before PREPARING FOOD / COOKING .....8</p> <p>Before FEEDING CHILDREN .....9</p> <p>After or While WASHING CHILD'S HANDS .....10</p> <p>After or While CLEANING DISHES.....11</p> <p>After or While DOING LAUNDRY .....12</p> <p>BECAUSE THEY LOOK OR FEEL DIRTY .....13</p> <p>Before EATING.....14</p> <p>OTHER (SPECIFY _____) ....-96</p> <p>DON'T KNOW ..... -99 [&gt;&gt;G.25.B.6]</p>	<p>G.25B.5. Under what <b>other</b> circumstances did you use soap to wash your hands since this time yesterday?</p> <p>SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.</p> <p>IF "for washing my hands" OR "for washing my children's hands" IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC.</p> <p><b>CIRCLE ALL THAT APPLY</b></p> <p>NO OTHER CIRCUMSTANCES .....0 [&gt;&gt;G.25B.6A]</p> <p>While BATHING A CHILD ..... 1</p> <p>While BATHING ONESELF..... 2</p> <p>After USING TOILET ..... 3</p> <p>After or While CLEANING BABY'S BOTTOM..... 4</p> <p>After CLEANING LATRINE / TOILET ..... 5</p> <p>After RETURNING HOME FROM OUTSIDE..... 7</p> <p>Before PREPARING FOOD / COOKING..... 8</p> <p>Before FEEDING CHILDREN ..... 9</p> <p>After or While WASHING CHILD'S HANDS ..... 10</p> <p>After or While CLEANING DISHES..... 11</p> <p>After or While DOING LAUNDRY..... 12</p> <p>BECAUSE THEY LOOK OR FEEL DIRTY..... 13</p> <p>Before EATING.....14</p> <p>OTHER (SPECIFY _____) ....-96</p> <p>DON'T KNOW ..... -99</p>
ID CODE	CAREGIVER NAME		1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 -96 -99
			1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 -96 -99
			1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 -96 -99
			1 2 -99	1 2 3 4 5 7 8 9 10 11 12 13 14 -96 -99	0 1 2 3 4 5 7 8 9 10 11 12 13 14 -96 -99

## 25B. Self-Reported Handwashing Behavior (2 of 2) (PR)

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

PHỎNG VẤN TỪNG NGƯỜI CHĂM SÓC. NẾU CÓ HƠN MỘT NGƯỜI Ở ĐÓ, HÃY YÊU CẦU TỪNG NGƯỜI CHĂM SÓC TRẢ Ồ LẠI TRẢ LỜI MỘT CÁCH RIÊNG BIỆT. HÃY PHỎNG VẤN LẦN LƯỢT TỪNG NGƯỜI CHĂM SÓC MỘT.

G.25B.1. REFER TO THE MASTER ROSTER G.14.0 AND LIST THE ID CODES AND NAMES OF ALL CAREGIVERS SHOWN IN COLUMNS <b>CG5A AND CG5B</b>		G.25B.6A. When do you think it is necessary to wash your hands with soap?  <b>DO NOT READ CIRCLE ALL THAT APPLY</b>  AFTER GOING TO THE TOILET.....1 AFTER WASHING BABY'S BOTTOM/CHANGING DIAPER.....2 BEFORE PREPARING FOOD.....3 BEFORE EATING.....4 BEFORE FEEDING / BREASTFEEDING BABY.....5 ANY TIME.....6 NOT NECESSARY.....7 OTHER (SPECIFY)..... -96	G.25B.6. May I please look at your hands?  YES – AGREED.... 1  NO – REFUSED... 2 <b>[&gt;&gt;G.25B.10]</b>	G.25B.7  RECORD OBSERVATION OF MOTHER'S FINGERNAILS.  ONLY ONE RESPONSE.  VISIBLE DIRT..... 1 UNCLEAN APPEARANCE..... 2 CLEAN.....3 OTHER (SPECIFY)...-96  REFUSED.....-98 <b>[&gt;&gt;G.25B.10]</b>  OBSERVATION NOT POSSIBLE.....-99	G.25B.8  RECORD OBSERVATION OF MOTHER'S PALMS.  ONLY ONE RESPONSE.  VISIBLE DIRT..... 1 UNCLEAN APPEARANCE..... 2 CLEAN.....3 OTHER (SPECIFY) ..-96  REFUSED.....-98 <b>[&gt;&gt;G.25B.10]</b>  OBSERVATION NOT POSSIBLE.....-99	G.25B.9  RECORD OBSERVATION OF MOTHER'S FINGERPADS.  ONLY ONE RESPONSE.  VISIBLE DIRT..... 1 UNCLEAN APPEARANCE..... 2 CLEAN.....3 OTHER (SPECIFY)...-96  REFUSED.....-98 <b>[&gt;&gt;G.25B.10]</b>  OBSERVATION NOT POSSIBLE.....-99	G.25B.10. What do you think is the best way to clean hands?  ONLY ONE RESPONSE. DO NOT READ ANSWERS ALoud.  WIPE ON CLOTH / LEAVES / OTHER ITEM.....1  WASH WITH WATER ALONE.....2  WASH WITH SOAP.....3  WASH WITH ASH / MUD...4  IT DOES NOT MATTER...5  OTHER (SPECIFY).....-96  DON'T KNOW..... -99
ID CODE		1 2 3 4 5 6 7 -96	1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99
		1 2 3 4 5 6 7 -96	1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99
		1 2 3 4 5 6 7 -96	1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99
		1 2 3 4 5 6 7 -96	1 2	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 -96 -98 -99	1 2 3 4 5 -96 -99

### 30. HW Determinants (1 of 2) (JD)

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

V.30.0 **CAREGIVER ID CODE:** [ \_ \_ ] V.30.0A **CAREGIVER NAME:** \_\_\_\_\_

<p>I am going to read a list of statements/assertions regarding items that you may or may not be able to access to, things that people do, and general beliefs and habits, with which you may either agree or disagree. As I read these items, please tell me if you:</p> <p>Strongly disagree Disagree Agree Strongly agree</p> <p><b>SHOW CARD WITH SCALE</b></p>		<p>STRONGLY DISAGREE ..... 1 DISAGREE ..... 2 AGREE ..... 3 STRONGLY AGREE ..... 4</p> <p>DON'T KNOW ..... -99</p>				
V.30.1	Washing your hands with soap requires effort	1	2	3	4	-99
V.30.2	You only need to wash your hands with soap, if they look dirty or smell bad	1	2	3	4	-99
V.30.3	It is not necessary to wash hands with soap before cooking as germs on hands are killed when the food is cooked	1	2	3	4	-99
V.30.4	You wash your hands with soap without needing to remind your self	1	2	3	4	-99
V.30.5	It is easy to forget to wash hands with soap after going to the toilet if you do not see soap	1	2	3	4	-99
V.30.6	When washing your hands with soap, you know you are protecting your children's health	1	2	3	4	-99
V.30.7	Washing hands with soap before feeding children is only important if you use your hands to feed them	1	2	3	4	-99
V.30.8	Handwashing with soap is something you can do to prevent your children from getting sick	1	2	3	4	-99
V.30.9	Diarrhea in children is unpreventable	1	2	3	4	-99
V.30.10	Handwashing with soap is something you can do for your child's development	1	2	3	4	-99
V.30.11	Cough and cold are normal symptoms during the growth process of children and do not affect their long term health	1	2	3	4	-99
V.30.12	You start washing your hands before you realize you are doing it	1	2	3	4	-99
V.30.13	You forget to wash your hands with soap when you are busy	1	2	3	4	-99
V.30.14	You feel strange when you do not wash hands with soap	1	2	3	4	-99
V.30.15	Diarrhea is a normal symptom during the growth process of children and does not affect their long term health	1	2	3	4	-99

### 30. HW Determinants (2 of 2) (JD)

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

CONTINUE TO READ THE LIST OF STATEMENTS/ASSERTIONS USING THE SAME SCALE.  <b>SHOW CARD WITH SCALE</b>		STRONGLY DISAGREE ..... 1 DISAGREE ..... 2 AGREE ..... 3 STRONGLY AGREE ..... 4  DON'T KNOW .....-99				
V.30.16	Washing hands with soap is not part of your daily routine	1	2	3	4	-99
V.30.17	You wash your hands with soap automatically	1	2	3	4	-99
V.30.18	You only need to wash your hands with soap if you touch unhygienic objects	1	2	3	4	-99
V.30.19	You have been washing your hands with soap for a long time	1	2	3	4	-99
V.30.20	You have to think about it, each time you wash your hands with soap	1	2	3	4	-99
V.30.21	You often wash your hands with soap	1	2	3	4	-99
V.30.22	It is not necessary to wash hands with soap after cleaning children's bottom as their feces is not dangerous	1	2	3	4	-99
V.30.23	Washing your hands with soap is typically "you"	1	2	3	4	-99
V.30.24	You would feel uncomfortable if you didn't wash your hands	1	2	3	4	-99
V.30.25	You always have to remind yourself to wash your hands with soap	1	2	3	4	-99

### 18. Program exposure (1 of 1) (OH/YC)

Primary caregiver of YOUNGEST child **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.)

G.18.0 PRIMARY CAREGIVER NAME: _____ ID CODE: ____				
<b>G.18.1</b>	In the past month, have you heard, seen or read anything about handwashing with soap	YES..... NO..... DON'T KNOW .....	1 2 - 99	[>>G.25C.2]
<b>G.18.2</b>	In the past month, have you watched TV?	YES..... NO..... DON'T KNOW .....	1 2 -99	[>>G.18.6] [>>G.18.6]
<b>G.18.3</b>	In the past month, do you remember seeing a TV ad about handwashing?	YES..... NO..... DON'T KNOW .....	1 2 -99	[>>G.18.6] [>>G.18.6]
<b>G.18.4</b>	Can you tell me what you remember hearing or seeing? (DO NOT READ – <b>CIRCLE ALL THAT APPLY</b> )	DESCRIBED/SANG A MELODY/SONG..... REPEATED SLOGAN “wash your hands for the health and development of your Child”..... NEED SOAP TO GET RID OF GERMS..... NAMES A BRAND OF SOAP (E.G. LIFEBOUY) ..... MENTIONS TIMES TO WASH HANDS WITH SOAP..... REPEATS OTHER INFORMATION FROM ADVERTISEMENT... OTHER (SPECIFY.....) DON'T KNOW / DON'T REMEMBER.....	1  2 3 4 5 6 -96 -99	
<b>G.18.5</b>	How frequently do you remember seeing that TV ad?  (READ OPTIONS ALOUD AND CIRCLE ONE OPTION)	VERY OFTEN..... OCCASIONALLY..... RARELY..... DON'T KNOW .....	1 2 3 -99	
<b>G.18.6</b>	In the past month, do you remember seeing a poster, leaflet, or other printed material about handwashing?	YES..... NO..... DON'T KNOW .....	1 2 -99	[>>G.18.10] [>>G.18.10]
<b>G.18.7</b>	Where did you see the poster, leaflet, or other printed material?	AT HOME.....	1 2	

	(DO NOT READ – <b>CIRCLE ALL THAT APPLY</b> )	AT MARKET..... AT SCHOOL..... AT HEALTH CENTER / HEALTH POST..... IN PUBLIC MEETING PLACE..... OTHER (SPECIFY _____).... DON'T KNOW .....	3 4 5 -96 -99	
<b>G.18.8</b>	Can you tell me what you remember seeing or reading on the poster, leaflet, or other printed material?  (DO NOT READ – <b>CIRCLE ALL THAT APPLY</b> )	6 STEPS TO HWWS ..... WHEN TO WASH HANDS..... NEED SOAP TO GET RID OF GERMS..... HOW TO SET UP SOAP AND WATER NEAR TOILET OR IN KITCHEN FOR HANDWASHING..... HANDWASHING WITH SOAP IS LINKED TO THE HEALTH AND DEVELOPMENT OF CHILDREN..... OTHER (SPECIFY _____) ..... DON'T KNOW / DON'T REMEMBER.....	1 2 3  4  5 -96 -99	
<b>G.18.9</b>	How frequently do you remember seeing that poster, leaflet, or other printed material?  (READ OPTIONS ALOUD AND CIRCLE ONE OPTION)	VERY OFTEN..... OCCASIONALLY..... RARELY..... DON'T KNOW .....	1 2 3 -99	
<b>G.18.10</b>	In the past month, has someone talked to you about handwashing?	YES ..... NO..... DON'T KNOW .....	1 2 -99	<b>[&gt;&gt;G.18.13]</b> <b>[&gt;&gt;G.18.13]</b>
<b>G.18.11</b>	Which of the following talked to you about handwashing?  (READ OPTIONS ALOUD AND <b>CIRCLE ALL THAT APPLY</b> )	WOMEN'S UNION..... VILLAGE HEAD..... HEALTH WORKER ..... FAMILY MEMBER..... FRIEND / NEIGHBOR ..... OTHER (SPECIFY _____) ..... DON'T KNOW .....	1 2 3 4 5 -96 -99	
<b>G.18.12</b>	What did you talk about?	6 STEPS TO HWWS .....	1 2	



	(DO NOT READ – <b>CIRCLE ALL THAT APPLY</b> )	WHEN TO WASH HANDS..... NEED SOAP TO GET RID OF GERMS..... HOW TO SET UP SOAP AND WATER NEAR TOILET OR IN KITCHEN FOR HANDWASHING..... HANDWASHING WITH SOAP IS LINKED TO THE HEALTH AND DEVELOPMENT OF CHILDREN..... OTHER (SPECIFY.....) ..... DON'T KNOW / DON'T REMEMBER.....	3  4  5 -96 -99	
<b>G.18.13</b>	In the past month, have you participated in a community event where handwashing was mentioned?	YES..... NO..... DON'T KNOW .....	1 2 -99	[ >>G.25C.2] [ >>G.25C.2]
<b>G.18.14</b>	Where did the event(s) take place?  (DO NOT READ – <b>CIRCLE ALL THAT APPLY</b> )	AT HOME..... AT MARKET..... AT SCHOOL..... AT HEALTH CENTER / HEALTH POST..... IN PUBLIC MEETING PLACE..... OTHER (SPECIFY.....) ... DON'T KNOW .....	1 2 3 4 5 -96 -99	
<b>G.18.15</b>	What topics were mentioned at the event?  (DO NOT READ – <b>CIRCLE ALL THAT APPLY</b> )	6 STEPS TO HWWS ..... WHEN TO WASH HANDS..... NEED SOAP TO GET RID OF GERMS..... HOW TO SET UP SOAP AND WATER NEAR TOILET OR IN KITCHEN FOR HANDWASHING..... HANDWASHING WITH SOAP IS LINKED TO THE HEALTH AND DEVELOPMENT OF CHILDREN..... OTHER (SPECIFY.....) ..... DON'T KNOW / DON'T REMEMBER.....	1 2 3  4  5 -96 -99	



## 25C. Hygiene Costs (1 of 1) (BB / CC)


Most knowledgeable member of household

G.25C.2	How many times in the past month have you purchased soap for handwashing?  RECORD NUMBER OF TIMES (1, 2, ... n)  IF DON'T KNOW, ENTER -99.	____ _		
G.25C.1	How much on <u>average per month</u> do you spend on this soap for handwashing for the entire family?  IF DON'T KNOW, ENTER -99.	AMOUNT PER MONTH (VND)  _____		
G.25C.3	In the past 12 months, have you purchased a bucket, basin, or other water container for washing hands?	Yes..... No..... Don't Know.....	1 2 -99	[>>G.10.1] [>>G.10.1]
G.25C.4	How much did you pay for the bucket, basin, or other container for washing hands?  IF DID NOT PAY, ENTER 0 IF DON'T KNOW, ENTER -99.	AMOUNT (VND)  _____		

## 10. Observations of Dwelling Characteristics (1 of 1) (PG)



Interviewer direct observation

G.10.1.	We are interested in what kinds of housing people have in the community. Could you please show me around your home?	YES.....1 NO.....2	<b>[&gt;&gt;G.13.1.]</b>
G.10.2. WHAT TYPE OF DWELLING IS IT?		DETACHED HOUSE ..... 1 MULTI-FAMILY HOUSE ..... 2 SEPARATE APARTMENT ..... 3 COMMUNAL APARTMENT ..... 4 ROOM IN A LARGER DWELLING..... 5 SEVERAL BUILDINGS CONNECTED ..... 6 SEVERAL SEPARATE BUILDINGS ..... 7 IMPROVISED HOUSING UNIT ..... 8 OTHER (SPECIFY _____) -96	
 ONLY FOR OBSERVATION		BRICK / TILE ..... 1 CONCRETE..... 2 UNBAKED BRICK, ADOBE ..... 3 WOOD, LOGS ..... 4 TIN, ZINC SHEETING..... 5 MUD ..... 6 BAMBOO..... 7 CANVAS, FELT ..... 8 OTHER (SPECIFY _____) -96	
G.10.3. WHAT IS THE MATERIAL FOR THE WALLS OF THE MAIN LIVING AREA?		BRICK ..... 1 CONCRETE..... 2 UNBAKED BRICK, ADOBE ..... 3 WOOD, LOGS ..... 4 TIN, ZINC SHEETING..... 5 MUD ..... 6 BAMBOO ..... 7 CANVAS, FELT ..... 8 OTHER (SPECIFY _____) -96	
 ONLY FOR OBSERVATION			

<p>G.10.5. WHAT IS THE MATERIAL FOR THE FLOOR OF THE MAIN LIVING AREA?</p> <p> ONLY FOR OBSERVATION</p>	<p>PARQUET ..... 1</p> <p>PAINTED WOOD..... 2</p> <p>TILE ..... 3</p> <p>LINOLEUM ..... 4</p> <p>CONCRETE..... 5</p> <p>CLAY/EARTHEN FLOOR ..... 6</p> <p>OTHERS (SPECIFY _____) -96</p>
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## 11. Observations of Food Storage (1 of 1) (JC, LF/TK)

Interviewer direct observation

<p>G.11.1.</p> <p> ONLY FOR OBSERVATION</p>	<p>IS THERE TRASH OR GARBAGE LAYING ABOUT THE HOUSEHOLD OR YARD (I.E. TRASH THAT IS NOT IN A CONTAINER OR GARBAGE CAN?)</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>COULD NOT OBSERVE ..... -99</p>	
<p>G.11.2.</p> <p> ONLY FOR OBSERVATION</p>	<p>IF THERE IS FOOD ON THE COUNTERTOPS OR FOOD PREPARATION SURFACES, IS IT COVERED?</p>	<p>YES, COMPLETELY COVERED..... 1</p> <p>YES, PARTIALLY COVERED ..... 2</p> <p>NO ..... 3</p> <p>COULD NOT OBSERVE ..... -99</p>	

## 12B. Observations of Handwashing Facilities (1 of 4) (PR)






For interviewer direct observation, accompanied by respondent.


G.12B.1	Do you or others in your family ever wash hands after going to the toilet?	Yes ..... No ..... DON'T KNOW.....	1 2 - 99	[>> G.12B.7] [>> G.12B.7]
G.12B.2	Please show me where you or others in your family usually wash your hands after going to the toilet.   RECORD OBSERVATION OF LOCATION OF PLACE FOR WASHING HANDS  READ DOWN LIST AND MARK THE FIRST RESPONSE THAT APPLIES.	INSIDE TOILET FACILITY..... INSIDE KITCHEN / COOKING PLACE ..... OUTSIDE TOILET FACILITY ( WITHIN 1 METER ) ..... OUTSIDE TOILET FACILITY ( > 1 METER BUT ≤ 3 METER ) ..... OUTSIDE TOILET FACILITY ( > 3 METER ) ..... NO SPECIFIC PLACE..... REFUSED – NO PERMISSION TO SEE .....	1 2 3 4 5 6 -98	[>> G.12B.7] [>> G.12B.7]
G.12B.3	 RECORD OBSERVATION OF HANDWASHING DEVICE.  ONLY ONE RESPONSE.	TAP / FAUCET ..... BASIN / BUCKET ..... OTHER CONTAINER FROM WHICH WATER IS POURED ..... DEVICE SPECIFICALLY PROMOTED BY HANDWASHING PROGRAM. OTHER (SPECIFY .....) OBSERVATION NOT POSSIBLE .....	1 3 4 5 -96 -99	
G.12B.3A	 RECORD OBSERVATION OF WHETHER HANDWASHING DEVICE IS FIXED OR MOBILE.  ONLY ONE RESPONSE.	DEVICE IS FIXED ..... DEVICE IS MOBILE..... OTHER (SPECIFY .....) OBSERVATION NOT POSSIBLE .....	1 2 -96 -99	
G.12B.4	 RECORD OBSERVATION OF WHETHER WATER IS AVAILABLE AT THE HANDWASHING STATION. ONLY ONE RESPONSE.	YES – WATER IS AVAILABLE ..... NO – WATER IS NOT AVAILABLE ..... OBSERVATION NOT POSSIBLE .....	1 2 -99	
G.12B.5	 RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE AT THE HANDWASHING STATION.  CIRCLE EACH SOAP/ DETERGENT THAT APPLIES. CIRCLE RESPONSE 6 OR -99 ONLY IF NO SOAP/DETERGENT IS OBSERVED	BAR SOAP ..... POWDER (LAUNDRY) SOAP / DETERGENT..... LIQUID SOAP (E.G. LIFEBOUY) OR DISHWASHING LIQUID SOAP SOAPY WATER..... NO SOAP / DETERGENT OBSERVED..... OTHER (SPECIFY .....) OBSERVATION NOT POSSIBLE .....	1 3 4 5 6 -96 -99	[>> G.12B.7] [>> G.12B.7]
G.12B.5A	IF SOAP IS OBSERVED AT HANDWASHING STATION, ASK	DOING LAUNDRY / WASHING CLOTHES .....	1	

	RESPONDENT WHAT THEY USE THE SOAP FOR, IF MORE THAN ONE SOAP IS OBSERVED ASK THE USE OF EACH SOAP  <b>CIRCLE ALL THAT APPLY</b>	WASHING DISHES ..... WASHING BODY / FACE / HEAD ..... WASHING HANDS ..... CLEANING THE HOUSE (FLOORS, SURFACES)..... OTHER (SPECIFY _____) .....	2 3 4 5 -96	
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## 12B. Observations of Handwashing Facilities (2 of 4) (PR)

For interviewer direct observation, accompanied by respondent.






G.12B.7	Do you or others in your family ever wash hands before or after preparing food or feeding your child?	YES ..... NO ..... DON'T KNOW .....	1 2 -99	[>> G.12B.14] [>> G.12B.14]
G.12B.8	Please show me where you or others in your family usually wash your hands before or after preparing food or feeding your child.   RECORD OBSERVATION OF LOCATION OF PLACE FOR WASHING HANDS  READ DOWN LIST AND MARK THE FIRST RESPONSE THAT APPLIES.	INSIDE TOILET FACILITY..... INSIDE KITCHEN / COOKING PLACE ..... OUTSIDE KITCHEN / COOKING PLACE ( WITHIN 1 METER ) ..... OUTSIDE KITCHEN / COOKING PLACE ( > 1 METER BUT ≤ 3 METER ) ..... OUTSIDE KITCHEN / COOKING PLACE ( > 3 METER ) ..... NO SPECIFIC PLACE..... REFUSED – NO PERMISSION TO SEE .....	1 2 3 4 5 6 -98	[>> G.12B.14] [>> G.12B.14]
G.12B.9	 RECORD OBSERVATION OF WHETHER THIS HANDWASH STATION IS DIFFERENT FROM THAT USED AFTER GOING TO THE TOILET.	YES – DIFFERENT PLACE ..... NO – SAME PLACE .....	1 2	[>> G.12B.14]
G.12B.10	 RECORD OBSERVATION OF HANDWASHING DEVICE.  ONLY ONE RESPONSE.	TAP / FAUCET ..... BASIN / BUCKET ..... OTHER CONTAINER FROM WHICH WATER IS POURED..... DEVICE SPECIFICALLY PROMOTED BY HANDWASHING PROGRAM. .... OTHER (SPECIFY _____) ..... OBSERVATION NOT POSSIBLE .....	1 3 4 5 -96 -99	
G.12B.10A	 RECORD OBSERVATION OF WHETHER HANDWASHING DEVICE IS FIXED OR MOBILE.  ONLY ONE RESPONSE.	DEVICE IS FIXED ..... DEVICE IS MOBILE..... OTHER (SPECIFY _____) ..... OBSERVATION NOT POSSIBLE .....	1 2 -96 -99	
G.12B.11	 RECORD OBSERVATION OF WHETHER WATER IS AVAILABLE AT THE HANDWASHING STATION.	YES – WATER IS AVAILABLE ..... NO – WATER IS NOT AVAILABLE ..... OBSERVATION NOT POSSIBLE .....	1 2 -99	

G.12B.12	 RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE AT THE HANDWASHING STATION.  CIRCLE EACH SOAP/ DETERGENT THAT APPLIES. CIRCLE RESPONSE 6 OR -99 ONLY IF NO SOAP/DETERGENT IS OBSERVED	BAR SOAP ..... POWDER (LAUNDRY) SOAP / DETERGENT..... LIQUID SOAP (E.G. LIFEBOUY) OR DISHWASHING LIQUID SOAP SOAPY WATER ..... NO SOAP / DETERGENT OBSERVED..... OTHER (SPECIFY _____) ..... OBSERVATION NOT POSSIBLE .....	1 3 4 5 6 -96 -99	[ >> G.12B.14]  [ >> G.12B.14]
G.12B.12B	IF SOAP IS OBSERVED AT HANDWASHING STATION, ASK RESPONDENT WHAT THEY USE THE SOAP FOR, IF MORE THAN ONE SOAP IS OBSERVED ASK THE USE OF EACH SOAP  <b>CIRCLE ALL THAT APPLY</b>	DOING LAUNDRY / WASHING CLOTHES ..... WASHING DISHES ..... WASHING BODY / FACE / HEAD..... WASHING HANDS ..... CLEANING THE HOUSE (FLOORS, SURFACES)..... OTHER (SPECIFY _____) .....	1 2 3 4 5 -96	



## 12B. Observations of Handwashing Facilities (3 of 4) (PR)




For interviewer direct observation, accompanied by respondent.

G.12B.14	Other than the place(s) you just showed me, is there any other location where you or others in your family wash your hands?  THIS LOCATION SHOULD BE DISTINCT FROM THE LOCATIONS DEMONSTRATED IN Q.12B.2 AND Q12B.8.	YES ..... NO ..... DON'T KNOW .....	1 2 -99	[>> G.12B.20] [>> G.12B.20]
G.12B.15	Please show me the other location where you or others in your family wash your hands.   RECORD OBSERVATION OF LOCATION OF PLACE FOR WASHING HANDS  READ DOWN LIST AND MARK THE FIRST RESPONSE THAT APPLIES.	INSIDE TOILET FACILITY ..... INSIDE KITCHEN / COOKING PLACE ..... OUTSIDE TOILET FACILITY ( WITHIN 1 METER ) ..... OUTSIDE TOILET FACILITY ( > 1 METER BUT ≤ 3 METER ) ..... OUTSIDE TOILET FACILITY ( > 3 METER ) ..... NO SPECIFIC PLACE..... REFUSED – NO PERMISSION TO SEE .....	1 2 3 4 5 6 -98	[>> G.12B.20] [>> G.12B.20]
G.12B.16	 RECORD OBSERVATION OF HANDWASHING DEVICE.  ONLY ONE RESPONSE.	TAP / FAUCET ..... BASIN / BUCKET ..... OTHER CONTAINER FROM WHICH WATER IS POURED..... DEVICE SPECIFICALLY PROMOTED BY HANDWASHING PROGRAM. OTHER (SPECIFY ..... ) ..... OBSERVATION NOT POSSIBLE .....	1 3 4 5 -96 -99	
G.12B.16A	 RECORD OBSERVATION OF WHETHER HANDWASHING DEVICE IS FIXED OR MOBILE.  ONLY ONE RESPONSE.	DEVICE IS FIXED ..... DEVICE IS MOBILE..... OTHER (SPECIFY ..... ) ..... OBSERVATION NOT POSSIBLE .....	1 2 -96 -99	
G.12B.17	 RECORD OBSERVATION OF WHETHER WATER IS AVAILABLE AT THE HANDWASHING STATION.	YES – WATER IS AVAILABLE ..... NO – WATER IS NOT AVAILABLE ..... OBSERVATION NOT POSSIBLE .....	1 2 -99	
G.12B.18	 RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE AT THE HANDWASHING STATION.  CIRCLE EACH SOAP/ DETERGENT THAT APPLIES. CIRCLE RESPONSE 6 OR -99 ONLY IF NO SOAP/DETERGENT IS OBSERVED	BAR SOAP ..... POWDER (LAUNDRY) SOAP / DETERGENT..... LIQUID SOAP (E.G. LIFEBOUY) OR DISHWASHING LIQUID SOAP SOAPY WATER ..... NO SOAP / DETERGENT OBSERVED..... OTHER (SPECIFY ..... ) ..... OBSERVATION NOT POSSIBLE .....	1 3 4 5 6 -96 -99	[>> G.12B.20] [>> G.12B.20]

G.12B.18B	<p>IF SOAP IS OBSERVED AT HANDWASHING STATION, ASK RESPONDENT WHAT THEY USE THE SOAP FOR, IF MORE THAN ONE SOAP IS OBSERVED ASK THE USE OF EACH SOAP</p> <p><b>CIRCLE ALL THAT APPLY</b></p>	<p>DOING LAUNDRY / WASHING CLOTHES .....</p> <p>WASHING DISHES .....</p> <p>WASHING BODY / FACE / HEAD.....</p> <p>WASHING HANDS .....</p> <p>CLEANING THE HOUSE (FLOORS, SURFACES).....</p> <p>OTHER (SPECIFY _____) .....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>-96</p>	
G.12B.20	<p>Of the places you showed me, which location do you use the most for handwashing?</p> <p>IF ONLY ONE PLACE FOR HANDWASHING, MARK FIRST OPTION THAT APPLIES</p>	<p>PLACE AFTER USING TOILET (SHOWN IN G.12B.2) .....</p> <p>PLACE BEFORE FOOD PREPARATION (SHOWN IN G.12B.8).....</p> <p>OTHER PLACE FOR HANDWASHING (SHOWN IN G.12B.15).....</p> <p>NONE OF THE PLACES SHOWN .....</p> <p>DON'T KNOW.....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>-99</p>	




## 12B. Observations of Handwashing Facilities (4 of 4) (PR)

For interviewer direct observation, accompanied by respondent.

G.12B.21	<p>IF THERE IS <b>ONLY ONE</b> PLACE FOR HANDWASHING, STAY AT THAT LOCATION.</p> <p>IF THERE ARE <b>TWO OR MORE PLACES</b> FOR HANDWASHING, WALK TO THE PLACE RESPONDENT SHOWED YOU IN G.12B.2 (WHERE HANDS ARE USUALLY WASHED AFTER USING THE TOILET).</p> <p>IF THERE IS <b>NO PLACE FOR HANDWASHING</b>, ASK THE RESPONDENT TO WALK WITH YOU TO THE LATRINE USUALLY USED BY THE HOUSEHOLD.</p> <p>IF THERE IS <b>NO LATRINE</b>, ASK THE RESPONDENT TO STAND AT THE FRONT ENTRY OF HIS OR HER HOME.</p> <p> RECORD LOCATION</p>	<p>PLACE FOR WASHING HANDS ..... 1</p> <p>LATRINE ..... 2</p> <p>FRONT ENTRY OF HOME ..... 3</p>	
G.12B.22	<p>IF YOU SEE AT LEAST ONE KIND OF SOAP AT LOCATION WHERE YOU ARE STANDING, RECORD KIND OF SOAP OR OTHER MATERIAL OBSERVED</p> <p><b>CIRCLE ALL THAT APPLY</b></p> <p>IF YOU DO NOT SEE ANY KIND OF SOAP AT LOCATION WHERE YOU ARE STANDING, RECORD 6 "NO SOAP / DETERGENT OBSERVED" AND ASK:</p> <p>Please bring what you usually use to wash your hands here.</p>	<p>BAR SOAP ..... 1</p> <p>POWDER (LAUNDRY) SOAP / DETERGENT ..... 3</p> <p>LIQUID SOAP (E.G. LIFEBOUY) OR DISHWASHING LIQUID SOAP. .... 4</p> <p>SOAPY WATER ..... 5</p> <p>NO SOAP / DETERGENT OBSERVED ..... 6</p> <p>OTHER (SPECIFY ..... ) ..... -96</p> <p>OBSERVATION NOT POSSIBLE ..... -99</p>	<p>[&gt;&gt;G.13.1]</p> <p>[&gt;&gt;G.13.1]</p> <p>[&gt;&gt;G.13.1]</p> <p>[&gt;&gt;G.13.1]</p> <p>[&gt;&gt;G.13.1]</p>
G.12B.23	<p> RECORD NUMBER OF SECONDS IT TAKES TO BRING ITEM. IF ANY KIND OF SOAP IS ALREADY PRESENT, RECORD AS 000. IF NO ITEM IS BROUGHT, RECORD AS 999.</p>	<p>_____ SECONDS</p>	<p>[&gt;&gt;IF 999, SKIP TO G.13.1]</p>
G.12B.24	<p> RECORD TYPE OF SOAP OR OTHER MATERIAL BROUGHT.</p>	<p>BAR SOAP ..... 1</p> <p>POWDER (LAUNDRY) SOAP / DETERGENT ..... 3</p> <p>LIQUID SOAP (E.G. LIFEBOUY) OR DISHWASHING LIQUID SOAP. .... 4</p> <p>SOAPY WATER ..... 5</p> <p>OTHER (SPECIFY ..... ) ..... -96</p>	









### 13. Observations of Animals and Feces (1 of 1) (JC)

Interviewer direct observation

G.13.1.	CAN YOU SEE DOMESTIC ANIMALS IN THE HOUSE OR IN THE LIVING AREA AROUND THE HOUSE?   ONLY FOR OBSERVATION	YES..... NO..... COULD NOT OBSERVE.....	1 2 -99	
G.13.2.	ARE HUMAN OR ANIMAL FECES VISIBLE IN THE HOUSE OR IN THE LIVING AREA AROUND THE HOUSE?   ONLY FOR OBSERVATION	NONE ..... 1 – 5 FECES ..... 5 – 10 FECES..... MORE THAN 10 FECES ..... CANNOT TELL.....	1 2 3 4 -99	
G.13.3.	CAN YOU SMELL HUMAN OR ANIMAL FECES WHILE IN OR NEAR THE HOUSE?   ONLY FOR OBSERVATION	YES ..... NO .....	1 2	

## 14. Observations of Children (1 of 1) (JC, LF/TK)

Direct observation. ONLY FOR CHILDREN UNDER FIVE YEARS (up to, but not after, the child's fifth birthday).

G.14.1.  REFER TO THE MASTER <b>G.14.0</b> ROSTER AND LIST THE ID CODES AND NAMES OF ALL CHILDREN SHOWN IN COLUMNS <b>CH5C</b> AND <b>CH5D</b>		G.14.2.  IS [CHILD] RELATIVELY CLEAN, WITH NO OFFENSIVE ODOR?	G.14.3.  DOES [CHILD] HAVE DIRTY HANDS?	G.14.4.  DOES [CHILD] HAVE SOIL OR MUD IN FINGER NAILS?	G.14.5.  IS [CHILD]'S FACE DIRTY?	G.14.6.  IS [CHILD] WEARING CLOTHES?	G.14.7.  ARE [CHILD]'S CLOTHES DIRTY?	G.14.8.  DOES [CHILD] HAVE A POT- BELLY?	G.14.9.  IS [CHILD] WEARING SHOES?
CHILD'S ID CODE	CHILD'S NAME	YES .....1	YES..... 1	YES .....1	YES ..... 1	YES..... 1	YES .....1	YES..... 1	YES..... 1
		NO .....2	NO ..... 2	NO .....2	NO ..... 2	NO..... 2	NO .....2	NO ..... 2	NO .....2
		COULD NOT OBSERVE....-99	COULD NOT OBSERVE....-99	COULD NOT OBSERVE....-99	COULD NOT OBSERVE....-99	COULD NOT OBSERVE....-99 [>>G.14.8] [>>G.14.8]	COULD NOT OBSERVE....-99	COULD NOT OBSERVE....-99	COULD NOT OBSERVE....-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	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

### 3. Labor Module (1 of 4) Part A: Labor Force Participation

Most knowledgeable member of household

G.3.1. REFER TO G.1.5 AND CIRCLE THE ID CODE FOR EACH PERSON AGE 15 AND OVER	G.3.2. READ EACH OPTION UNTIL GETTING THE FIRST "YES," AND MARK THAT RESPONSE ONLY. <b>Last week, was [NAME] ...?</b> Working for wage or salary?.....1 <b>[&gt;&gt;G.3.8.]</b> Not working, although [NAME] had a job?.....2 <b>[&gt;&gt;G.3.8.]</b> Working in household production or services in planting, breeding, forestry, or aquaculture.....10 <b>[&gt;&gt;G.3.8.]</b> Working in trade or business for the household.....11 <b>[&gt;&gt;G.3.8.]</b> Looking for work?.....3 Studying?.....4 Taking care of the home?.....5 Rent earner?.....6 Permanently unable to work?.....7 Retired?.....8 Not working?.....9 DON'T KNOW.....-99	G.3.5. <b>In the last 12 months, did [NAME] do anything to earn          income (wage, salary or income of any kind) or help the          family earn income?</b> Yes.....1 <b>[&gt;&gt;G.3.8]</b> No.....2 <b>[&gt;&gt;G.4.1]</b> DON'T KNOW.....-99 <b>[&gt;&gt;G.4.1]</b>
ID CODE		
1	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99
2	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99
3	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99
4	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99
5	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99
6	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99
7	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99
8	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99
9	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99
10	1 2 10 11 3 4 5 6 7 8 9 -99	1 2 -99

### 3.Labor Module (2 of 4) Part B: Primary Work

<p>G.3.8. CIRCLE THE ID CODE FOR EACH PERSON WHO WAS WORKING LAST WEEK; THAT IS IF AT LEAST ONE OF THE FOLLOWING CRITERIA ARE MET:</p> <p>G.3.2. = 1, 2, 10, 11 OR G.3.5. = 1</p>	<p>G.3.9. What was [NAME]'s <b>primary</b> work for the last <b>12 months</b>? (In case of more than one work activity, primary refers to the most time consuming among the jobs [NAME] has been doing for the past 12 months one which consumed the most <b>time</b>)</p> <p>Self-employed (no employees).....1 Employee.....2 Employer, or boss of a business.....3 Worker without remuneration .....4 [<b>&gt;&gt;G.3.12</b>]</p> <p>Day Laborer .....5</p> <p>Working in household activities (production, services, trade or business ) such as agriculture, forestry, aquaculture.....6 [<b>&gt;&gt;G.3.12</b>]</p> <p>Other (Specify.....).....-96 REFUSE TO ANSWER.....-98 DON'T KNOW.....-99</p>	<p>G.3.10A. How much does [NAME] normally earn in [NAME]'s <b>primary</b> work?</p>	
<p>ID CODE</p>		<p>WRITE AMOUNT</p> <p>Does not receive salary, or wage, or income of any kind.....0</p> <p>REFUSE TO ANSWER....-98</p> <p>DON'T KNOW .....-99</p>	<p>PER</p> <p>Day.....1 Week.....2 Bi-weekly.....3 Month.....4 Year.....5</p>
<p>1</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>
<p>2</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>
<p>3</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>
<p>4</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>
<p>5</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>
<p>6</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>
<p>7</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>
<p>8</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>
<p>9</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>
<p>10</p>	<p>1 2 3 4 5 6 -96 -98 -99</p>		<p>1 2 3 4 5</p>

### 3. Labor Module (3 of 4) Part B: Primary Work

CIRCLE THE SAME ID CODES AS WERE CIRCLED IN G.3.8 ON THE PREVIOUS PAGE	G.3.12 For how many months has [NAME] done this <b>primary</b> work in the past 12 months?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99	V.3.11B On average how many days per month does [NAME] usually work in this <b>primary</b> job in the past 12 months?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99	V.3.11C On average how many hours per day does [NAME] normally work in this <b>primary</b> work, in the past 12 months?  REFUSE TO ANSWER .....-98  DON'T KNOW .....-99	G.3.11B. In this <b>primary</b> work, did [NAME] work fewer hours than normal <b>last week</b> ?  Yes.....1  No.....2 [ <b>&gt;&gt;G.3.13</b> ]  REFUSE TO ANSWER .....-98 [ <b>&gt;&gt;G.3.13</b> ]  DON'T KNOW .....-99 [ <b>&gt;&gt;G.3.13</b> ]	G.3.11D. Why did [NAME] work fewer hours than normal in this <b>primary</b> work last week?  Holiday / Vacation.....1  Sick.....2  Caring for sick relative.....3  Other reason.....-96  REFUSE TO ANSWER.....-98  DON'T KNOW.....-99	G.3.13. In addition to this <b>primary</b> activity, did [NAME] do any other activity to earn income or help the family income <b>in the last 12 months</b> ?  Yes.....1  No.....2 [ <b>&gt;&gt;G.4.1.</b> ]  REFUSE TO ANSWER.....-98 [ <b>&gt;&gt;G.4.1.</b> ]  DON'T KNOW .....-99 [ <b>&gt;&gt;G.4.1.</b> ]
	ID CODE	MONTHS / YEAR	DAYS / MONTH	HOURS / DAY		
1				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99
2				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99
3				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99
4				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99
5				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99
6				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99
7				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99
8				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99
9				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99
10				1 2 -98 -99	1 2 3 -96 -98 -99	1 2 -98 -99



### 3. Labor Module (4 of 4) Part C: Secondary Work

G.3.14. CIRCLE THE ID CODE FOR EACH PERSON WHO ANSWERED "1" (YES) TO G.3.13 ON THE PREVIOUS PAGE	G.3.15. What was [NAME]'s <b>secondary</b> work for the last <b>12 months</b> (In case of more than one work activity, <b>secondary</b> refers to the most time consuming besides the primary job among the jobs [NAME] has been doing for the past 12 months)  Self-employed (no employees)... Employee..... Employer, or boss of a business..... Worker without remuneration .....4 Day Laborer .....5 Working in household activities (production, services, trade or business ) such as agriculture, forestry, aquaculture.....6 Other (Specify).....-96 REFUSE TO ANSWER.....-98 DON'T KNOW.....-99	G.3.16A. How much does [NAME] earn in this <b>secondary</b> work?  <table border="1"> <tr> <th>WRITE AMOUNT</th> <th>PER</th> </tr> <tr> <td>Does not receive salary, wage, or income of any kind.....0</td> <td>Day.....1 Week.....2 Bi-weekly...3 Month.....4 Year.....5</td> </tr> <tr> <td>REFUSE TO ANSWER.....-98</td> <td></td> </tr> <tr> <td>DK.....-99</td> <td></td> </tr> </table>		WRITE AMOUNT	PER	Does not receive salary, wage, or income of any kind.....0	Day.....1 Week.....2 Bi-weekly...3 Month.....4 Year.....5	REFUSE TO ANSWER.....-98		DK.....-99		G.3.18. For how many months has [NAME] done this <b>secondary</b> work over the past 12 months?  REFUSE TO ANSWER.....-98 DK.....-99	V.3.17B. On average how many days per month does [NAME] usually work in this <b>secondary</b> work in the last 12 months?  REFUSE TO ANSWER.....-98 DK.....-99	V.3.17C. On average how many hours per day does [NAME] usually work in this <b>secondary</b> work in the last 12 months?  REFUSE TO ANSWER.....-98 DK.....-99	G.3.17B. In this <b>secondary</b> work, did [NAME] work fewer hours than normal last week?  Yes.....1 No.....2 REFUSE TO ANSWER.....-98 DK.....-99	G.3.17D. Why did [NAME] work fewer hours than normal in this <b>secondary</b> work last week?  Holiday / Vacation.....1 Sick.....2 Caring for sick relative.....3 Other.....-96 REFUSE TO ANSWER.....-98 DK.....-99
WRITE AMOUNT	PER															
Does not receive salary, wage, or income of any kind.....0	Day.....1 Week.....2 Bi-weekly...3 Month.....4 Year.....5															
REFUSE TO ANSWER.....-98																
DK.....-99																
ID CODE		AMOUNT (VND)	PER PERIOD	MONTHS / YEAR	DAYS / MONTH	HOURS / DAY										
1	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													
2	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													
3	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													
4	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													
5	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													
6	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													
7	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													
8	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													
9	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													
10	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5													

## 4. Household Income (1 of 1)

Most knowledgeable member of household

G.4.1. Does your household have any other sources of income—such as remittances, government transfers, scholarships, rental income, or a small business based in the household—that were not reported in the last section on labor income? This would include all households who report primary or secondary work in household activities (production, services, trade or business ) such as agriculture, forestry, aquaculture [G.3.9 = 6 OR G.3.15 = 6]					Yes.....1 No.....2		[>>G.5.1.]	
G.4.2. Please tell me which of the following sources of income your household has received <b>during the last 12 months</b> .  CIRCLE THE CODE FOR EACH ACTIVITY OR INCOME SOURCE MENTIONED, AND ASK QUESTIONS G.4.3 – G.4.5 ONLY FOR THOSE SOURCES OF INCOME OR THOSE INCOME-GENERATING ACTIVITIES.  SOURCE OR ACTIVITY		G.4.3. How many months <b>during the last 12 months</b> did your household receive income from [SOURCE]?	G.4.4. How much revenue did your household earn from [SOURCE or ACTIVITY] in <b>last 12 months</b> ?  IF DON'T KNOW, ENTER -99.		G.4.5. What costs does your household incur in receiving [SOURCE] or producing [ACTIVITY] during a <b>12 month period</b> ?  IF DON'T KNOW, ENTER -99.			
			AMOUNT (VND)	Weekly.....1 Bi-Weekly.....2 Monthly.....3 Annually.....4	AMOUNT (VND)	Weekly.....1 Bi-Weekly.....2 Monthly.....3 Annually.....4		
Interest or investment income	G.1			1 2 3 4		1 2 3 4		
Remittances	G.2			1 2 3 4		1 2 3 4		
Renting building or land to others	G.3			1 2 3 4		1 2 3 4		
Renting vehicles, equipment, or machinery to others	G.4			1 2 3 4		1 2 3 4		
Renting animals (horses, cattle, chickens, etc) to others	G.5			1 2 3 4		1 2 3 4		
Scholarship	G.6			1 2 3 4		1 2 3 4		
Government transfer	G.7			1 2 3 4		1 2 3 4		
Assistance from community group, local organization, church, etc.	G.8			1 2 3 4		1 2 3 4		
Gifts, or donations	G.9			1 2 3 4		1 2 3 4		
Household production of any food products (meat, dairy, eggs, fruits, vegetables, nuts, bread, jams, other prepared food, etc.)	G.10			1 2 3 4		1 2 3 4		
Collection of plants, flowers, herbs, firewood, forest products, etc.	G.11			1 2 3 4		1 2 3 4		
Other agricultural activities	G.12			1 2 3 4		1 2 3 4		
Reselling packaged food (soda, sweets, chips)	G.13			1 2 3 4		1 2 3 4		
Household production of clothing, textiles, other embroidery, etc.	G.14			1 2 3 4		1 2 3 4		
Household production of furniture	G.15			1 2 3 4		1 2 3 4		
Other non-agricultural activities	G.16			1 2 3 4		1 2 3 4		
Household craft business	V.1			1 2 3 4		1 2 3 4		
Other (Specify _____)	G.20			1 2 3 4		1 2 3 4		

## 5. Assets (1 of 3) Part A: Household Durable Goods

Most knowledgeable member of household

CIRCLE THE CODE FOR EACH GOOD THE HOUSEHOLD OWNS, THAT IS FOR ALL GOODS WHERE, G.5.1.= 1, AND ASK QUESTIONS G.5.2 – G.5.3 ONLY FOR THOSE GOODS THAT THE HOUSEHOLD OWNS		G.5.1. Does your household own at least one [GOOD]?			G.5.2. How many years ago did you buy this [GOOD]?		G.5.3. How much did you pay for this [GOOD] when you bought it?	
		Yes.....1 No.....2 DON'T KNOW...-99			If you own more than one [GOOD], refer to the last one purchased.  IF LESS THAN ONE YEAR, RECORD AS ONE.  DIDN'T BUY IT.....-97 DON'T KNOW.....-99		If you own more than one [GOOD], refer to the last one purchased  DIDN'T BUY IT.....-97 DON'T KNOW.....-99	
							AMOUNT (VND)	
Radio / CD / cassette	G.1	1	2	-99				
Television	G.2	1	2	-99				
Videocassette, VCD, DVD player	G.3	1	2	-99				
Computer	G.4	1	2	-99				
Bicycle	G.5	1	2	-99				
Motorcycle	G.6	1	2	-99				
Automobile or truck	G.7	1	2	-99				
Refrigerator	G.8	1	2	-99				
Gas stove	G.9	1	2	-99				
Blender	G.11	1	2	-99				
Microwave	G.13	1	2	-99				
Washing machine	G.14	1	2	-99				
Water boiler / Hot water heater	G.15	1	2	-99				
Other house / other buildings	G.16	1	2	-99				
Machinery, equipment, or tools for household business (NOT FARM EQUIPMENT)	G.17	1	2	-99				
Boat	V.18	1	2	-99				
Telephone (including mobile)	V.19	1	2	-99				
Air Conditioner	V.20	1	2	-99				
Electric Fan	V.21	1	2	-99				

## 5. Assets (2 of 3) Part B: Land & Agricultural Equipment

Most knowledgeable member of household

G.5.6.	Does your household own any land besides the plot your residence is on?	Yes.....1 No.....2	[>>G.5.10.]	
G.5.7.	How many square meters of land does your household own other than the land / plot your residence is on? RECORD METER SQUARED IF DON'T KNOW ENTER.....-99	_____ METERS SQUARED		
G.5.8.	Is there a source of water on that land (besides rainfall)?	Yes.....1 No.....2		
G.5.9.	Is that land irrigated?	Yes.....1 No.....2		
G.5.10. Does your household own any agricultural or farm equipment?		Yes.....1 No.....2	[>>G.5.15.]	
CIRCLE THE CODE FOR EACH EQUIPMENT THE HOUSEHOLD OWNS, THAT IS FOR ALL EQUIPMENT WHERE, G.5.11= 1, AND ASK QUESTIONS G.5.12 – G.5.14 ONLY FOR THE EQUIPMENT THAT THE HOUSEHOLD OWNS	G.5.11. Does your household own [EQUIPMENT]?  Yes.....1 No.....2 DON'T KNOW.....-99	G.5.12 How many [EQUIPMENT] does your household own?  [>>Next EQUIPMENT] [>>Next EQUIPMENT]	G.5.13. How many years ago did you buy this [EQUIPMENT]?  If you own more than one [EQUIPMENT], refer to the last one purchased  IF LESS THAN ONE YEAR, RECORD AS ONE.  DIDN'T BUY IT.....-97 DON'T KNOW.....-99	G.5.14. How much did you pay for [EQUIPMENT] when you bought it?  If you own more than one [EQUIPMENT], refer to the last one purchased  DIDN'T BUY IT.....-97 DON'T KNOW.....-99
			[>>Next item] [>>Next item]	VND
G.41	Tractor	1 2 -99		
G.42	Thresher/ Grain harvester	1 2 -99		
G.43	Plow	1 2 -99		
G.44	Wheelbarrow (with Engine)	1 2 -99		
V.46	Pesticide sprayer	1 2 -99		
V.47	Water pump	1 2 -99		
V.48	Sprinkler	1 2 -99		

## 5. Assets (3 of 3) Part C: Animals

Most knowledgeable member of household

G.5.15. Does your household own any animals, even small animals or birds?				Yes ..... 1 No ..... 2		[>> G.32.1]	
ANIMALS	G.5.16 Does your household own [ANIMAL]?		G.5.17. How many [ANIMAL] does your household own?	G.5.18. Has your household bought or sold any [ANIMAL] in the past 12 months?	G.5.19A. How many [ANIMAL] did you buy?	G.5.20B. What was the price per head for the purchase of these [ANIMAL]?	G.5.19B. How many [ANIMAL] did you sell?
	Yes.....1 No.....2 [>>Next ANIMAL] DK.....-99 [>>Next ANIMAL]			Yes.....1 No.....2 [>>Next ANIMAL] DK.....-99 [>>Next ANIMAL]	DK.....-99	DK.....-99	DK.....-99
					NUMBER	VND	NUMBER
G.61	Cow	1 2 -99		1 2 -99			
G.62	Bull	1 2 -99		1 2 -99			
G.63	Horse	1 2 -99		1 2 -99			
G.64	Mule	1 2 -99		1 2 -99			
G.65	Donkey	1 2 -99		1 2 -99			
G.66	Goat	1 2 -99		1 2 -99			
G.67	Sheep	1 2 -99		1 2 -99			
G.68	Pig	1 2 -99		1 2 -99			
G.69	Chicken	1 2 -99		1 2 -99			
G.70	Duck	1 2 -99		1 2 -99			
G.71	Turkey	1 2 -99		1 2 -99			
G.72	Goose	1 2 -99		1 2 -99			
V.74	Water buffalo	1 2 -99		1 2 -99			

### 32. Interviewer Completion Checklist

Interviewer response only.

G.32.1.	HAS EVERY PAGE BEEN MARKED?  PLEASE CHECK.	YES ..... NO .....	1 2	
G.32.4	HAS THE CHILD HEALTH CALENDAR (SECTION 19) BEEN COMPLETED FOR EVERY CHILD UNDER THE AGE OF FIVE YEARS?	YES ..... NO .....	1 2	
G.32.4B	WERE HOUSEHOLD MEMBERS RELISTED IN THE SAME ORDER AS LISTED IN THE ORIGINAL BASELINE QUESTIONNAIRE AND NEW HOUSEHOLD MEMBERS ADDED TO THE END OF THE HH ROSTER?	YES ..... NO .....	1 2	
G.32.5.	HAVE YOU GIVEN THE HOUSEHOLD THEIR COMPENSATION GIFT?	YES ..... NO .....	1 2	
G.32.6.	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<hr/> <div style="text-align: right;">[KÝ]</div>		

Supervisor response only.

G.32.7.	HAS EVERY PAGE BEEN MARKED?  PLEASE CHECK.	YES ..... NO .....	1 2	
G.32.10	HAS THE CHILD HEALTH CALENDAR (SECTION 19) BEEN COMPLETED FOR EVERY CHILD UNDER THE AGE OF FIVE YEARS?	YES ..... NO .....	1 2	
G.32.11.	DID THE ENUMERATOR SELECT THE CORRECT HOUSEHOLD OR CORRECT REPLACEMENT HOUSEHOLD?	YES ..... NO .....	1 2	
G.32.11B.	DID THE ENUMERATOR RELIST THE NAMES OF ALL HOUSEHOLD MEMBERS LISTED IN THE ORIGINAL BASELINE QUESTIONNAIRE IN THE SAME ORDER USING BASELINE LISTING REPORT AND ADD NEW HOUSEHOLD MEMBERS TO THE END OF THE HH ROSTER?	YES ..... NO .....	1 2	
G.32.12.	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<hr/> <div style="text-align: right;">[CHỦ KÝ]</div>		