

# APPENDIX F. QUESTIONNAIRES



## INDONESIA 2011 INDONESIA MULTIPLE INDICATOR CLUSTER SURVEY PAPUA AND WEST PAPUA PROVINCE HOUSEHOLD QUESTIONNAIRE

**CONFIDENTIAL**

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: ____ / ____ / _____	HH7 Province: ..... _____ HH7A District: ..... _____ <i>Copy from Sample List of Block Census provided.</i>	

WE ARE FROM LOCAL GOVERNMENT/BPS & WOULD LIKE TO INTERVIEW YOU ABOUT HEALTH AND EDUCATION. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed..... 01 No household member or no competent respondent at home at time of visit ..... 02 Entire household absent for extended period of time ..... 03 Refused..... 04 Dwelling vacant / Address not a dwelling..... 05 Dwelling destroyed..... 06 Dwelling not found ..... 07 Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
HH11. Total number of household members: _____	
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH13A. Number of men age 15-49 years: _____	HH13B. Number of man's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18.  
Record the time.  
Hour .....  
Minutes .....

HOUSEHOLD LISTING FORM														
FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4) Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.														
			For women age 15-49		For men age 15-49		For children age 5-17		For all household members		For children age 0-17 years			
HL1. Line No	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line no. if woman is age 15-49	HL7A. Circle line no. if man is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?
Line	Name	Relation*	M F	Month	Age	15-49	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01		0 1	1 2	___	___	01	01	___	___	1 2	1 2 8	___	1 2 8	___
02		___	1 2	___	___	02	02	___	___	1 2	1 2 8	___	1 2 8	___
03		___	1 2	___	___	03	03	___	___	1 2	1 2 8	___	1 2 8	___
04		___	1 2	___	___	04	04	___	___	1 2	1 2 8	___	1 2 8	___
05		___	1 2	___	___	05	05	___	___	1 2	1 2 8	___	1 2 8	___
06		___	1 2	___	___	06	06	___	___	1 2	1 2 8	___	1 2 8	___
07		___	1 2	___	___	07	07	___	___	1 2	1 2 8	___	1 2 8	___
08		___	1 2	___	___	08	08	___	___	1 2	1 2 8	___	1 2 8	___
09		___	1 2	___	___	09	09	___	___	1 2	1 2 8	___	1 2 8	___
10		___	1 2	___	___	10	10	___	___	1 2	1 2 8	___	1 2 8	___
11		___	1 2	___	___	11	11	___	___	1 2	1 2 8	___	1 2 8	___

HL1. Line No	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line no. if woman is age 15-49	HL7A. Circle line no. if man is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No HL13 8 DK's HL13 Next Line	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line no. of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No HL13 8 DK's HL13 Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line no. of father or 00 for "No"
Line	Name	Relation*	M F	Month Year	Age	15-49	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
12			1 2			12	12			1 2	1 2 8		1 2 8	
13			1 2			13	13			1 2	1 2 8		1 2 8	
14			1 2			14	14			1 2	1 2 8		1 2 8	
15			1 2			15	15			1 2	1 2 8		1 2 8	

Tick here if additional questionnaire used

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

\* Codes for HL3: Relationship to head of household:

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

EDUCATION		ED											
For household members age 5 and above		For household members age 5-24 years											
ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2011-2012) SCHOOL YEAR, DID ATTEND		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID ATTEND		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?		
					Yes	No	Level	Grade	Y	N	DK	Level	Grade
	ED2A	1 Yes 2 No <sup>⚡</sup> Next Line	Level: 0 Preschool 1 Primary 2 Junior 3 Senior High 4 University 8 DK <i>If level=0, skip to ED5</i>	Grade: 8 DK <i>If less than 1 grade, enter 0.</i>	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
02		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
03		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
04		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
05		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
06		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
07		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
08		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
09		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
10		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
11		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
12		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
13		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
14		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—
15		1 2	0 1 2 3 4 8	—	1	2	0 1 2 3 4 8	—	1	2	8	0 1 2 3 4 8	—

WATER AND SANITATION		WS
WS1. WHAT IS THE <b>MAIN</b> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling..... 11 Piped into compound, yard or plot..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole..... 21 Dug well Protected well ..... 31 Unprotected well..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other ( <i>specify</i> ) ..... 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 14⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE <b>MAIN</b> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling..... 11 Piped into compound, yard or plot..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole..... 21 Dug well Protected well ..... 31 Unprotected well..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Other ( <i>specify</i> ) ..... 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ..... 1 In own yard /plot ..... 2 Elsewhere..... 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... ___ ___ DK..... 998	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?  PROBE: IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) ..... 1 Adult man (age 15+ years)..... 2 Female child (under 15) ..... 3 Male child (under 15)..... 4 DK..... 8	

<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes .....1  No .....2    DK .....8</p>	<p>2⇒WS8    8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i>  ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil ..... A  Add bleach / chlorine ..... B  Strain it through a cloth ..... C  Use water filter (ceramic, sand, composite, etc.) ..... D  Solar disinfection ..... E  Let it stand and settle ..... F    Other (<i>specify</i>) ..... X  DK ..... Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i>  WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush  Flush to piped sewer system ..... 11  Flush to septic tank ..... 12  Flush to pit (latrine) ..... 13  Flush to somewhere else ..... 14  Flush to unknown place / Not sure / DK where ..... 15  Pit latrine  Ventilated Improved Pit latrine (VIP) ....21  Pit latrine with slab .....22  Pit latrine without slab / Open pit.....23    Composting toilet .....31  Bucket ..... 41  Hanging toilet, Hanging latrine .....51    No facility, Bush, Field.....95  Other (<i>specify</i>) ..... 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes .....1  No .....2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) .....1  Public facility .....2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 __  Ten or more households ..... 10  DK .....98</p>	
<p>WS11A. <i>The distance between the water source and the closest excreta disposal place?</i></p> <p><i>Record Observation</i></p>	<p>Less than 10 meters.....1  10 meters or more.....2</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Islam ..... 1 Kristen Protestan ..... 2 Kristen Katolik ..... 3 Hindu ..... 4 Budha ..... 5 Other ( <i>specify</i> ) ..... 6 No religion ..... 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Papuan ..... 01 Javanese ..... 02 Sumatran ..... 03 Kalimantan ..... 04 Sulawesi ..... 05 Molucas ..... 06 Bali, NTT, NTB ..... 06 Other ( <i>specify</i> ) ..... 96	
HC1D. WAS THE HEAD OF THIS HOUSEHOLD BORN IN PAPUA OR WEST PAPUA?	Yes ..... 1 No ..... 2	1 ⇒ HC2
HC1E. HOW MANY YEARS AGO DID THE HEAD OF THIS HOUSEHOLD MOVE TO PAPUA/WEST PAPUA?  <i>If less than 1 year, record "00". If unknown, record "98". Do not count short visit away from Papua/West Papua.</i>	Number of years ..... __ __ DK ... ..... 98	
HC1F. WHAT WAS THE MAIN REASON WHY THE HEAD OF THIS HOUSEHOLD MOVED TO PAPUA/WEST PAPUA?  <i>If a person says He/she moved to Papua for a job, probe to find out if it is government or private job</i>	Transmigration ..... 1 Transfer in government job ..... 2 Transfer in private job ..... 3 Looking for a job ..... 4 Family reasons ..... 5 Medical reasons ..... 6 Other ( <i>specify</i> ) ..... 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... __ __	
HC3. <i>Main material of the dwelling floor. Record observation.</i>	Natural floor Earth / Sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm / Bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Other ( <i>specify</i> ) ..... 96	
HC3A. WHAT IS THE FLOOR AREA OF THIS DWELLING?  <i>If less than 1, record "000". If unknown, record '998'.</i>	Square meters ..... __ __ __ DK ..... 998	

<p>HC4. <i>Main material of the roof.</i></p> <p><i>Record observation.</i></p>	<p>Natural roofing</p> <p>No Roof ..... 11</p> <p>Thatch / Palm leaf ..... 12</p> <p>Sod ..... 13</p> <p>Rudimentary Roofing</p> <p>Rustic mat ..... 21</p> <p>Palm / Bamboo ..... 22</p> <p>Wood planks ..... 23</p> <p>Cardboard ..... 24</p> <p>Finished roofing</p> <p>Metal ..... 31</p> <p>Wood ..... 32</p> <p>Calamine / Cement fibre ..... 33</p> <p>Ceramic tiles ..... 34</p> <p>Cement ..... 35</p> <p>Roofing shingles ..... 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls ..... 11</p> <p>Cane / Palm / Trunks ..... 12</p> <p>Dirt ..... 13</p> <p>Bark ..... 14</p> <p>Rudimentary walls</p> <p>Bamboo with mud ..... 21</p> <p>Stone with mud ..... 22</p> <p>Uncovered adobe ..... 23</p> <p>Plywood ..... 24</p> <p>Cardboard ..... 25</p> <p>Reused wood ..... 26</p> <p>Finished walls</p> <p>Cement ..... 31</p> <p>Stone with lime / cement ..... 32</p> <p>Bricks ..... 33</p> <p>Cement blocks ..... 34</p> <p>Covered adobe ..... 35</p> <p>Wood planks / shingles ..... 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity ..... 01</p> <p>Liquefied Petroleum Gas (LPG) ..... 02</p> <p>Natural gas ..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene ..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal ..... 07</p> <p>Wood ..... 08</p> <p>Straw / Shrubs / Grass ..... 09</p> <p>Animal dung ..... 10</p> <p>Agricultural crop residue ..... 11</p> <p>No food cooked in household ..... 95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>

<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen ..... 1</p> <p>Elsewhere in the house ..... 2</p> <p>In a separate building ..... 3</p> <p>Outdoors ..... 4</p> <p>Other (<i>specify</i>) ..... 6</p>																									
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2							
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Truck.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone.....	1	2	Bicycle.....	1	2	Motorcycle / Scooter.....	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	Boat with motor.....	1	2	
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own..... 1</p> <p>Rent ..... 2</p> <p>Other (Not owned or rented) ..... 6</p>																									
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	2⇒HC13																								
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Hectares..... ____</p>																									
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	2⇒HC15																								

<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?  [B] HORSES, DONKEYS, OR MULES?  [C] GOATS?  [D] SHEEP?  [E] CHICKENS?  [F] PIGS?  [G] CROCODILES?  [H] DEER?  [I] KASUARI (BIRDS)?</p> <p><i>If none, record '00'.  If 95 or more, record '95'.  If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls ..... ____ ____  Horses, donkeys, or mules ..... ____ ____  Goats ..... ____ ____  Sheep ..... ____ ____  Chickens ..... ____ ____  Pigs ..... ____ ____  Crocodiles ..... ____ ____  Deer ..... ____ ____  Kasuari (birds)..... ____ ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes ..... 1  No ..... 2</p>	

**INSECTICIDE TREATED NETS**

**TN**

TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?		Yes..... 1 No..... 2	2⇒IR Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?		Number of nets .....	
TN3. Ask the respondent to show you the nets in the household. If more than 6 nets, use additional questionnaire(s).			

	1 <sup>st</sup> Net	2 <sup>nd</sup> Net	3 <sup>rd</sup> Net	4 <sup>th</sup> Net	5 <sup>th</sup> Net	6 <sup>th</sup> Net
TN4. Mosquito net observed?	Observed..... 1 Not observed..... 2					
TN5. Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	Long-lasting treated nets Olyset Net..... 11 Permanet..... 12 Other (specify)..... 16 DK brand..... 18	Long-lasting treated nets Olyset Net..... 11 Permanet..... 12 Other (specify)..... 16 DK brand..... 18	Long-lasting treated nets Olyset Net..... 11 Permanet..... 12 Other (specify)..... 16 DK brand..... 18	Long-lasting treated nets Olyset Net..... 11 Permanet..... 12 Other (specify)..... 16 DK brand..... 18	Long-lasting treated nets Olyset Net..... 11 Permanet..... 12 Other (specify)..... 16 DK brand..... 18	Long-lasting treated nets Olyset Net..... 11 Permanet..... 12 Other (specify)..... 16 DK brand..... 18
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? <i>If less than one month, record "00"</i>	Pre-treated nets (Any brand)..... 21 Other net (specify)..... 31	Pre-treated nets (Any brand)..... 21 Other net (specify)..... 31	Pre-treated nets (Any brand)..... 21 Other net (specify)..... 31	Pre-treated nets (Any brand)..... 21 Other net (specify)..... 31	Pre-treated nets (Any brand)..... 21 Other net (specify)..... 31	Pre-treated nets (Any brand)..... 21 Other net (specify)..... 31
TN7. Check TN5 for type of net	DK brand / type..... 98					
	Months ago..... More than 36 mo. ago..... 95 DK / Not sure..... 98	Months ago..... More than 36 mo. ago..... 95 DK / Not sure..... 98	Months ago..... More than 36 mo. ago..... 95 DK / Not sure..... 98	Months ago..... More than 36 mo. ago..... 95 DK / Not sure..... 98	Months ago..... More than 36 mo. ago..... 95 DK / Not sure..... 98	Months ago..... More than 36 mo. ago..... 95 DK / Not sure..... 98
	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue

TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.....1 No .....2 DK / Not sure .....8					
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes.....1 No .....2 DK / Not sure .....8					
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago..... More than 24 mo. ago.....95 DK / Not sure .....98	Months ago..... More than 24 mo. ago.....95 DK / Not sure .....98	Months ago..... More than 24 mo. ago.....95 DK / Not sure .....98	Months ago..... More than 24 mo. ago.....95 DK / Not sure .....98	Months ago..... More than 24 mo. ago.....95 DK / Not sure .....98	Months ago..... More than 24 mo. ago.....95 DK / Not sure .....98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes .....1 No .....2 DK / Not sure .....8					
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the household listing form</i> <i>If someone not in the household list slept under the mosquito net, record "00"</i>	Name _____ Line number .....					
TN13.	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module
						Tick here if additional questionnaire used <input type="checkbox"/>

CHILD LABOUR											CL			
To be administered for children in the household age 5-17 years. For household members below age 5 or above age 17, leave rows blank. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.														
CL1. Line number	CL2. Name and Age	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5	CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i>	CL5. DURING THE PAST WEEK, DID (name) COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? <i>Include work for a business run by the child, alone or with one or more partners.</i>	CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?	CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?	CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?					
Line	Name	Age	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No
01				1	2	3		1	2		1	2	1	2
02				1	2	3		1	2		1	2	1	2
03				1	2	3		1	2		1	2	1	2
04				1	2	3		1	2		1	2	1	2
05				1	2	3		1	2		1	2	1	2
06				1	2	3		1	2		1	2	1	2
07				1	2	3		1	2		1	2	1	2
08				1	2	3		1	2		1	2	1	2
09				1	2	3		1	2		1	2	1	2
10				1	2	3		1	2		1	2	1	2
11				1	2	3		1	2		1	2	1	2
12				1	2	3		1	2		1	2	1	2
13				1	2	3		1	2		1	2	1	2
14				1	2	3		1	2		1	2	1	2
15				1	2	3		1	2		1	2	1	2

**Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	---		1	2	__ __
2	---		1	2	__ __
3	---		1	2	__ __
4	---		1	2	__ __
5	---		1	2	__ __
6	---		1	2	__ __
7	---		1	2	__ __
8	---		1	2	__ __
CD6.	Total children age 2-14 years				__ __

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

**Table 2: Selection of Random Child for Child Discipline Questions**

- Use Table 2 to select one child between the ages of 2 and 2-14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child.....

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number ..... _ _	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u> .		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes ..... 1 No ..... 2	
CD12. EXPLAINED WHY <i>(name)</i> 'S BEHAVIOR WAS WRONG.	Yes ..... 1 No ..... 2	
CD13. SHOOK HIM/HER.	Yes ..... 1 No ..... 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes ..... 1 No ..... 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes ..... 1 No ..... 2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes ..... 1 No ..... 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes ..... 1 No ..... 2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes ..... 1 No ..... 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes ..... 1 No ..... 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes ..... 1 No ..... 2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes ..... 1 No ..... 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes ..... 1 No ..... 2 Don't know / No opinion..... 8	

HH19. Record the time.	Hour and minutes ..... : ..	
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<p>HH20. Thank the respondent for his/her cooperation and check the Household Listing Form:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)</li> <li><input type="checkbox"/> A separate Questionnaire for Individual Men has been issued for each man age 15-49 years in the household list (HL7A)</li> <li><input type="checkbox"/> A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)</li> </ul> <p>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), men (HH12A) and under-5s (HH14)</p> <p>Make arrangements for the administration of the remaining questionnaire(s) in this household. ____</p>
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**INDONESIA MULTIPLE INDICATOR CLUSTER SURVEY  
PAPUA AND WEST PAPUA PROVINCE  
QUESTIONNAIRE FOR INDIVIDUAL WOMEN**

**CONFIDENTIAL**

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ____ / ____ / _____	

*Repeat greeting and introduce yourself if you never met with this respondent (woman), and read the following:*

WE ARE FROM LOCAL GOVERNMENT/BPS WOULD LIKE TO TALK TO YOU ABOUT HEALTH AND EDUCATION. THE INTERVIEW WILL TAKE ABOUT 35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 35 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed .....	01
	Not at home .....	02
	Refused .....	03
	Partly completed .....	04
	Incapacitated .....	05
	Other (specify) _____	96

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
---	--

WM10. Record the time.	Hour and minutes..... : ..	
------------------------	----------------------------	--

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month ..... DK month .....98  Year ..... DK year .....9998	
WB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years).....	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes .....1 No.....2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool .....0 Primary.....1 Junior Secondary .....2 Senior High .....3 University .....4 DK .....8	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "00"</i>	Grade.....	
WB6. Check WB4:  <input type="checkbox"/> Senior High or University ⇒ Go to CM Module  <input type="checkbox"/> Primary or Junior Secondary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all.....1 Able to read only parts of sentence.....2 Able to read whole sentence.....3  No sentence in required language .....4 <i>(specify language)</i>  Blind / mute, visually / speech impaired .....5	

CHILD MORTALITY MODULE		CM
<i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?  I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.  SKIP TO CM4 ONLY IF YEAR OF FIRST BIRTH IS GIVEN. OTHERWISE, CONTINUE WITH CM3.	Date of first birth Day ..... __ __ DK day ..... 98  Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home ..... __ __  Daughters at home ..... __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>if none, record '00'</i>	Sons elsewhere ..... __ __  Daughters elsewhere ..... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes ..... 1 No ..... 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>if none, record '00'</i>	Boys dead ..... __ __  Girls dead ..... __ __	
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum ..... __ __	

<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p style="padding-left: 20px;"><input type="checkbox"/> No live births ⇒ Go to Contraception module</p> <p style="padding-left: 20px;"><input type="checkbox"/> One or more live births ⇒ continue with CM12</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</p>		
<p>CM12. OF THESE (<i>total number in CM10</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>Month and year must be recorded</i></p>	<p>Date of last birth</p> <p>Day .....__</p> <p>DK day.....98</p> <p>Month .....__</p> <p>Year.....__</p>	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (<i>day and month of interview</i>) in 2009</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to Attitudes toward domestic violence module.</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Ask for the name of the child</p> <p style="text-align: center;">Name of child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with the next module (DB).</i></p>		

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No ..... 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years ..... 2 __ __ DK ..... 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Midwife ..... B Nurse ..... D Other person Traditional birth attendant ..... F Community health worker (cadre) ..... G  Other (specify) ..... X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... __ __  Don't know (DK) ..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure .....	1	2												
Urine sample .....	1	2												
Blood sample .....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  MAY I SEE IT PLEASE?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3  DK ..... 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN9  8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times ..... __  DK ..... 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9														

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times ..... DK ..... 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago .....	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13A</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to MN17</p>		
MN13A. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU GET THE BLOOD SCREENING TEST FOR MALARIA?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN13E 8⇒MN13E
MN13B. WHAT WAS THE RESULT OF THE BLOOD SCREENING TEST?	Positive (malaria present) ..... 1 Negative (no malaria) ..... 2 DK ..... 8	2⇒MN13E
MN13C. WERE YOU GIVEN ANY MEDICINE FOR MALARIA DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN13E 8⇒MN13E
MN13D. WHAT MEDICINE WERE YOU GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i>  _____ (Name)	<p>Anti-malarials:</p> <p>SP / Fansidar ..... A Chloroquine ..... B Quinine / Kina ..... C Artesdiaquine ..... D Arsumon ..... E Arterakin/Artekin ..... F Other anti-malarial (specify) ..... G</p> <p>Antibiotic drugs</p> <p>Pill / Syrup ..... I Injection ..... J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen . P Aspirin ..... Q Ibuprofen ..... R</p> <p>Other (specify) ..... X DK ..... Z</p>	
MN13E. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN A INSECTICIDE TREATED NET?	Yes ..... 1 No ..... 2 DK ..... 8	

<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor ..... A Midwife ..... B Nurse ..... D</p> <p>Other person</p> <p>Traditional birth attendant ..... F Community health worker ..... G Relative / Friend ..... H</p> <p>Other (specify) _____ X No one ..... Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home ..... 11 Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21 Govt. clinic / health centre ..... 22 Govt. health post ..... 23 Other public (specify) _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (specify) _____ 36 Other (specify) _____ 96</p>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1 No ..... 2 DK ..... 8</p>	<p>2⇒MN24 8⇒MN24</p>
<p>MN22. HOW MUCH DID (name) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kg) ____ . ____</p> <p>From recall ..... 2 (kg) ____ . ____</p> <p>DK ..... 99998</p>	
<p>MN24. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒CP Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i></p>	<p>Immediately ..... 000 Hours ..... 1 ____ Days ..... 2 ____ Don't know / remember ..... 998</p>	

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No ..... 2</p> <p>Unsure or DK ..... 8</p>	1⇨UN Module
<p>CP1A. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>DID YOU EVER DO SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	2⇨UN Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization .....A</p> <p>Male sterilization .....B</p> <p>IUD .....C</p> <p>Injectables .....D</p> <p>Implants .....E</p> <p>Pill .....F</p> <p>Male condom .....G</p> <p>Female condom .....H</p> <p>Diaphragm .....I</p> <p>Foam / Jelly .....J</p> <p>Lactational amenorrhoea method (LAM) .....K</p> <p>Periodic abstinence / Rhythm .....L</p> <p>Withdrawal .....M</p> <p>Other (<i>specify</i>) .....X</p>	

UNMET NEED		UN
<b>UN1. Check CP1. Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
<b>UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</b>	Yes..... 1 No ..... 2	1⇒UN4
<b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</b>	Later..... 1 No more ..... 2	
<b>UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?</b>	Have another child ..... 1 No more / None ..... 2 Undecided / Don't know ..... 8	1⇒UN7 2⇒UN 13 8⇒UN 13
<b>UN5. Check CP3. Currently using "Female sterilization"?</b> <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
<b>UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</b>	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / Don't know ..... 8	2⇒ UN9 3⇒UN11 8⇒ UN9
<b>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</b>	Months ..... 1 __ __ Years ..... 2 __ __ Soon / Now ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 Don't know ..... 998	994⇒ UN11
<b>UN8. Check CP1. Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>	
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>YES ..... 1 1⇒ UN13</p> <p>No ..... 2</p> <p>DK ..... 8 ⇒ UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex ..... A</p> <p>Menopausal ..... B</p> <p>Never menstruated ..... C</p> <p>Hysterectomy (surgical removal of uterus) ..... D</p> <p>Has been trying to get pregnant for 2 years or more without result ..... E</p> <p>Postpartum amenorrheic ..... F</p> <p>Breastfeeding ..... G</p> <p>Too old ..... H</p> <p>Fatalistic ..... I</p> <p>Other (specify) _____ X</p> <p>Don't know ..... Z</p>
<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>	
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago ..... 1 __ __</p> <p>Weeks ago ..... 2 __ __</p> <p>Months ago ..... 3 __ __</p> <p>Years ago ..... 4 __ __</p> <p>In menopause /</p> <p>Has had hysterectomy ..... 994</p> <p>Before last birth ..... 995</p> <p>Never menstruated ..... 996</p>

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		
	Yes No DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling..... 1 2 8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children..... 1 2 8	
[C] IF SHE ARGUES WITH HIM?	Argues with him..... 1 2 8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex..... 1 2 8	
[E] IF SHE BURNS THE FOOD?	Burns food..... 1 2 8	
[F] IF SHE ARGUES WITH THE PARENTS-IN-LAW?	Argues with the parents-in-law . 1 2 8	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man ..... 2 No, not in union..... 3	2 ⇨ MA2 3 ⇨ MA5
MA1A. ARE YOU MARRIED THROUGH:	Yes No DK	
[A] CIVIL REGISTRATION?	Civil registration ..... 1 2 8	
[B] RELIGIOUS CEREMONY?	Religious ceremony ..... 1 2 8	
[C] TRADITIONAL CEREMONY?	Traditional ceremony ..... 1 2 8	
[D] COMMUNITY ACCEPTANCE?	Community acceptance ..... 1 2 8	
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?	Age in years ..... __ __	⇨ MA7
PROBE: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	DK..... 98	98⇨ MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married..... 1 Yes, formerly lived with a man ..... 2 No ..... 3	3 ⇨ Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once ..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year ..... 9998	⇨ Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... __ __	

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse ..... 00  Age in years..... _ _  First time when started living with (first) husband/partner..... 95	00⇒Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2  DK / Don't remember ..... 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?  <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago ..... 1 _ _ Weeks ago..... 2 _ _ Months ago..... 3 _ _ Years ago ..... 4 _ _	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?  <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i>  <i>If 'boyfriend', then ask:            WERE YOU LIVING TOGETHER AS IF MARRIED?            If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4  Other (specify) _____ 6	3⇒SB7 4⇒SB7  6⇒SB7
SB6. Check MA1:  <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8  <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:            ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner ..... _ _  DK..... 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 Other (<i>specify</i>) ..... 6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner ..... __ __ DK..... 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... __ __</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ..... __ __ DK..... 98</p>	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p> <p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>		
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT HIV/AIDS	Yes ..... 1 No ..... 2 DK ..... 8	
HA16. I DON'T WANT TO KNOW THE RESULT, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒HA24 8⇒HA24
HA17. I DON'T WANT TO KNOW THE RESULT, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒HA24 8⇒HA24
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes ..... 1 No ..... 2 DK ..... 8	
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK ..... 8	1⇒ Next Module 2⇒ Next Module 8⇒ Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	

ALCOHOL USE		TA
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes ..... 1 No ..... 2	2⇒WM11
TA15. WHICH IS CONSIDERED ONE DRINK OF ALCOHOL IS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM, SAGUER, PERMIPAN, BOBO, CAP TIKUS, SOFI, OR SBY. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol ..... 00 Age ..... ____	00⇒WM11
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Did not have one drink in last one month . 00 Number of days ..... 0 ____ 10 days or more but less than a month .... 10 Everyday / Almost every day ..... 30	00⇒WM11
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY CAN/BOTTLE/GLASS/SHOT OF DRINKS DID YOU USUALLY HAVE?	Number of can/bottle/glass/shot ..... ____	

WM11. Record the time.	Hour and minutes ..... ____ : ____	
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<p>WM12. Check Household Listing Form, column HL9. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman, man or child under-5 in the household.</p>
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**INDONESIA 2011**  
**INDONESIA MULTIPLE INDICATOR CLUSTER SURVEY**  
**PAPUA AND WEST PAPUA PROVINCE**  
**QUESTIONNAIRE FOR INDIVIDUAL MEN**

**CONFIDENTIAL**

MAN'S INFORMATION PANEL		MWM
<i>This questionnaire is to be administered to all men age 15 through 49 (see Household Listing Form, column HL7A). A separate questionnaire should be used for each eligible man.</i>		
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name: Name.....	MWM4. Man's line number: _____	
MWM5. Interviewer name and number: Name.....	MWM6. Day / Month / Year of interview: ____ / ____ / ____	

*Repeat greeting and introduce yourself if you never met with this respondent (man), and read the following:*

WE ARE FROM LOCAL GOVERNMENT/BPS WOULD LIKE TO TALK TO YOU ABOUT HEALTH AND EDUCATION. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete MWM7. Discuss this result with your supervisor

*If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:*

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MWM7. Result of man's interview	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other (specify) _____ 96
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MWM8. Field edited by (Name and number): Name _____	MWM9. Data entry clerk (Name and number): Name _____
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MWM10. <i>Record the time.</i>	Hour and minutes ..... : .....	
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MAN'S BACKGROUND		MWB
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month..... 98  Year ..... DK year..... 9998	
MWB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct MWB1 and/or MWB2 if inconsistent</i>	Age (in completed years).....	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool..... 0 Primary ..... 1 Junior Secondary ..... 2 Senior High ..... 3 University..... 4 DK..... 5	0⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "0"</i>	Grade.....	
<b>MWB6. Check MWB4:</b>  <input type="checkbox"/> <i>Senior High or University ⇒ Go to MDV</i>  <input type="checkbox"/> <i>Primary or Junior secondary ⇒ Continue with MWB7</i>		
MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3  No sentence in required language ..... 4 <i>(specify language)</i>  Blind / mute, visually / speech impaired ..... 5	

ATTITUDES	ESTIC	MDV
MDV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		Yes No DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling .....	1 2 8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children .....	1 2 8
[C] IF SHE ARGUES WITH HIM?	Argues with him .....	1 2 8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex .....	1 2 8
[E] IF SHE BURNS THE FOOD?	Burns food .....	1 2 8
[F] IF SHE ARGUES WITH PARENTS-IN-LAW?	Argues with parents-in-law .....	1 2 8

MARRIAGE/UNION	MMA
MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a woman ..... 2 No, not in union ..... 3 2⇒MMA2 3⇒MMA5
MMA1A. ARE YOU MARRIED THROUGH:	Yes No DK
[A] CIVIL REGISTRATION?	Civil registration ..... 1 2 8
[B] RELIGIOUS CEREMONY?	Religious ceremony ..... 1 2 8
[C] TRADITIONAL CEREMONY?	Traditional ceremony ..... 1 2 8
[D] COMMUNITY ACCEPTANCE?	Community acceptance ..... 1 2 8
MMA2. HOW OLD IS YOUR WIFE/PARTNER?	Age in years ..... __ __ ⇒MMA7
PROBE: HOW OLD WAS YOUR WIFE/PARTNER ON HIS LAST BIRTHDAY?	DK ..... 98 98⇒MMA7
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No ..... 3 3 ⇒Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2
MMA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year ..... 9998 ⇒Next Module
MMA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years ..... __ __

SEXUAL BEHAVIOUR		MSB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
<p>MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse..... 00</p> <p>Age in years ..... _ _</p> <p>First time when started living with (first) wife/partner ..... 95</p>	00⇒Next Module
<p>MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Don't remember ..... 8</p>	
<p>MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago ..... 1 _ _</p> <p>Weeks ago ..... 2 _ _</p> <p>Months ago ..... 3 _ _</p> <p>Years ago..... 4 _ _</p>	4⇒MSB15
<p>MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife ..... 1</p> <p>Cohabiting partner ..... 2</p> <p>Girlfriend ..... 3</p> <p>Casual acquaintance ..... 4</p> <p>Prostitute ..... 5</p> <p>Other (<i>specify</i>) ..... 6</p>	<p>3⇒MSB7</p> <p>4⇒MSB7</p> <p>4⇒MSB7</p> <p>6⇒MSB7</p>
<p>MSB6. Check MMA1:</p> <p><input type="checkbox"/> Currently married or living with a woman (MMA1 = 1 or 2) ⇒ Go to MSB8</p> <p><input type="checkbox"/> Not married / Not in union (MMA1 = 3) ⇒ Continue with MSB7</p>		
<p>MSB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner ..... _ _</p> <p>DK ..... 98</p>	
<p>MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒MSB15
<p>MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

<p>MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife..... 1 Cohabiting partner ..... 2 Girlfriend ..... 3 Casual acquaintance ..... 4 Prostitute..... 5  Other (<i>specify</i>) ..... 6</p>	<p>3⇒MSB12 4⇒MSB12 4⇒MSB12 6⇒MSB12</p>
<p>MSB11. Check MMA1:</p> <p><input type="checkbox"/> <i>Currently married or living with a woman (MMA1 = 1 or 2) AND Married only once or lived with a woman only once (MMA7 = 1) ⇒ Go to MSB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with MSB12</i></p>		
<p>MSB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner..... __ __ DK..... 98</p>	
<p>MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1 No ..... 2</p>	<p>2⇒MSB15</p>
<p>MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... __ __</p>	
<p>MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners..... __ __ DK..... 98</p>	

HIV/AIDS	MHA		
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1 No ..... 2		2⇒ Next Module
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No ..... 2 DK..... 8		
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No ..... 2 DK..... 8		
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No ..... 2 DK..... 8		
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No ..... 2 DK..... 8		
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK..... 8		
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK..... 8		
MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?		Yes No DK During pregnancy ..... 1 2 8 During delivery ..... 1 2 8 By breastfeeding ..... 1 2 8	
MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8		
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8		
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8		
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8		

MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No ..... 2	2⇒MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago..... 3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No ..... 2 DK..... 8	1⇒Next Module 2⇒Next Module 8⇒Next Module
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes..... 1 No ..... 2	

CIRCUMCISION		MNC
MNC1. SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED?	Yes..... 1 No ..... 2	2⇒Next Module
MNC2. HOW OLD WERE YOU GOT CIRCUMCISED?	Age in completed years ..... __ __ DK..... 98	
MNC3. WHO DID THE CIRCUMCISION?	Traditional practitioner/family/friend ..... 1 Health worker/Professional ..... 2 Other ( <i>specify</i> ) ..... 6 DK..... 8	
MNC4. WHERE WAS IT DONE?	Health facility ..... 1 Home of a health worker/professional ..... 2 Circumcision done at home ..... 3 Ritual site ..... 4 Other home/place ( <i>specify</i> ) ..... 6 DK..... 8	

ALCOHOL USE		MTA
<p>MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>2⇒</p> <p>MWM11</p>
<p>MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, SAGUER, PERMIPAN, BOBO, CAP TIKUS, SOFI, OR SBY.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol ..... 00</p> <p>Age..... ____</p>	<p>00⇒</p> <p>MWM11</p>
<p>MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "everyday" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month.. 00</p> <p>Number of days..... 0 ____</p> <p>10 days or more but less than a month..... 10</p> <p>Everyday / Almost every day ..... 30</p>	<p>00⇒</p> <p>MWM11</p>
<p>MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY CAN/BOTTLE/GLASS/SHOT OF DRINKS DID YOU USUALLY HAVE?</p>	<p>Number of can/bottle/glass/shot ..... ____</p>	

MWM11. Record the time.	Hour and minutes ..... ____ : ____
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<p>MWM12. Check Household Listing Form, column HL9.</p> <p>Is the respondent the caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him for his cooperation. Check for the presence of any other eligible man in the household.</p>
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INDONESIA 2011  
**INDONESIA MULTIPLE INDICATOR CLUSTER SURVEY**  
**PAPUA AND WEST PAPUA PROVINCE**  
**QUESTIONNAIRE FOR CHILDREN UNDER FIVE**

CONFIDENTIAL

UNDER-FIVE CHILD INFORMATION PANEL		UF
<i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _ ----	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM LOCAL GOVERNMENT/BPS WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*child's name from UF3*)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5  <i>Codes refer to mother/caretaker.</i>	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other ( <i>specify</i> ) _____ 96
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UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
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UF12. Record the time.	Hour and minutes..... _ _ : _ _	
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AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... _ _</p> <p>DK day.....98</p> <p>Month ..... _ _</p> <p>Year..... _ _ _ _</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ..... _</p>	

BIRTH REGISTRATION		BR
<p>BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?</p> <p><i>If yes, ask:</i> MAY I SEE IT?</p>	<p>Yes, seen .....1</p> <p>Yes, not seen .....2</p> <p>No.....3</p> <p>DK .....8</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p>
<p>BR2. HAS <i>(name)</i>'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>	<p>1⇒Next Module</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?</p>	<p>Yes .....1</p> <p>No.....2</p>	

BREASTFEEDING		BF
BF1. HAS <i>(name)</i> EVER BEEN BREASTFED?	Yes ..... 1 No..... 2  DK ..... 8	2⇒BF3  8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No..... 2  DK ..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER <i>(name)</i> HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  DID <i>(name)</i> <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	
BF4. DID <i>(name)</i> <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	2⇒BF6  8⇒BF6
BF5. HOW MANY TIMES DID <i>(name)</i> DRINK INFANT FORMULA?	Number of times ..... __ __	
BF6. DID <i>(name)</i> <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	2⇒BF8  8⇒BF8
BF7. HOW MANY TIMES DID <i>(name)</i> DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ..... __ __	
BF8. DID <i>(name)</i> <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	
BF9. DID <i>(name)</i> DRINK <u>CLEAR BROTH/CLEAR SOUP</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	
BF10. DID <i>(name)</i> <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	
BF11. DID <i>(name)</i> DRINK <u>ORALIT (SUGAR SALT SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	

BF12. DID ( <i>name</i> ) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No.....2  DK .....8	
BF13. DID ( <i>name</i> ) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No.....2  DK .....8	2⇒BF15  8⇒BF15
BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF15. DID ( <i>name</i> ) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No.....2  DK .....8	
BF16. DID ( <i>name</i> ) <u>EAT SOLID OR SEMI-SOLID</u> <u>(SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No.....2  DK .....8	2⇒BF18  8⇒BF18
BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) <u>DRINK ANYTHING FROM A BOTTLE</u> <u>WITH A NIPPLE?</u>	Yes ..... 1 No.....2  DK .....8	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) BEEN ILL WITH A FEVER AT ANY TIME?	Yes ..... 1 No..... 2 DK ..... 8	2⇒Next Module 8⇒Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID ( <i>name</i> ) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes ..... 1 No..... 2 DK ..... 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No..... 2 DK ..... 8	2⇒ML8 8⇒ML8
ML4. WAS ( <i>name</i> ) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes ..... 1 No..... 2 DK ..... 8	2⇒ML8 8⇒ML8
ML5. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes ..... 1 No..... 2 DK ..... 8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i>  _____ (Name)	Anti-malarials: SP / Fansidar..... A Chloroquine ..... B Quinine / Kina ..... D Artesdiaquine ..... E Arsumon ..... F Arterakin/Artekin..... G Other anti-malarial (specify)..... H  Antibiotic drugs Pill / Syrup ..... I Injection ..... J  Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin ..... Q Ibuprofen ..... R  Other (specify)..... X DK ..... Z	
ML7. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes ..... 1 No..... 2 DK ..... 8	1⇒ML9 2⇒ML10 8⇒ML10
ML8. WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes ..... 1 No..... 2 DK ..... 8	2⇒ML10 8⇒ML10

<p><b>ML9. WHAT MEDICINE WAS (name) GIVEN?</b></p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p style="text-align: center;">(Name)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar ..... A</p> <p>Chloroquine ..... B</p> <p>Quinine / Kina ..... D</p> <p>Artesdiaquine ..... E</p> <p>Arsumon ..... F</p> <p>Arterakin/Artekin ..... G</p> <p>Other anti-malarial (specify) _____ H</p> <p>Antibiotic drugs</p> <p>Pill / Syrup ..... I</p> <p>Injection ..... J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen . P</p> <p>Aspirin ..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (specify) _____ X</p> <p>DK ..... Z</p>	
<p><b>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</b></p> <p><input type="checkbox"/> Yes ⇒ Continue with ML11</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p><b>ML11. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML6 or ML9)?</b></p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</i></p>	<p>Same day ..... 0</p> <p>Next day ..... 1</p> <p>2 days after the fever ..... 2</p> <p>3 days after the fever ..... 3</p> <p>4 or more days after the fever ..... 4</p> <p>DK ..... 8</p>	

IMMUNIZATION		IM		
<p><i>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</i></p>				
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?  (If yes) MAY I SEE IT PLEASE?	Yes, seen ..... 1 Yes, not seen ..... 2 No card ..... 3	1⇒IM3 2⇒IM6		
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?	Yes ..... 1 No ..... 2	1⇒IM6 2⇒IM6		
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization		
		Day	Month	Year
BCG	BCG			
POLIO 1	OPV1			
POLIO 2	OPV2			
POLIO 3	OPV3			
POLIO 4	OPV4			
DPT/HB 1	DPT/HB 1			
DPT/HB 2	DPT/HB 2			
DPT/HB 3	DPT/HB 3			
DPT1	DPT1			
DPT2	DPT2			
DPT3	DPT3			
HEPB AT BIRTH	H0			
HEPB1	H1			
HEPB2	H2			
HEPB3	H3			
MEASLES (OR MMR)	MEASLES			
VITAMIN A (MOST RECENT)	VITA			
IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?  <input type="checkbox"/> Yes ⇒ Go to IM18  <input type="checkbox"/> No ⇒ Continue with IM5				

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p><i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i></p>	<p>Yes ..... 1  <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</i></p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM18  8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM18  8⇒IM18</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM11  8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST MONTH AFTER BIRTH OR LATER?</p>	<p>First two weeks ..... 1  Later ..... 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM10A. HAS (<i>name</i>) EVER RECEIVED A COMBO VACCINATION (COMBINATION OF DPT AND HEPATITIS B VACCINES) – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA AND HEPATITIS B?</p> <p><i>Probe by indicating that the Combo vaccine is sometimes given at the same time as Polio vaccines</i></p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM11  8⇒IM11</p>
<p>IM10B. HOW MANY TIMES WAS A COMBO VACCINE (COMBINATION OF DPT AND HEPATITIS B VACCINES) RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM13  8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i></p>	<p>Yes ..... 1</p> <p>No ..... 2  DK ..... 8</p>	<p>2⇒IM16  8⇒IM16</p>

IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours ..... 1 Later ..... 2	
IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times ..... _	
IM16. HAS ( <i>name</i> ) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No ..... 2 DK ..... 8	
IM18. HAS ( <i>name</i> ) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?  <i>Show common types of ampules / capsules / syrups</i>	Yes ..... 1 No ..... 2 DK ..... 8	
IM19. PLEASE TELL ME IF ( <i>name</i> ) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:  [A] POLIO AND MEASLES CAMPAIGN, DURING JULY-AUGUST 2011	Y N DK  <i>Polio and Measles campaign</i> ..... 1 2 8	

UF13. <i>Record the time.</i>	Hour and minutes ..... _ _ : _ _	
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UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

Yes ⇒ *Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

No ⇒ *End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child*

*Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.*

*Move to another woman's, man's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.*

AN6. *Is there another child in the household who is eligible for measurement?*

Yes ⇒ *Record measurements for next child.*

No ⇒ *Check if there are any other individual questionnaires to be completed in the household.*