

## Appendix F. Questionnaires



## HOUSEHOLD QUESTIONNAIRE IRAQ 2011

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH2a. Geographical Location ( GPS coordinates )	Longitude ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Latitude <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
HH3. Field interviewer (researcher) name and number: Name _____	HH4. Field supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Area: Urban ..... 1 Rural ..... 2	HH7. Location: 1. Governorate ..... 2. District ..... 3. Sub-district ..... 4. Mahalah (quarter) ..... 5. County ..... 6. Village ..... 7. Block ..... 8. Census- Building number.....	

WE ARE FROM (***the Central Organisation for Statistics (CSO) and the Ministry of Health***). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT THIRTY MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM. WE WOULD LIKE TO TALK TO YOU; THEREFORE, WE HOPE YOU CAN PARTICIPATE IN THIS SURVEY, BECAUSE YOUR OPINION / VIEWS ARE IMPORTANT.

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 ( <i>specify</i> ) _____ 96	HH10. Respondent to household questionnaire:  Name: _____  Line Number: _____  <hr/> HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman'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. Locally edited by (Name and number):  Name _____
HH17A. Centrally edited by (Name and number):  Name _____	HH17B. Data entry clerk (Name and number):  Name _____



HL1. Line number	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'. If less than one year write '00'	HL7.  Circle line number if woman 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?	HL11. Is (name)'s NATURAL MOTHER ALIVE? IF YES: WHAT IS HER NAME?	HL12. DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  Record line number of mother or 00 for "No"	HL13. Is (name)'s NATURAL FATHER ALIVE?  1 Yes 2 No Next Line 8 DK Next Line	HL14. DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD? IF YES: WHAT IS HIS NAME?  Record line number of father or 00 for "No"
Line	Name	Relation*	M F	Month Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
12		— —	1 2	— — — —	— — — —	12	— — — —	— — — —	1 2 8	— — — —	1 2 8	— — — —
13		— —	1 2	— — — —	— — — —	13	— — — —	— — — —	1 2 8	— — — —	1 2 8	— — — —
14		— —	1 2	— — — —	— — — —	14	— — — —	— — — —	1 2 8	— — — —	1 2 8	— — — —
15		— —	1 2	— — — —	— — — —	15	— — — —	— — — —	1 2 8	— — — —	1 2 8	— — — —

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 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 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 (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?  WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME?		ED6. DURING THE (2010-2011) SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME?		ED8. DURING THE (2009-2010) SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?							
		Yes	No	Level: 0 Preschool 1 Primary 2 Intermediate 3 Secondary 4 Diploma 5 Bachelor 6 Higher studies 7 Nonstandard curriculum 8 DK	Grade: 98 DK	Yes	No	Level: 0 Preschool 1 Primary 2 Intermediate 3 Secondary 4 Diploma 5 Bachelor 6 Higher studies 7 Nonstandard curriculum 8 DK	Grade: 98 DK	Y	N	DK	Level: 0 Preschool 1 Primary 2 Intermediate 3 Secondary 4 Diploma 5 Bachelor 6 Higher studies 7 Nonstandard curriculum 8 DK	Grade: 98 DK					
01																			
02																			
03																			
04																			
05																			
06																			
07																			
08																			
09																			
10																			
11																			
12																			
13																			
14																			
15																			

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling..... 11 Piped into dwelling yard..... 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 Reverse osmosis.(RO)..... 92 Other ( <i>specify</i> ) ..... 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water (tap 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 Reverse osmosis.(RO)..... 92 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	

WATER AND SANITATION		WS
<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>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>	
<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            No facility, Bush, Field..... 95            Other (<i>specify</i>) ..... 96</p>	<p>95⇒ WS12</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⇒ WS12</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⇒ WS12</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>	

WATER AND SANITATION		WS
WS12: HOW DO YOU USUALLY DISPOSE OF WASTE (GARBAGE)?	Collection from dwelling Closable containers.....1 No containers.....2 Uncovered containers on streets.....3 Closable containers on streets .....4 Waste disposed of in the open .....5 Burning.....6 Used as organic fertilizer (compost) .....7 Burying.....8 Other (specify).....9	03⇒ HC 04⇒ HC 05⇒ HC 06⇒ HC 07⇒ HC 08⇒ HC 09⇒ HC
WS13: HOW MANY TIMES WASTE IS COLLECTED IN THE PAST 14 DAYS BEFORE THE DAY OF THE VISIT?	Once in 2 weeks .....1 Once a week .....2 Twice a week or more .....3 Once a day .....4 Twice a day .....5	
WS6A. TESTING CHLORINE (CONCENTRATION) IN WATER	Less than (0.5).....1 (0.5 – 1).....2 (1 – 1.5).....3	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... _ _	
HC3. Main material of the dwelling floor.  <i>Record observation.</i>	Natural floor Earth / Sand ..... 11 Clay / stony soil / rocky ground ..... 12 Rudimentary floor Wood planks ..... 21 Palm / Bamboo / Grass ..... 22 Canes / reeds ..... 23 Finished floor Parquet or polished wood ..... 31 Asphalt strips ..... 32 <i>Kashi "tiles"</i> (mosaic, marble, ceramic) ..... 33 Cement (slab) ..... 34 Carpet or permanent moquette ..... 35 Plastic strips ..... 36 Other ( <i>specify</i> ) ..... 96	
HC4. Main material of the roof.  <i>Record observation.</i>	Natural roofing No Roof ..... 11 Mud with dry hard straw ..... 12 Grass stems ..... 13 Rudimentary Roofing Rustic mat ..... 21 Palm / Bamboo ..... 22 Wood planks ..... 23 Cardboard ..... 24 Canes / reeds ..... 25 Finished (modern) roofing Metal ..... 31 Wooden ..... 32 <b>Jenco (Metal sheets) or Asbestos sheets</b> 33 Ceramic tiles ..... 34 Cement (reinforced concrete) ..... 35 Roofing shingles ..... 36 <i>Shelman</i> (Bricks and T-steel / <i>Akada</i> (bricks and gypsum) ..... 37 Other ( <i>specify</i> ) ..... 96	

HOUSEHOLD CHARACTERISTICS		HC																								
HC5. Main material of the exterior walls.  <i>Record observation.</i>	Natural walls No walls..... 11 Cane / Palm / Trunks ..... 12 Mud ..... 13 Rudimentary walls Bamboo with mud ..... 21 Stone with mud ..... 22 Uncovered adobe ..... 23 Plywood ..... 24 Cardboard ..... 25 Reused wood ..... 26 Finished walls Cement ..... 31 Stone with lime / cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Clay bricks ..... 35 Wood planks / shingles ..... 36 Metal sheets ( <i>Jenco</i> ) ..... 37 Taboog ..... 38  Other ( <i>specify</i> ) ..... 96																									
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <b>MAINLY</b> USE FOR COOKING?	Electricity ..... 01 Gas ..... 02 Kerosene ..... 05 Charcoal ..... 07 Wood ..... 08 Straw / Shrubs / Grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11  No food cooked in household ..... 95 Other ( <i>specify</i> ) ..... 96	01⇒HC8 02⇒HC8 05⇒HC8      95⇒HC8																								
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?  <i>If 'In the house', probe: IS IT DONE IN A            SEPARATE ROOM USED AS A KITCHEN?</i>	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors ..... 4  Other ( <i>specify</i> ) ..... 6																									
HC8. DOES YOUR HOUSEHOLD HAVE:	<table> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>[A] ELECTRICITY?</td><td>Electricity, national grid ..... 1</td><td>2</td></tr> <tr> <td>[B] A RADIO?</td><td>Radio ..... 1</td><td>2</td></tr> <tr> <td>[C] A TELEVISION?</td><td>Television ..... 1</td><td>2</td></tr> <tr> <td>[D] A NON-MOBILE TELEPHONE?</td><td>Non-mobile telephone ..... 1</td><td>2</td></tr> <tr> <td>[E] AN ELECTRIC REFRIGERATOR?</td><td>Refrigerator ..... 1</td><td>2</td></tr> <tr> <td>[F] A SATELLITE SYSTEM (PARABOLIC DISH)?</td><td>Satellite system (arabolic dish) ..... 1</td><td>2</td></tr> <tr> <td></td><td>Internet connection ..... 1</td><td>2</td></tr> </tbody> </table>		Yes	No	[A] ELECTRICITY?	Electricity, national grid ..... 1	2	[B] A RADIO?	Radio ..... 1	2	[C] A TELEVISION?	Television ..... 1	2	[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone ..... 1	2	[E] AN ELECTRIC REFRIGERATOR?	Refrigerator ..... 1	2	[F] A SATELLITE SYSTEM (PARABOLIC DISH)?	Satellite system (arabolic dish) ..... 1	2		Internet connection ..... 1	2	
	Yes	No																								
[A] ELECTRICITY?	Electricity, national grid ..... 1	2																								
[B] A RADIO?	Radio ..... 1	2																								
[C] A TELEVISION?	Television ..... 1	2																								
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone ..... 1	2																								
[E] AN ELECTRIC REFRIGERATOR?	Refrigerator ..... 1	2																								
[F] A SATELLITE SYSTEM (PARABOLIC DISH)?	Satellite system (arabolic dish) ..... 1	2																								
	Internet connection ..... 1	2																								

HOUSEHOLD CHARACTERISTICS		HC																											
[G] INTERNET CONNECTION? [H] SHARED GRID (EXTERNAL GENERATOR)? [I] OWN POWER GENERATOR? [J] DEEP FREEZER? [K] SPLIT UNIT AIR CONDITIONER? [L] AIR COOLER? [M] COLD BOX (WOOD OR ASBESTOS)? [M] EARTHEN WATER CONTAINER?	Shared grid (External generator) .....1 . 2 Power generator ..... 1 2 Deep freezer ..... 1 2 Split unit air conditioner..... 1 2 Air cooler ..... 1 2 Cold box ..... 1 2 Earthen water container ..... 1 2																												
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WRIST WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK? [G] A BOAT WITH A MOTOR? [H] COMPUTER?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Watch.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Watch.....	1	2	Mobile telephone.....	1	2	Bicycle.....	1	2	Motorcycle.....	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	Boat with motor.....	1	2	Boat with motor.....	1	2	
	Yes	No																											
Watch.....	1	2																											
Mobile telephone.....	1	2																											
Bicycle.....	1	2																											
Motorcycle.....	1	2																											
Animal drawn-cart.....	1	2																											
Car / Truck.....	1	2																											
Boat with motor.....	1	2																											
Boat with motor.....	1	2																											
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?  <i>If "No", then ask:</i> DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?  <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	Own ..... 1 Rent ..... 2  Other (Not owned or rented) ..... 6																												
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ..... 1 No ..... 2	2⇒HC13																											
HC12. HOW MANY DUNUMS (HECTARS) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?  <i>If less than 1, record "00".            If 95 or more, record '95'.            If unknown, record '98'.</i>	Dunums (Hectares) ..... ____ ____																												
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes ..... 1 No ..... 2	2⇒HC15																											

HOUSEHOLD CHARACTERISTICS		HC
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p><i>If none, record '00'.</i></p> <p><i>If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls ..... _ _</p> <p>Horses, donkeys, or mules ..... _ _</p> <p>Goats..... _ _</p> <p>Sheep..... _ _</p> <p>Chickens ..... _ _</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	



CHILD LABOUR										CL	
To be administered for mother/ care taker of all children in the household age 5-14 years. For household members below age 5 or above age 14, 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?	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?	CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER 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?	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?		
		If yes: FOR PAY IN CASH OR KIND?  1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5		1 Yes 2 No ⇒ CL7		1 Yes 2 No ⇒ CL9		1 Yes 2 No ⇒ Next Line			
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours
01			1	2	3	1	2		1	2	
02			1	2	3	1	2		1	2	
03			1	2	3	1	2		1	2	
04			1	2	3	1	2		1	2	
05			1	2	3	1	2		1	2	
06			1	2	3	1	2		1	2	
07			1	2	3	1	2		1	2	
08			1	2	3	1	2		1	2	
09			1	2	3	1	2		1	2	
10			1	2	3	1	2		1	2	
11			1	2	3	1	2		1	2	
12			1	2	3	1	2		1	2	
13			1	2	3	1	2		1	2	
14			1	2	3	1	2		1	2	
15			1	2	3	1	2		1	2	

**CHILD DISCIPLINE**
**CD**
**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 14 years, if there is more than one child in that age range in the household.
- Check 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. Household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
01	1	1	3	1	4	1	6	5
02	1	2	1	2	5	2	7	6
03	1	1	2	3	1	3	1	7
04	1	2	3	4	2	4	2	8
05	1	1	1	1	3	5	3	1
06	1	2	2	2	4	6	4	2
07	1	1	3	3	5	1	5	3
08	1	2	1	4	1	2	6	4
09	1	1	2	1	2	3	7	5
10	1	2	2	4	3	6	5	4

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

CHILD DISCIPLINE		CD
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, NECK 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	
CD21A. BURN HIM/HER USING A HOT METAL OR ANYTHING ELSE?	Yes.....1 No .....2	
CD21B. BIT/HIT HIM/HER?	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	

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed ..... 1  Not observed Not in dwelling / plot / yard ..... 2 No permission to see..... 3 Other reason..... 6	   2 ⇒ HW4 3 ⇒ HW4 6 ⇒ HW4
HW2. <i>Observe presence of water at the specific place for handwashing.</i>  <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available ..... 1  Water is not available ..... 2	
HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i>  <i>Circle all that apply.</i>  <i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i>	Bar soap ..... A  Detergent (Powder / Liquid / Paste) ..... B  Liquid soap ..... C  Ash / Mud / Sand ..... D  None ..... Y	   A ⇒ HH19 B ⇒ HH19 C ⇒ HH19 D ⇒ HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes ..... 1  No ..... 2	  2 ⇒ HH19
HW5. CAN YOU PLEASE SHOW IT TO ME?  <i>Record observation. Circle all that apply.</i>	Bar soap ..... A  Detergent (Powder / Liquid / Paste) ..... B  Liquid soap ..... C  Ash / Mud / Sand ..... D  Not able / Does not want to show..... Y	

SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?  <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM ..... 1 Less than 15 PPM..... 2 15 PPM or more ..... 3  No salt in the house..... 6 Salt not tested ..... 7	

WATER TESTING		WT
<p>Check if WS1 and WS2 is 11, 12, 13 14.</p> <p><input type="checkbox"/> Yes, , proceed with WT1</p> <p><input type="checkbox"/> No, skip to HH20</p>		
<p>WT1 WE WOULD LIKE TO CHECK WHETHER PIPED WATER USED IN YOUR HOUSEHOLD IS CHLORINATED.</p> <p>MAY I HAVE A SAMPLE OF THE WATER FROM YOUR HOUSEHOLD?</p>	<p>Yes, got water ..... 1</p> <p>No ..... 2</p>	2⇒HH20
<p>WT2. TESTING CHLORINE (CONCENTRATION) IN WATER</p>	<p>Less than 0.5 ..... 1</p> <p>0.5 – 0.9 ..... 2</p> <p>1-1.5 ..... 3</p> <p>1.6 – 2.5 ..... 4</p> <p>Greater than 2.5 ..... 5</p> <p>Does not have chlorine ..... 6</p> <p>Did not test the water ..... 7</p>	

HH19. Record the time.	<p>Hour ..... — —</p> <p>Minutes ..... — —</p>	
<p>HH20. Does any eligible woman age 15-49 reside in the household?</p> <p>Check Household Listing Form, column HL7 for any eligible woman.</p> <p>You should have a questionnaire with the Information Panel filled in for each eligible woman.</p> <p><input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No ⇒ Continue.</p>		
<p>HH21. Does any child under the age of 5 reside in the household?</p> <p>Check Household Listing Form, column HL9 for any eligible child under age 5.</p> <p>You should have a questionnaire with the Information Panel filled in for each eligible child.</p> <p><input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</p> <p><input type="checkbox"/> No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15 on the cover page.</p>		

Interviewer's Observations
Field Editor's Observations  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>Name: .....</span> <span>Signature: .....</span> <span>Date: \ \</span> </div>
Local Supervisor's Observations  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>Name: .....</span> <span>Signature: .....</span> <span>Date: \ \</span> </div>
Central Supervisor's Observations  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>Name: .....</span> <span>Signature: .....</span> <span>Date: \ \</span> </div>

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 if not already read to this woman:

WE ARE FROM **the Central Organisation for Statistics (CSO) and the Ministry of Health.**

WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 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 45 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
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WM8. Field edited by (Name and number): Name _____	WM9. Local editor (Name and number): Name _____
WM9A. Central editor (Name and number): Name _____	WM9B. Data entry clerk (Name and number): Name _____

WM10. Record the time.	AM.....1	PM.....2	
	Hour.....__ __		
	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) .....__ __	
WB2A. ARE YOU CURRENTLY WORKING / EMPLOYED ELSEWHERE? IF YES, ASK: WHETHER IN THE PUBLIC SECTOR OR IN THE PRIVATE SECTOR?	Public Sector: Desk work.....1 Physical (field) work.....2 Private Sector: Desk work.....3 Physical (field) work.....4 In the household (specify).....5 Other (specify).....6 Do not have work ..... 7	
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 Intermediate ..... 2 Secondary ..... 3 Diploma ..... 4 Bachelor ..... 5 Higher studies ..... 6 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"/> Secondary or higher. ⇒ Go to Next Module  <input type="checkbox"/> Primary ⇒ Continue with WB7		



<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all..... 1</p> <p>Able to read only parts of sentence ..... 2</p> <p>Able to read whole sentence..... 3</p> <p>No sentence in required language _____ 4 (specify language)</p> <p>Blind / mute, visually / speech impaired..... 5</p>	
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MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	<p>Yes, currently married..... 1</p> <p>No, not married ..... 3</p>	3⇒MA5
MA2. HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	<p>Age in years ..... ____</p> <p>DK ..... 98</p>	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	<p>Yes..... 1</p> <p>No ..... 2</p>	2⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	<p>Number ..... ____</p> <p>DK ..... 98</p>	<p>⇒MA7</p> <p>98⇒MA7</p>
MA5. HAVE YOU EVER BEEN MARRIED?	<p>Yes, formerly married ..... 1</p> <p>No ..... 3</p>	3 ⇒Domes tic violence Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	<p>Widowed ..... 1</p> <p>Divorced ..... 2</p> <p>Separated ..... 3</p>	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	<p>Only once..... 1</p> <p>More than once ..... 2</p>	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY?	<p>Date of first marriage</p> <p>Month ..... ____</p> <p>DK month ..... 98</p> <p>Year ..... ____</p> <p>DK year ..... 9998</p>	⇒ MA 9A

MARRIAGE		MA
MA9. HOW OLD WERE YOU WHEN YOU GOT MARRIED TO YOUR FIRST HUSBAND?	Age in years..... _ _	
MA9A. WAS YOUR FIRST HUSBAND OF ANY KIN (A BLOOD RELATIVE, ETC) TO YOU?	Yes.....1 No.....2	2 → NEXT MODULE
MA9B. WHAT WAS YOUR RELATIONSHIP / KINSHIP WITH YOUR HUSBAND?	First degree cousin (paternal).....1 First degree cousin (maternal).....2 Second degree paternal or maternal cousin.3 Other blood (consanguinity) relatives .....4 Relatives by marriage.....5	

CHILD MORTALITY		CM
<i>This module is administered to all currently or formerly married women aged 15 – 49 years. All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE LIVE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes .....1 No .....2	2⇒CM10
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.  <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	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? <i>If none, record '00'.</i>	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 ..... _ _	

CHILD MORTALITY		CM
<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If “No” probe by asking:</i> 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?</p>	<p>Yes .....1</p> <p>No .....2</p>	<p>2⇒CM10</p>
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record ‘00’.</i></p>	<p>Boys dead.....__ __</p> <p>Girls dead .....__ __</p>	
<p>CM10. Sum answers to CM5, CM7, and CM9. If the answer to CM1 is ‘No’, then record ‘00’.</p>	<p>Sum .....__ __</p>	
<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding.</p> <p><input type="checkbox"/> Yes. Check below:</p> <p><input type="checkbox"/> No births (CM10=00) ⇒ Go to BH13</p> <p><input type="checkbox"/> One or more births ⇒ Continue with Birth history module</p>		

BIRTH HISTORY MODULE										BH
I WOULD LIKE NOW TO RECORD THE NAMES OF ALL THE CHILDREN YOU HAVE GIVEN BIRTH TO, WHETHER ALIVE OR NOT, STARTING FROM YOUR FIRST CHILD. FEMALE INTERVIEWER: RECORD THE NAMES OF ALL CHILDREN UNDER BH1. RECORD TWINS IN SEPARATE ROWS.										
BH1	BH2		BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
						If alive		If dead		
	WHAT IS THE NAME OF YOUR (FIRST / NEXT) CHILD?	IS ANY OF THESE CHILDREN A TWIN?	IS THE (NAME) A BOY OR A GIRL?	In what month and year was the (name) born?  Probe: what is his or her birthday?	IS THE (NAME) STILL ALIVE?	How old was he or she on his or her last birthday?  Record age in completed years	Does the (name) live with you?	Record the child's number in family. Record 00 (if not listed in the household form)	How old was the (name) when he died?  IF LESS THAN A MONTH, RECORD AGE IN DAYS. IF LESS THAN TWO YEARS, RECORD AGE IN MONTHS.  IF TWO OR MORE YEARS, RECORD AGE IN YEARS.	WAS THERE ANOTHER LIVE BIRTH BETWEEN (NAME OF PREVIOUS CHILD) AND (NAME)?
01		Single 1  Twins 2	Boy..1  Girl..2	Month ____  Year ____	Yes.. 1  No....2 ⇒ BH9	____  ____	Yes 1  No 2	____ ____ ⇒ Next line	Days ____ 1  Months ____ 2  Years ____ 3	
02		Single 1  Twins 2	Boy..1  Girl..2	Month ____  Year ____	Yes.. 1  No....2 ⇒ BH9	____  ____	Yes 1  No 2	____ ____ ⇒ BH10	Days ____ 1  Months ____ 2  Years ____ 3	Yes .....1  No .....2
03		Single 1  Twins 2	Boy..1  Girl..2	Month ____  Year ____	Yes.. 1  No....2 ⇒ BH9	____  ____	Yes 1  No 2	____ ____ ⇒ BH10	Days ____ 1  Months ____ 2  Years ____ 3	Yes .....1  No .....2
04		Single 1  Twins 2	Boy..1  Girl..2	Month ____  Year ____	Yes.. 1  No....2 ⇒ BH9	____  ____	Yes 1  No 2	____ ____ ⇒ BH10	Days ____ 1  Months ____ 2  Years ____ 3	Yes .....1  No .....2
05		Single 1  Twins 2	Boy..1  Girl..2	Month ____  Year ____	Yes.. 1  No....2 ⇒ BH9	____  ____	Yes 1  No 2	____ ____ ⇒ BH10	Days ____ 1  Months ____ 2  Years ____ 3	Yes .....1  No .....2
06		Single 1  Twins 2	Boy..1  Girl..2	Month ____  Year ____	Yes.. 1  No....2 ⇒ BH9	____  ____	Yes 1  No 2	____ ____ ⇒ BH10	Days ____ 1  Months ____ 2  Years ____ 3	Yes .....1  No .....2
07		Single 1  Twins 2	Boy..1  Girl..2	Month ____  Year ____	Yes.. 1  No....2 ⇒ BH9	____  ____	Yes 1  No 2	____ ____ ⇒ BH10	Days ____ 1  Months ____ 2  Years ____ 3	Yes .....1  No .....2

BIRTH HISTORY MODULE										BH												
08		Single 1 Twins 2	Boy.. 1 Girl .. 2	Month ____ Year ____	Yes.. 1 No....2 ⇒ BH9	____	Yes 1 No 2	____ ____ ⇒ BH10	Days ____ 1 Months ____ 2 Years ____ 3	Yes .....1 No .....2												
09		Single 1 Twins 2	Boy.. 1 Girl .. 2	Month ____ Year ____	Yes.. 1 No....2 ⇒ BH9	____	Yes 1 No 2	____ ____ ⇒ BH10	Days ____ 1 Months ____ 2 Years ____ 3	Yes .....1 No .....2												
10		Single 1 Twins 2	Boy.. 1 Girl .. 2	Month ____ Year ____	Yes.. 1 No....2 ⇒ BH9	____	Yes 1 No 2	____ ____ ⇒ BH10	Days ____ 1 Months ____ 2 Years ____ 3	Yes .....1 No .....2												
11		Single 1 Twins 2	Boy.. 1 Girl .. 2	Month ____ Year ____	Yes.. 1 No....2 ⇒ BH9	____	Yes 1 No 2	____ ____ ⇒ BH10	Days ____ 1 Months ____ 2 Years ____ 3	Yes .....1 No .....2												
12		Single 1 Twins 2	Boy.. 1 Girl .. 2	Month ____ Year ____	Yes.. 1 No....2 ⇒ BH9	____	Yes 1 No 2	____ ____ ⇒ BH10	Days ____ 1 Months ____ 2 Years ____ 3	Yes .....1 No .....2												
13		Single 1 Twins 2	Boy.. 1 Girl .. 2	Month ____ Year ____	Yes.. 1 No....2 ⇒ BH9	____	Yes 1 No 2	____ ____ ⇒ BH10	Days ____ 1 Months ____ 2 Years ____ 3	Yes .....1 No .....2												
14		Single 1 Twins 2	Boy.. 1 Girl .. 2	Month ____ Year ____	Yes.. 1 No....2 ⇒ BH9	____	Yes 1 No 2	____ ____ ⇒ BH10	Days ____ 1 Months ____ 2 Years ____ 3	Yes .....1 No .....2												
BH11. HAVE YOU GIVEN ANY LIVE BIRTH SINCE THE BIRTH OF (NAME OF LAST CHILD)?							Yes.....1 No.....2															
<b>BH12. Compare CM10 with the number of children in the previous birth history table. Tick the box corresponding to the result of the comparison:</b>  <input type="checkbox"/> Numbers are consistent. <input type="checkbox"/> Numbers are inconsistent → probe and reconsider the case.  <b>Then check:</b>  <table> <tr> <td>For every child</td> <td>year of birth recorded</td> <td><input type="checkbox"/></td> </tr> <tr> <td>For every living child</td> <td>current age recorded</td> <td><input type="checkbox"/></td> </tr> <tr> <td>For every dead child</td> <td>age at death registered</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Death at 12 months or one year</td> <td>probe to count the exact number of months</td> <td><input type="checkbox"/></td> </tr> </table>											For every child	year of birth recorded	<input type="checkbox"/>	For every living child	current age recorded	<input type="checkbox"/>	For every dead child	age at death registered	<input type="checkbox"/>	Death at 12 months or one year	probe to count the exact number of months	<input type="checkbox"/>
For every child	year of birth recorded	<input type="checkbox"/>																				
For every living child	current age recorded	<input type="checkbox"/>																				
For every dead child	age at death registered	<input type="checkbox"/>																				
Death at 12 months or one year	probe to count the exact number of months	<input type="checkbox"/>																				
BH13. SOME PREGNANCIES END WITH ABORTION OR MISCARRIAGE BEFORE THE 24 WEEK OF PREGNANCY. HAVE YOU EXPERIENCED ANY ABORTION OR MISCARRIAGE?							Yes.....1 No.....2		2⇒ BH15													

BIRTH HISTORY MODULE		BH
BH 14. HOW MANY ABORTIONS OR MISCARRIAGES DID YOU EXPERIENCE?	No of abortions/miscarriages ..... ____ ____ DK/Don't remember.....98	
BH 15. HAVE YOU EVER DELIVERED A STILLBIRTH - 24 WEEKS AFTER PREGNANCY?	Yes.....1 No.....2	2⇒ CM12
BH 16 HOW MANY STILLBIRTHS HAVE YOU DELIVERED?	Number of stillbirths.....____ DK/Don't remember.....98	

CM12. COPY MONTH AND YEAR OF LAST BIRTH FROM BH4 AND ASK THE RESPONDENT FOR THE DAY OF LAST BIRTH	Date of last birth Day..... ____ ____  DK day.....98  Month..... ____ ____  Year ..... ____ ____ ____	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in <b>2009</b>?</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Ask for the name of the child</p> <p>Name of child_____</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p> <p>Continue with the next module.</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.</i></p> <p><i>Record name of last-born child here _____. From CM13</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 ⇒ DB4
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months.....1 ____ Years.....2 ____ DK.....998	
DB4. DID YOUR HUSBAND WANT YOU TO GET PREGNANT?	Yes.....1 No.....2	1 ⇒ Next Module
DB5. DID YOUR HUSBAND WANT TO HAVE A BABY LATER ON, OR DID NOT HE WANT ANY (MORE) CHILDREN?	Later.....1 No more.....2	2 ⇒ Next Module
DB6. HOW MUCH LONGER DID YOUR HUSBAND WANT TO WAIT?	Months.....1 ____ Years.....2 ____ DK.....998	

MATERNAL AND NEWBORN HEALTH		MN															
<p><i>This module is to be administered to all currently or formerly married women with a live birth in the 2 years preceding date of interview.</i></p> <p><i>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>																	
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: Public doctor ..... A Private doctor ..... B Nurse / licensed midwife ..... C  Other person Traditional birth attendant ..... F A female relative or a friend ..... G Other (specify) ..... X																
MN2A. IN WHICH MONTH OF PREGNANCY DID YOU RECEIVE ANTENATAL CARE FOR THE FIRST TIME?	Month ..... DK ..... 98																
MN2B. IN MOST INSTANCES DID YOU VISIT A PUBLIC OR PRIVATE HEALTH INSTITUTION, TO RECEIVE ANTENATAL CARE DURING YOUR PREGNANCY?	Yes, Public hospital ..... 1 Yes, Primary health care centre ..... 2 Yes, Popular medicine clinic. .... 3 Yes, Private hospital ..... 4 Yes, Private clinic ..... 5 No ..... 6	6⇒MN3															
MN2C. WHY DID YOU CHOOSE THE INSTITUTION YOU VISITED TO RECEIVE ANTENATAL CARE?	Proximity ..... 01 Usually go there ..... 02 Cost ..... 03 Security ..... 04 Told to go there ..... 05 Referred to it to receive specialised care .. 06 Trust ..... 07 Don't know other institution ..... 08  Other (specify) ..... 96																
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?  <i>( See the medical card if available )</i>	Number of times ..... DK ..... 98																
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] WAS YOUR BLOOD PRESSURE MEASURED?</td> <td>Blood pressure ..... 1</td> <td>2</td> </tr> <tr> <td>[B] DID YOU GIVE A URINE SAMPLE?</td> <td>Urine sample ..... 1</td> <td>2</td> </tr> <tr> <td>[C] DID YOU GIVE A BLOOD SAMPLE?</td> <td>Blood sample ..... 1</td> <td>2</td> </tr> <tr> <td>[D] WERE YOU WEIGHED?</td> <td>Weighed ..... 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure ..... 1	2	[B] DID YOU GIVE A URINE SAMPLE?	Urine sample ..... 1	2	[C] DID YOU GIVE A BLOOD SAMPLE?	Blood sample ..... 1	2	[D] WERE YOU WEIGHED?	Weighed ..... 1	2	
	Yes	No															
[A] WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure ..... 1	2															
[B] DID YOU GIVE A URINE SAMPLE?	Urine sample ..... 1	2															
[C] DID YOU GIVE A BLOOD SAMPLE?	Blood sample ..... 1	2															
[D] WERE YOU WEIGHED?	Weighed ..... 1	2															



MATERNAL AND NEWBORN HEALTH		MN
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE? If a card is presented, use it to assist with answers to the following questions.</p>	<p>Yes (card seen) ..... 1</p> <p>Yes (card not seen) ..... 2</p> <p>No ..... 3</p> <p>DK ..... 8</p>	
<p>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?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN9</p> <p>8⇒MN9</p>
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p> <p>If 7 or more times, record '7'</p>	<p>Number of times ..... _</p> <p>DK ..... 8</p>	<p>8⇒MN9</p>
<p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12</p> <p><input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</p>		
<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</p> <p>If 7 or more times, record '7'.</p>	<p>Number of times ..... _</p> <p>DK ..... 8</p>	<p>8⇒MN12</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</p>	<p>Years ago ..... _ _</p>	
<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>		
<p>MN13A. DID YOU TAKE <b>FEROFOL</b> CAPSULE SINCE THE FOURTH MONTH OF PREGNANCY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN17</p> <p>8⇒MN17</p>
<p>MN13B. DID YOU TAKE THE <b>FEROFOL</b> CAPSULE CONSTANTLY OR INTERMITTENTLY?</p>	<p>Constantly ..... 1</p> <p>Intermittently ..... 2</p>	



MATERNAL AND NEWBORN HEALTH		MN
MN21. WAS ( <i>name</i> ) WEIGHED AT BIRTH?  <i>Probe if there is a medical card</i>	Yes ..... 1 No ..... 2  DK..... 8	2⇒MN23  8⇒MN23
MN22. HOW MUCH DID ( <i>name</i> ) WEIGH?  <i>Record weight from health card, if available.</i>	From card ..... 1 (kg) __ . __ __ __ From recall..... 2 (kg) __ . __ __ __ DK..... 99.998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF ( <i>name</i> )?	Yes ..... 1 No ..... 2	
MN24. DID YOU EVER BREASTFEED ( <i>name</i> )?	Yes ..... 1 No ..... 2	2⇒Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT ( <i>name</i> ) TO THE BREAST?  <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately ..... 000 Hours ..... __ __ 1 Days ..... __ __ 2 Don't know / remember ..... 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS ( <i>name</i> ) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No ..... 2	2⇒NEXT MODULE
MN27. WHAT WAS ( <i>name</i> ) GIVEN TO DRINK?  ANYTHING ELSE?	Milk (other than breast milk) ..... A Plain water ..... B Sugar or glucose water ..... C Gripe water ..... D Sugar-salt-water solution..... E Fruit juice ..... F Infant formula ..... G Tea / Infusions ..... H Honey ..... I  Other ( <i>specify</i> ) _____ X	

ILLNESS SYMPTOMS		IS
<p>IS1. Check Household Listing, column HL9</p> <p>Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2.</p> <p><input type="checkbox"/> No ⇒ Go to Next Module.</p>		
<p>IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do NOT prompt with any suggestions</i></p>	<p>Child not able to drink or breastfeed ..... A</p> <p>Child becomes sicker ..... B</p> <p>Child develops a fever ..... C</p> <p>Child has fast breathing ..... D</p> <p>Child has difficult breathing ..... E</p> <p>Child has blood in stool ..... F</p> <p>Child is drinking poorly ..... G</p> <p>Frequent vomiting ..... H</p> <p>Convulsions ..... I</p> <p>Unconsciousness (Sleepiness) disorder ..... J</p> <p>Child cries a lot ..... K</p> <p>Child has Diarrhoea ..... L</p> <p>Other (specify) ..... X</p> <p>Other (specify) ..... Y</p> <p>Other (specify) ..... Z</p>	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.  ARE YOU PREGNANT NOW?	Yes, currently pregnant .....1  No .....2  Unsure or DK .....8	1⇒Next Module
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.  ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes.....1  No .....2	1⇒ CP3
CP2A. WHAT IS THE REASON FOR NOT USING ANY WAYS TO DELAY OR AVOID PREGNANCY? ANY OTHER REASON?	Want to have a baby.....A Health reasons.....B Religious reasons.....C Husband is not convinced.....D Wife is not convinced.....E High cost of contraception.....F Other (specify).....X	A⇒CP6 B⇒CP6 C⇒CP6 D⇒CP6 E⇒CP6 F⇒CP6 X⇒CP6
CP3. WHAT ARE YOU DOING TO AVOID OR DELAY A PREGNANCY?  <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization.....A IUD.....C Injectables.....D Implants.....E Pill .....F Male condom .....G Female condom.....H Diaphragm .....I Foam / Jelly .....J Lactational amenorrhoea method (LAM)....K Periodic abstinence/Rhythm (one week after menstruation .....L Withdrawal .....M  Other (specify) _____ X	K⇒CP6  L⇒CP6 M⇒CP6
CP4. WHERE DID YOU GET THIS CURRENT METHOD FOR THE LAST TIME?	Public sector Governmental hospital.....11 Primary health care centre.....12 Popular medicine clinic.....13 Other (specify).....16 Private medical sector Private hospital or clinic.....21 Private doctor.....22 Private pharmacist.....23 Health worker.....24 Other (specify).....26 Other sources Family.....31 Relative or friend.....32 Shop or druggist / spice dealer.....33	
CP5. DO YOU PAY FOR THIS METHOD OR GET IT FOR FREE?	For free.....1 Pay.....2	
CP6. DID YOU RECEIVE ADVICE / CONSULTATION OR INSTRUCTIONS / GUIDANCE ON FAMILY PLANNING?	Yes.....1 No.....2	2 → NEXT MODULE

CONTRACEPTION		CP
CP7. WHO PROVIDED YOU WITH THIS ADVICE / CONSULTATION?	Public sector	
	Governmental hospital.....	11
	Primary health care centre.....	12
	Popular medicine clinic.....	13
	Other (specify).....	16
	Private medical sector	
	Private hospital or clinic.....	21
	Private doctor.....	22
	Private pharmacist.....	23
	Health worker.....	24
	Other (specify).....	26
	Other sources	
	Family.....	31
	Relative or friend.....	32
	Shop or druggist / spice dealer.....	33

UNMET NEED		UN
<p>UN1. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p>		
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?	<p>Yes..... 1</p> <p>No..... 2</p>	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	<p>Later ..... 1</p> <p>No more ..... 2</p>	
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?	<p>Have another child ..... 1</p> <p>No more / None..... 2</p> <p>Undecided / Don't know ..... 8</p>	<p>1⇒UN7</p> <p>2⇒UN13</p> <p>8⇒UN13</p>
<p>UN5. Check CP3. Currently using "Female sterilization"?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p>		
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?	<p>Have (a/another) child..... 1</p> <p>No more / None..... 2</p> <p>Says she cannot get pregnant..... 3</p> <p>Undecided / Don't know ..... 8</p>	<p>2⇒UN9</p> <p>3⇒UN11</p> <p>8⇒UN9</p>
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	<p>Months ..... 1 _ _</p> <p>Years..... 2 _ _</p> <p>Soon / Now ..... 993</p> <p>Says she cannot get pregnant..... 994</p> <p>Other ..... 996</p> <p>Don't know ..... 998</p>	994⇒UN11
<p>UN8. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p>		

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



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 HE FEELS SHE IS A SQUANDERER (CARELESS SPENDER)	Is a squanderer (careless spender). ....	1	2	8
[G] IF SHE DISCLOSES THE HUSBAND OR HOUSEHOLD SECRETS?	Discloses secrets.....	1	2	8

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes..... 1 No ..... 2	1 ⇒ FG3
FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes..... 1 No ..... 2	2 ⇒ NEXT MODULE
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes..... 1 No ..... 2	2⇒ FG9A
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED?  <i>If the respondent does not know the exact age, probe to get an estimate</i>	Age at circumcision.....__ __  DK / Don't remember / Not sure ..... 98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional Governmental doctor ..... 11 Private doctor..... 12 Nurse / licensed midwife ..... 13  Other persons Traditional birth attendant ..... 21 Female relative or friend..... 22  Other (specify) ..... 96  DK / Don't remember / Unsure ..... 98	
FG9A. Check MA1 and MA5 from marriage module: Is the woman single or never married? <input type="checkbox"/> Yes, single or never married⇒ FG22 <input type="checkbox"/> No, Continue FG9		
FG9. Check CM5 and CM7 from child mortality module: Does the woman have one or more living daughters? <input type="checkbox"/> Yes, one or more living daughters ⇒ FG10A <input type="checkbox"/> No, Go to ⇒ FG22		
FG10A. HAS/HAVE YOUR LIVING DAUGHTER/ ANY OF YOUR LIVING DAUGHTERS BEEN CIRCUMCISED?  <i>If yes: HOW MANY?</i>	Number of daughters circumcised: ... __ _____  No daughters circumcised ..... 00	00 ⇒ FG22
FG 16A. NUMBER OF YEARS SINCE THE MOST RECENT CIRCUMCISION WAS DONE TO ANY OF YOUR DAUGHTERS	Number of years.....__ _____ DK/ Don't remember/Unsure.....98	
FG20A. WHO PERFORMED THIS CIRCUMCISION?	Health professional Governmental doctor ..... A Private doctor ..... B Nurse / licensed midwife ..... C Other persons Traditional (unlicensed) midwife (Arab grandmother) ..... F Female relative or friend..... G  Other (specify) .....	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued ..... 1 Discontinued ..... 2 Depends ..... 3 DK..... 8	2,3,8 ⇒ NEXT MODULE
FG23. WHY DO YOU THINK THAT THIS PRACTICE SHOULD BE CONTINUED?	Social Norm for purity ..... 1 To maintain the girls chastity ..... 2 Health reasons..... 3 Other (specify _____) 6 DK..... 8	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes.....1	2⇒WM11
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	No .....2	
HA1A. IN CASE OF INFECTION WITH ANY SEXUALLY TRANSMITTED DISEASE (STD), DO YOU BELIEVE THAT IT IS NECESSARY FOR THE HUSBAND / WIFE TO BE TESTED, EVEN IF HE / SHE HAD NO SYMPTOMS?	Yes.....1 No .....2 DK.....8	
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	
HA3A. IN YOUR OPINION, WHAT IS THE BEST METHOD TO INCREASE PEOPLE'S KNOWLEDGE / AWARENESS ABOUT AIDS?	School curricula.....11 Television messages.....12 Radio messages.....13 Newspapers.....14 Signs / slogans / advertising boards ..... 15 Health education sessions ..... 16  Other (specify) _____ 96	
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	
HA4A. DO YOU BELIEVE IN THE IMPORTANCE OF HIV TESTING AS PART OF PRE-MARRIAGE TESTS?	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	
HA7A. CAN AN INDIVIDUAL CONTRACT HIV THROUGH USING AN UNSTERILIZED SYRINGE/ NEEDLE PREVIOUSLY USED BY SOMEONE ELSE?	Yes.....1 No.....2 DK.....8	

HIV/AIDS		HA																				
<p>HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</p> <p>[A] DURING PREGNANCY?</p> <p>[B] DURING DELIVERY?</p> <p>[C] BY BREASTFEEDING?</p>	<table> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <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> </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?	<p>Yes.....1</p> <p>No .....2</p> <p>DK / Not sure / Depends.....8</p>																					
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	<p>Yes.....1</p> <p>No .....2</p> <p>DK / Not sure / Depends.....8</p>																					
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	<p>Yes.....1</p> <p>No .....2</p> <p>DK / Not sure / Depends.....8</p>																					
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?	<p>Yes.....1</p> <p>No .....2</p> <p>DK / Not sure / Depends.....8</p>																					
<p>HA12A: Check MA1 and MA5: Is the woman unmarried (MA1=3 and MA5=3)</p> <p><input type="checkbox"/> Yes, go to ⇒ WM11</p> <p><input type="checkbox"/> No ⇒ Continue with HA13</p>																						
<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>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>AIDS from mother .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Y	N	DK	AIDS from mother .....	1	2	8	Things to do .....	1	2	8	Tested for AIDS .....	1	2	8	Offered a test .....	1	2	8	
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Tested for AIDS .....	1	2	8																			
Offered a test .....	1	2	8																			

HIV/AIDS		HA
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No ..... 2  DK ..... 8	2⇒HA19  8⇒HA19
HA16A. DID YOU REQUEST FOR THIS AIDS VIRUS TEST YOURSELF, OR WAS IT OFFERED TO YOU AND THEN YOU ACCEPTED IT OR WAS IT REQUIRED?	Based on my request..... 1 Offered and accepted..... 2 Required..... 3 DK..... 8	
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No ..... 2  DK ..... 8	2⇒HA22  8⇒HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.  AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes..... 1 No ..... 2  DK ..... 8	1⇒HA22 2⇒HA22  8⇒HA22
HA19. Check MN17: Birth delivered by health professional (A, B or C)?  <input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20  <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24		
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes..... 1 No ..... 2	2⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No ..... 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No ..... 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	1⇒WM11 2⇒WM11 3⇒WM11
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⇒WM11 2⇒WM11  8⇒WM11
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes..... 1 No ..... 2	

WM11. <i>Record the time.</i>	1.....AM    2.....Pm Hour and minutes.....__ __ : __ __	
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<p>WM12. <i>Check Household Listing Form, column HL9.</i>  <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview with this respondent by thanking her for her cooperation.  Check for the presence of any other eligible woman or children under-5 in the household.</i></p>
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**Interviewer's Observations**

**Field Supervisor's Observations**

Name :.....Signature:.....Date:   /   /

**Local Supervisor's Observations**

Name :.....Signature:.....Date:   /   /

**Central Supervisor's Observations**

Name :.....Signature:.....Date:   /   /



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 **the Central Organisation for Statistics (CSO) and the Ministry of Health.**

WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (name)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 30 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 UF12 to record the time and then begin the interview.
- ☐ No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

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 30 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.

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 (specify) _____ 96
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UF10. Field editor (Name and number): Name _____	UF11. Local editor (Name and number): Name _____
UF11A. Central supervisor (Name and number): Name _____	UF11B. Data entry clerk (Name and number): Name _____

UF12. <i>Record the time.</i>	1.....AM      2.....PM Hour.....__ __ minutes.....__ __	
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AGE		AG
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i> .  IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?  <i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?  <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i>  <i>Month and year must be recorded.</i>	Date of birth Day .....__ __  DK day .....98  Month.....__ __  Year .....__ __ __ __	
AG2. HOW OLD IS <i>(name)</i> ?  <i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?  <i>Record age in completed years.</i>  <i>Record '0' if less than 1 year.</i>  <i>Compare and correct AG1 and/or AG2 if inconsistent.</i>	Age (in completed years) .....__	

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>IF BIRTH CERTIFICATE IS PRESENTED, CHECK THE DATE IN AG1. IF SUCH CERTIFICATE IS NOT SEEN, TRY TO CHECK THE DATE USING ANOTHER DOCUMENT (THE CHILD'S VACCINATION CARD OR HEALTH CARD, ETC). CORRECT THE AGE GIVEN IN EC4 IF NECESSARY.</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>	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None .....00 Number of children's books.....0 __ Ten or more books .....10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.  DOES HE/SHE PLAY WITH:  <div style="text-align: right; margin-right: 50px;">Y   N   DK</div> [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? Homemade toys .....1   2   8 [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? Toys from a shop.....1   2   8 [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? Household objects or outside objects .....1   2   8  <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>		
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.  ON HOW MANY DAYS IN THE PAST WEEK WAS (name):  [A] LEFT ALONE FOR MORE THAN AN HOUR? Number of days left alone for more than an hour ..... __ [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? Number of days left with other child for more than an hour ..... __  <i>If 'none' enter '0'. If 'don't know' enter '8'</i>		
EC4. Check AG2: Age of child <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5 <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module		
EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, WHETHER IN THE PRIVATE OR GOVERNMENT SECTORS, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE? (IF ANY)	Yes .....1 No .....2 DK.....8	2⇒EC7 8⇒EC7

EARLY CHILDHOOD DEVELOPMENT						EC
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND IN THESE EDUCATIONAL INSTITUTIONS??	Number of hours.....__ __					
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):  If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?  CIRCLE ALL THAT APPLY.						
		Mother	Father	Other	No one	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	Read books	A	B	X	Y	
[B] TOLD STORIES TO (name)?	Told stories	A	B	X	Y	
[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	Sang songs	A	B	X	Y	
[D] TOOK (name) OUTSIDE THE HOME, COMPOUND OR YARD?	Took outside	A	B	X	Y	
[E] PLAYED WITH (name)?	Played with	A	B	X	Y	
[F] NAMED, COUNTED, OR DREW THINGS to or with (NAME)?	Named/counted	A	B	X	Y	
G) HELPED HIM / HER MEMORIZE / RECITE RELIGIOUS VERSES?	Helped memorize / recite religious verses	A	B	X	Y	
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.  CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes .....1 No .....2 DK.....8					
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes .....1 No .....2 DK.....8					
EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes .....1 No .....2 DK.....8					
EC11. CAN (name) PICK UP A SMALL OBJECT WITH	Yes .....1					

EARLY CHILDHOOD DEVELOPMENT		EC
TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	No .....2 DK.....8	
EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?	Yes .....1 No .....2 DK.....8	
EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes .....1 No .....2 DK.....8	
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes .....1 No .....2 DK.....8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes .....1 No .....2 DK.....8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .....1 No .....2 DK.....8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes .....1 No .....2 DK.....8	

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	
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.  BF3. 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 soup 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>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	

BREASTFEEDING		BF
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	



CARE OF ILLNESS		
<p>CA1. IN THE LAST TWO WEEKS, HAS (name) HAD DIARRHOEA?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (name) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</p> <p>DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?</p> <p><i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less ..... 1</p> <p>Somewhat less ..... 2</p> <p>About the same ..... 3</p> <p>More ..... 4</p> <p>Nothing to drink ..... 5</p> <p>DK ..... 8</p>	
<p>CA3. DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?</p> <p><i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less ..... 1</p> <p>Somewhat less ..... 2</p> <p>About the same ..... 3</p> <p>More ..... 4</p> <p>Stopped food ..... 5</p> <p>Never given food due to age ..... 6</p> <p>DK ..... 8</p>	
<p>CA4. DURING THE EPISODE OF DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] <b>ORS</b> ORAL DEHYDRATION SALTS?</p> <p>[B] FLUID MADE FROM A PACKET CALLED ORAL DEHYDRATION SOLUTION OR DEXTROLYXTE?</p>	<p style="text-align: right;">Y N DK</p> <p>ORS ..... 1 2 8</p> <p>Oral dehydration fluid ..... 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>

CARE OF ILLNESS		
<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____ (Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic ..... A</p> <p>Antimotility ..... B</p> <p>Zinc (anti-diarrhea tablets) ..... C</p> <p>Other (Not antibiotic, antimotility or zinc) ..... G</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic ..... L</p> <p>Non-antibiotic ..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous ..... O</p> <p>Home remedy / Herbal medicine ..... Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA6A. HAVE YOU EVER HEARD OF A SPECIAL MEDICINE CALLED "ORAL DEHYDRATION SOLUTION" (DEXTROLYTE) FOR DIARRHOEA TREATMENT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒CA7
<p>CA6B. HAVE YOU EVER PREPARED IT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒CA7
<p>CA6C. HOW MUCH WATER DID YOU USE TO PREPARE DEXTROLYTE?</p>	<p>Half a litre ..... 1</p> <p>One litre ..... 2</p> <p>2 litres ..... 3</p> <p>Other ..... 4</p> <p>DK ..... 8</p>	
<p>CA6D. WHAT TYPE OF WATER DID YOU USE TO DISSOLVE DEXTROLYTE?</p>	<p>Piped water ..... 1</p> <p>Boiled water ..... 2</p> <p>Bottled water ..... 3</p> <p>Other ..... 4</p> <p>DK ..... 8</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	2⇒CA14 8⇒CA14
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	2⇒CA14 8⇒CA14
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only ..... 1</p> <p>Blocked or runny nose only ..... 2</p> <p>Both ..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK ..... 8</p>	2⇒CA14 6⇒CA14
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	2⇒CA12 8⇒CA12

CARE OF ILLNESS		
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital ..... A</p> <p>Govt. health centre..... B</p> <p>Govt. health post..... C</p> <p>Health worker ..... D</p> <p>Team during health campaigns ..... E</p> <p>Other public (<i>specify</i>) ..... F</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... G</p> <p>Private physician ..... H</p> <p>Private pharmacy ..... I</p> <p>Other private medical (<i>specify</i>) ..... J</p> <p>Other source</p> <p>Relative / Friend ..... P</p> <p>Herbal medicine shop/ attar ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Other (<i>specify</i>) ..... X</p>	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic</p> <p>Pill / Syrup ..... A</p> <p>Injection ..... B</p> <p>Antipyretics..... C</p> <p>Decongestant..... D</p> <p>Antitusive..... E</p> <p>Paracetamol / Panadol / Acetaminophen ..... P</p> <p>Aspirin ..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (<i>specify</i>) ..... X</p> <p>DK ..... Z</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used sanitation utilities ..... 01</p> <p>Put / Rinsed into toilet or latrine ..... 02</p> <p>Put / Rinsed into drain or ditch ..... 03</p> <p>Thrown into garbage (solid waste) ..... 04</p> <p>Buried ..... 05</p> <p>Left in the open ..... 06</p> <p>Other (<i>specify</i>) ..... 96</p> <p>DK ..... 98</p>	

IMMUNIZATION MODULE										IM
<i>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM5-IM17 are for registering vaccinations that are not recorded on the card.</i>										
<b>IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?</b>  <i>(If yes) MAY I SEE IT PLEASE?</i>				Yes, seen ..... 1 Yes, not seen ..... 2 No card..... 3				1⇒IM3 2⇒IM6		
<b>IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?</b>				Yes ..... 1 No ..... 2				1⇒IM6 2⇒IM6		
<b>IM3.</b> (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.				<b>Date of Immunization</b>						
				Day	Month	Year				
DURING THE FIRST WEEK OF THE CHILD'S BIRTH										
BACILLUS CALMETTE-GUERIN (OR BACILLE CALMETTE-GUERIN) BCG										
ORAL POLIOVIRUS VACCINE AT BIRTH (POLIO 0) OPV 0										
HEPATITIS B1 (HB1)										
WHEN THE CHILD COMPLETES TWO MONTHS OF AGE										
POLIO 1 OPV 1										
DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), AND TETANUS (DOSE 1) DPT1										
HEPATITIS B2 HB2										
WHEN THE CHILD COMPLETES FOUR MONTHS OF AGE										
POLIO 2 OPV 2										
DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), AND TETANUS (DOSE 2) DPT2										
WHEN THE CHILD COMPLETES OF SIX MONTHS OF AGE										
POLIO 3 OPV 3										
DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), AND TETANUS (DOSE 3) DPT3										
HEPATITIS B3 HB3										
WHEN THE CHILD COMPLETES NINE MONTHS OF AGE										
SINGLE MEASLES DOSE MEASLES										
VITAMIN A SUPPLEMENTATION (ONE ORAL DOSE) 100000 INTERNATIONAL UNITS (THE BLUE CAPSULE) VITAMIN A										
WHEN THE CHILD COMPLETES 15 MONTHS OF AGE										

IMMUNIZATION MODULE										IM
MEASLES COMBINED WITH OTHER VACCINES (MUMPS, MEASLES AND RUBELLA)	MMR									
WHEN CHILD COMPLETES 18 MONTHS OF AGE										
POLIO (FIRST BOOSTER DOSE)	OPV									
DPT (FIRST BOOSTER DOSE)	DPT									
VITAMIN A SUPPLEMENTATION (ONE DOSE), 200000 INTERNATIONAL UNITS	Vit A									
<b>IM4. Check IM3. Are all vaccines (Starting from BCG to DPT (FIRST BOOSTER DOSE)) recorded?</b> <input type="checkbox"/> Yes ⇒ Continue with IM18.										
<b>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED DURING NATIONAL IMMUNIZATION CAMPAIGNS OR OTHER HEALTH CAMPAIGNS?</b>  <i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i>		Yes ..... 1 <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</i>  No ..... 2 DK ..... 8							2⇒IM18 8⇒IM18	
<b>IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN NATIONAL IMMUNIZATION CAMPAIGNS OR OTHER HEALTH CAMPAIGNS?</b>		Yes ..... 1  No ..... 2 DK ..... 8							2⇒IM18 8⇒IM18	
<b>IM7. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR (ON THE SPOT WHERE INJECTION IS GIVEN)?</b>		Yes ..... 1  No ..... 2 DK ..... 8								
<b>IM8. HAS (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM / HER FROM GETTING DISEASES – THAT IS, POLIO?</b>		Yes ..... 1  No ..... 2 DK ..... 8							2⇒IM11 8⇒IM11	
<b>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</b>		First two weeks ..... 1 Later ..... 2								
<b>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</b>		Number of times .....								
<b>IM11. HAS (name) EVER BEEN GIVEN "DPT VACCINATION" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM / HER FROM GETTING TETANUS, WHOOPING COUGH AND DIPHTHERIA?</b>  <i>Probe by indicating that DPT vaccination is often given at the same time as Polio</i>		Yes ..... 1  No ..... 2 DK ..... 8							2⇒IM13 8⇒IM13	
<b>IM12. HOW MANY TIMES WAS (name) THE DPT VACCINE RECEIVED?</b>		Number of times .....								

IMMUNIZATION MODULE		IM
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM / HER FROM GETTING HEPATITIS B? THE FIRST DOSE OF HEPATITIS B IS USUALLY GIVEN AT THE SAME TIME AS THE ORAL OPV 0 AND BCG, WHEREAS THE SECOND AND THIRD DOSES OF HEPATITIS B ARE GIVEN AT THE SAME TIME AS DPT AND ORAL POLIO VACCINATION.</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</p> <p>DK ..... 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours ..... 1</p> <p>Later ..... 2</p>	
<p>IM15. HOW MANY TIMES WAS THE HEPATITIS B VACCINE RECEIVED</p>	<p>Number of times ..... _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED “SINGLE MEASLES VACCINATION INJECTION” – THAT IS, A SHOT IN THE ARM GIVEN AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM / HER FROM GETTING MEASLES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p>IM17. HAS (<i>name</i>) EVER RECEIVED THE MEASLES VACCINATION MIXED WITH OTHER VACCINES (MMR) – THAT IS A SHOT IN THE ARM WHEN THE CHILD COMPLETES 15 MONTHS OR OLDER - TO PREVENT HIM / HER FROM GETTING MEASLES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p>IM18. HAS (<i>name</i>) RECEIVED A PREVENTIVE VITAMIN A SUPPLEMENTATION DOSE LIKE (THIS / ANY OF THESE) WITHIN THE LAST 6 MONTHS?</p> <p><i>Show common types of ampoules / capsules / syrups</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p>IM19. Please tell me if (<i>name</i>) has participated in any of the following national immunization campaigns, other health campaigns or child health days:</p> <p><b>Polio spring campaign (0-59 months)</b></p> <p>[A] First campaign 2-6/5/2010</p> <p>[B] First campaign 6-10/6/2010</p> <p><b>Polio autumn campaign (0-59 months)</b></p> <p>[D] First campaign 3-7/10/2010</p> <p>[E] First campaign 7-11/11/2010</p> <p><b>Measles campaign</b></p> <p>[F] Measles campaign (6–36 months) 5-21/12/2010</p>	<p style="text-align: right;">Y N DK</p> <p>Campaign A ..... 1 2 8</p> <p>Campaign B ..... 1 2 8</p> <p>Campaign D ..... 1 2 8</p> <p>Campaign E ..... 1 2 8</p> <p>Campaign F ..... 1 2 8</p>	

IMMUNIZATION MODULE		IM
IM20. Was a growth chart drawn to check on your child's development?	Yes, drawn chart seen.....1 No, drawn chart seen .....2 Yes, no card.....3 No, no card.....4 DK.....8	
<i>Interviewer: help the respondent in checking if there is a growth chart on the card, if any.</i>		
IM21. In the last six months, was (name) weighed during your visit to a health facility?	Yes, weighed regularly .....1 Yes, weighed once, but not regularly.....2 No, never weighed.....3 Did not visit a health facility.....4 DK.....8	

UF13. Record the time.	1.....AM      2.....PM Hour..... 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 or under-5 questionnaires to be administered in this household.*

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

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured..... 1 Child not present ..... 2 Child or caretaker refused..... 3 Other (specify) ..... 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) ..... Weight not measured .....99.9	
AN4. Child's length or height Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down ..... 1 ..... Height (cm) Standing up ..... 2 ..... Length / Height not measured .....999.9	
AN5a. Check left shoulder (which is the right place for BCG vaccination) to identify the scar resulting from vaccination.  OBSERVE AND RECORD	Checked Scar present ..... 1 Scar not present ..... 2 Unsure if scar is present..... 3  Not checked (specify reason) ..... 7	

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

☐ Yes ⇒ Record measurements for next child.

☐ No ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.



**Interviewer's Observations**

**Field Supervisor's Observations**

Name:..... Signature..... Date: / /

**Local Supervisor's Observations**

Name:..... Signature..... Date: / /

**Central Supervisor's Observations**

Name:..... Signature..... Date: / /