

Appendix F. Questionnaires

WE ARE FROM THE NATIONAL STATISTICS CENTRE AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE SOME TIMES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
Province: _____ <input type="text"/> <input type="text"/> District: _____ <input type="text"/> <input type="text"/> Village: _____ <input type="text"/> <input type="text"/> <input type="text"/>		
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban 1 Rural with Road 2 Rural without Road 3	HH7. Region: North 1 Central 2 South 3	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4 Other (specify) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
HH12. No. of women eligible for interview: _____	HH11. Total number of household members: _____	
HH14. No. of children under age 5: _____	HH13. No. of women questionnaires completed: _____	
	HH15. No. of under-5 questionnaires completed: _____	
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Data entry clerk: _____		

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used ☐

						Eligible for:						
						WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW	For children age 0-17 years ASK HL9-HL12			
HL 1. Lin e no.	HL2. Name	HL3. WHAT IS THE RELATIO N-SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. IS (name) MALE OR FEMAL E? 1 MALE 2 FEM.		HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1	2	___	01	___	___	1 2 8	___	1 2 8	___
02		___	1	2	___	02	___	___	1 2 8	___	1 2 8	___
03		___	1	2	___	03	___	___	1 2 8	___	1 2 8	___
04		___	1	2	___	04	___	___	1 2 8	___	1 2 8	___
05		___	1	2	___	05	___	___	1 2 8	___	1 2 8	___
06		___	1	2	___	06	___	___	1 2 8	___	1 2 8	___

HOUSEHOLD LISTING FORM												HL				
07		___	___	1	2	___	___	07	___	___	1 2 8	___	___	1 2 8	___	___
08		___	___	1	2	___	___	08	___	___	1 2 8	___	___	1 2 8	___	___
09		___	___	1	2	___	___	09	___	___	1 2 8	___	___	1 2 8	___	___
10		___	___	1	2	___	___	10	___	___	1 2 8	___	___	1 2 8	___	___
11		___	___	1	2	___	___	11	___	___	1 2 8	___	___	1 2 8	___	___
12		___	___	1	2	___	___	12	___	___	1 2 8	___	___	1 2 8	___	___
13		___	___	1	2	___	___	13	___	___	1 2 8	___	___	1 2 8	___	___
ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? <i>If yes, insert child's name and complete form.</i> <i>Then, complete the totals below.</i>																
								Women 15-49	Children 5-14	Under-5s						
Totals								___	___	___						
<i>* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").</i> <i>Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.</i> <i>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 the Questionnaire for Children UnderFive. You should now have a separate questionnaire for each eligible woman and each child under five in the household.</i>																

* Codes for HL3: Relationship to head of household:

- 01 = Head
- 02 = Wife or Husband
- 03 = Son or Daughter
- 04 = Son or Daughter In-Law
- 05 = Grandchild
- 06 = Parent
- 07 = Parent-In-Law
- 08 = Brother or Sister
- 09 = Brother or Sister-In-Law
- 10 = Uncle/Aunt
- 11 = Niece/Nephew By Blood
- 12 = Niece/Nephew By Marriage
- 13 = Other Relative
- 14 = Adopted/Foster/Stepchild
- 15 = Not Related
- 98 = Don't Know

EDUCATION MODULE															ED
For household members age 5 and above					For household members age 5-24 years										
ED1. Line no.	ED1A. Name	ED2. HAS (<i>name</i>) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (<i>name</i>) ATTENDED? WHAT IS THE HIGHEST GRADE (<i>name</i>) COMPLETED AT THIS LEVEL?		ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (<i>name</i>) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED5. SINCE LAST (<i>day of the week</i>), HOW MANY DAYS DID (<i>name</i>) ATTEND SCHOOL?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (<i>name</i>) ATTENDING?		ED7. DID (<i>name</i>) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004- 2005)?			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (<i>name</i>) ATTEND?		
		1 YES ⇒ ED3 2 NO ⇒ NEXT LINE	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 6 NON-STANDARD CURRICULUM 8 DK GRADE: PRE-SCHOOL 00 PRIMARY 11-15 LOWER SECONDARY 21-23 UPPER SECONDARY 31-33 NON-STANDARD CURRICULUM 61-63 98 DK If less than 1 grade, enter 00.		1 YES 2 NO ⇒ ED7		Insert number of days in space below.	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 6 NON-STANDARD CURRICULUM 8 DK GRADE: PRE-SCHOOL 00 PRIMARY 11-15 LOWER SECONDARY 21-23 UPPER SECONDARY 31-33 NON-STANDARD CURRICULUM 61-63 98 DK		1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE			LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 6 NON-STANDARD CURRICULUM 8 DK GRADE: PRE-SCHOOL 00 PRIMARY 11-15 LOWER SECONDARY 21-23 UPPER SECONDARY 31-33 NON-STANDARD CURRICULUM 61-63 98 DK		
LINE		YES NO	LEVEL	GRADE	YES	NO	DAYS	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE	
		1 2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___	
		1 2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___	
		1 2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___	
		1 2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___	
		1 2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___	
		1 2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___	
		1 2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___	

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling.....11	11⇒WS5
	Piped into yard or plot.....12	12⇒WS5
	Public tap/standpipe13	
	Tubewell/borehole21	
	Dug well	
	Protected well31	
	Unprotected well32	
	Water from spring	
	Protected spring41	
	Unprotected spring42	⇒WS
	Rainwater collection51	3
	Tanker-truck61	
	Cart with small tank/drum.....71	
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81	
	Bottled water.....91	
	Other (<i>specify</i>)96	
		96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling.....11	11⇒WS5
	Piped into yard or plot.....12	12⇒WS5
	Public tap/standpipe13	
	Tubewell/borehole21	
	Dug well	
	Protected well31	
	Unprotected well32	
	Water from spring	
	Protected spring41	
	Unprotected spring42	
	Rainwater collection51	
	Tanker-truck61	
	Cart with small tank/drum.....71	
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81	
	Bottled water.....91	
	Other (<i>specify</i>)96	
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes — — —	
	Water on premises995	995⇒WS
	DK.....998	5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?	Adult woman.....1	
	Adult man2	
	Female child (under 15)3	
	Male child (under 15).....4	
	DK.....8	
<i>Probe:</i>		
IS THIS PERSON UNDER AGE 15? WHAT SEX?		
<i>Circle code that best describes this person.</i>		
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes.....1	
	No2	2⇒WS7
	DK.....8	8⇒WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DK..... Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system11</p> <p>Flush to septic tank.....12</p> <p>Flush to pit (latrine).....13</p> <p>Flush to somewhere else.....14</p> <p>Flush to unknown place/not sure/DK where15</p> <p>Ventilated Improved Pit latrine (VIP)21</p> <p>Pit latrine with slab.....22</p> <p>Pit latrine without slab / open pit.....23</p> <p>Hanging toilet/hanging latrine51</p> <p>No facilities or bush or field95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. Do YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes.....1</p> <p>No2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10).... 0 ____</p> <p>Ten or more households10</p> <p>DK.....98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Buddhist</i>1 <i>Christianity</i>2 <i>Islam</i>3 Other religion (<i>specify</i>).....6 No religion7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Lao</i>1 <i>Khmou</i>2 <i>Hmong</i>3 Other language (<i>specify</i>).....6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Lao</i>1 <i>Khmou</i>2 <i>Hmong</i>3 Other ethnic group (<i>specify</i>).....6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms.....__ __	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Earth/sand11 Dung12 Rudimentary floor Wood planks.....21 Palm/bamboo22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips32 Ceramic tiles.....33 Cement.....34 Carpet.....35 Other (<i>specify</i>).....96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof.....11 Thatch/palm leaf12 Rudimentary Roofing Palm/bamboo22 Wood planks.....23 Finished roofing Metal.....31 Wood32 Calamine/cement fiber.....33 Ceramic tiles.....34 Cement.....35 Roofing shingles36 Other (<i>specify</i>).....96	

HC5. Main material of the walls. <i>Record observation.</i>	Natural walls No walls11 Cane/palm/trunks12 Dirt13 Rudimentary walls Bamboo/Bamboo with dry leaf14 Bamboo lattice15 Bamboo with mud21 Plywood24 Carton25 Reused wood26 Bamboo mat27 Finished walls Cement31 Stone with lime/cement32 Bricks33 Cement blocks34 Wood planks/shingles36 Other (<i>specify</i>)96																																																				
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity01 Liquid Propane Gas (LPG)02 Natural gas03 Kerosene05 Charcoal06 Coal / Lignite07 Wood08 Straw/shrubs/grass09 Other (<i>specify</i>)96	01⇒HC8 02⇒HC8 03⇒HC8																																																			
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire1 Open stove2 Closed stove3 Other (<i>specify</i>)6	3⇒HC8 6⇒HC8																																																			
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes1 No2																																																				
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house1 In a separate building2 Outdoors3 Other (<i>specify</i>)6																																																				
HC9. DOES YOUR HOUSEHOLD HAVE:	<table> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr><td>ELECTRICITY?</td><td>1</td><td>2</td></tr> <tr><td>A CLOCK?</td><td>1</td><td>2</td></tr> <tr><td>A RADIO/CASSETTE?</td><td>1</td><td>2</td></tr> <tr><td>A FAN?</td><td>1</td><td>2</td></tr> <tr><td>A MATTRESS?</td><td>1</td><td>2</td></tr> <tr><td>A BLACK AND WHITE TELEVISION?</td><td>1</td><td>2</td></tr> <tr><td>A COLOUR TV?</td><td>1</td><td>2</td></tr> <tr><td>A CD/VCR PLAYER?</td><td>1</td><td>2</td></tr> <tr><td>A WATER PUMP?</td><td>1</td><td>2</td></tr> <tr><td>A BED?</td><td>1</td><td>2</td></tr> <tr><td>DVD PLAYER?</td><td>1</td><td>2</td></tr> <tr><td>A SATELLITE DISK/RECEIVER?</td><td>1</td><td>2</td></tr> <tr><td>A MOBILE TELEPHONE?</td><td>1</td><td>2</td></tr> <tr><td>A NON-MOBILE TELEPHONE?</td><td>1</td><td>2</td></tr> <tr><td>A REFRIGERATOR?</td><td>1</td><td>2</td></tr> <tr><td>AN AIR-CONDITIONER?</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	ELECTRICITY?	1	2	A CLOCK?	1	2	A RADIO/CASSETTE?	1	2	A FAN?	1	2	A MATTRESS?	1	2	A BLACK AND WHITE TELEVISION?	1	2	A COLOUR TV?	1	2	A CD/VCR PLAYER?	1	2	A WATER PUMP?	1	2	A BED?	1	2	DVD PLAYER?	1	2	A SATELLITE DISK/RECEIVER?	1	2	A MOBILE TELEPHONE?	1	2	A NON-MOBILE TELEPHONE?	1	2	A REFRIGERATOR?	1	2	AN AIR-CONDITIONER?	1	2	
	Yes	No																																																			
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A WASHING MACHINE?	Washing machine.....	1	2	
A SOFA?	Sofa.....	1	2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No	
A WATCH?	Watch	1	2	
A BICYCLE?	Bicycle	1	2	
AN ANIMAL-DRAWN CART?	Animal drawn-cart.....	1	2	
A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter	1	2	
A TUKTUK OR TAK TAK?	Tuktuk/Taktak.....	1	2	
A CAR OR TRUCK?	Car/Truck.....	1	2	
A BOAT WITH A MOTOR?	Boat with motor.....	1	2	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes.....	1		2⇒HC13
	No	2		
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Hectares			
If more than 97, record '97'. If unknown, record '98'.				
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes.....	1		2⇒HC15A
	No	2		
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?				
BUFFALO?	Buffalo			
BULLS?	Bulls			
HORSES, DONKEYS, OR MULES?	Horses, donkeys, or mules.....			
GOATS/SHEEP?	Goats/Sheep.....			
PIG?	Pig.....			
CHICKENS/DUCKS/BIRDS?	Chickens/ducks/birds.....			
If none, record '00'. If more than 97, record '97'. If unknown, record '98'.				

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No2	2⇒NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If 7 or more nets, record '7'.</i>	Number of nets__	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING TYPES: <i>Read each brand name, show picture card, and circle codes for Yes or No for each brand. If possible, observe the net to verify brand.</i>	<div style="text-align: right; margin-bottom: 10px;">Y N DK</div> LONG-LASTING TREATED NETS: Long-lasting treated nets.....1 2 8 PRE-TREATED NETS: Pre-treated net.....1 2 8 Other nets: OTHER NETS: Unknown type..... 1 2 8	
TN4. Check TN3 for type of net(s). Go through the above list in order until one box is checked and follow instructions: 1. <input type="checkbox"/> Long-lasting treated net mentioned?⇒ Go to Next Module 2. <input type="checkbox"/> Pre-treated net mentioned?⇒ Go to TN6 3. <input type="checkbox"/> Other net mentioned?⇒ Continue with TN5		
TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.....1 No2 DK/not sure.....8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED? <i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i>	Months ago__ More than 24 months ago95 Not sure98	
TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?	Yes.....1 No2 DK.....8	2⇒NEXT MODULE 8⇒NEXT MODULE
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago__ More than 24 months ago95 Not sure98	

CHILD LABOUR MODULE															CL		
<i>To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.</i> Now I would like to ask about any work children in this household may do.																	
CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (<i>name</i>) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5			CL4. <i>If yes:</i> SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then ⇒ CL.6</i>		CL5. AT ANY TIME DURING THE PAST YEAR, DID (<i>name</i>) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID (<i>name</i>) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8		CL7. <i>If yes:</i> SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		CL8. DURING THE PAST WEEK, DID (<i>name</i>) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE		CL9. <i>If yes:</i> SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	
LINE		YES				YES											
NO.	NAME	PAID	UNPAID	NO	NO. HOURS	PAID	UNPAID	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS			
01		1	2	3	___	1	2	3	1	2	___	1	2	___			
02		1	2	3	___	1	2	3	1	2	___	1	2	___			
03		1	2	3	___	1	2	3	1	2	___	1	2	___			
04		1	2	3	___	1	2	3	1	2	___	1	2	___			
05		1	2	3	___	1	2	3	1	2	___	1	2	___			
06		1	2	3	___	1	2	3	1	2	___	1	2	___			
07		1	2	3	___	1	2	3	1	2	___	1	2	___			
08		1	2	3	___	1	2	3	1	2	___	1	2	___			
09		1	2	3	___	1	2	3	1	2	___	1	2	___			
10		1	2	3	___	1	2	3	1	2	___	1	2	___			
11		1	2	3	___	1	2	3	1	2	___	1	2	___			
12		1	2	3	___	1	2	3	1	2	___	1	2	___			
13		1	2	3	___	1	2	3	1	2	___	1	2	___			

Child Discipline Module

Table 1: Children aged 2-14 years eligible for child Discipline questions

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.
LINE	LINE	NAME	M	F	AGE	MOTHER
01	— —		1	2	— —	— —
02	— —		1	2	— —	— —
03	— —		1	2	— —	— —
04	— —		1	2	— —	— —
05	— —		1	2	— —	— —
06	— —		1	2	— —	— —
07	— —		1	2	— —	— —
08	— —		1	2	— —	— —
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					— —

If there is only one child age 2-14 years in the household, then skip Table 2 and go to CD9; write down the rank number of the child and continue with CD11

Table 2: selection of random child for Child Discipline questions

Use this table 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. Look for the last digit of the household number 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 CD7 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 about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the questionnaire number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	1	2	1	2	3	7	5
CD9. Record the rank number of the selected child	Rank number of child..... — —							

Child discipline module		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number _ _	
CD12. ALL 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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (<i>name</i>) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (<i>name</i>) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes.....1 No2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOUR) WAS WRONG.	Yes.....1 No2	
CD12C. SHOOK HIM/HER.	Yes.....1 No2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes.....1 No2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes.....1 No2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes.....1 No2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes.....1 No2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes.....1 No2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes.....1 No2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes.....1 No2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes.....1 No2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (<i>name</i>) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes.....1 No2 Don't know/no opinion8	

Disability												DA	
To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.													
DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSC- IOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNISABLE WORDS)?	DA11. (For 3-9 year olds): Is (name)'s SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2- year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?	
LINE	NAME	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2
		1	2	1	2	1	2	1	2	1	2	1	2

SALT IODISATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODISED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p> <p><i>In nutrition households (where there is a barcode label on the front of this form) only, now take a sample of salt for later iodine analysis in Vientiane</i></p>	<p>Not iodised (no colour change)1</p> <p>Contains iodine (colour change).....2</p> <p>No salt in home.....6</p> <p>Salt not tested.....7</p>	
<p>SI1A. WHAT IS THE BRAND OF THIS MOST COMMONLY USED SALT (THE SALT THAT WAS TESTED FOR IODINE ABOVE?)</p>	<p>Produces by themselves/small scales.....1</p> <p>Spool Brand salt (khoksaat).....2</p> <p>Fish Brand salt (Nateu SVK).....3</p> <p>Cart Brand salt (Veunkham).....4</p> <p>Fish Brand salt (Boten).....5</p> <p>Khenkok salt.....6</p> <p>Diamond Brand salt (Ban Bo).....7</p> <p>Borikhamxay salt.....8</p> <p>Thai salt.....9</p> <p>Vietnamese salt.....10</p> <p>Chinese salt.....11</p> <p>Not labelled/others.....12</p>	
<p>SI1B. WAS A SAMPLE OF SALT COLLECTED FOR FURTHER ANALYSIS AT THE LAB? A SAMPLE SHOULD BE COLLECTED ONLY IF THERE IS A BARCODE LABEL ON THE FRONT OF THIS FORM</p>	<p>Yes.....1</p> <p>No2</p>	
<p>FOR THE FOLLOWING QUESTIONS: ASK THE PERSON WHO USUALLY PREPARES THE FOOD IN THE HOUSEHOLD</p>		
<p>SI1C. IN THE PAST WEEK HOW MANY TIMES DID YOU USE SUGAR IN THE PREPARATION OF FOOD OR DRINKS?</p>	<p>Daily.....1</p> <p>4-6 times.....2</p> <p>1-3 times.....3</p> <p>Never.....6</p>	IF 6 SKIP TO SI1E
<p>SI1D. MAY I SEE A SAMPLE OF THE SUGAR USED?</p>	<p>No sugar in home.....1</p> <p>Sugar from Lao.....2</p> <p>Sugar from Thailand.....3</p> <p>Sugar from Vietnam.....4</p> <p>Sugar from China.....5</p> <p>Unlabelled/other source.....6</p>	
<p>SI1E. IN THE PAST WEEK HOW MANY TIMES DID YOU USE COOKING OIL (NAM MAN PEUD) IN THE PREPARATION OF FOOD?</p>	<p>Daily.....1</p> <p>4-6 times.....2</p> <p>1-3 times.....3</p> <p>Never.....6</p>	IF 6 SKIP TO SI1G
<p>SI1F. MAY I SEE A SAMPLE OF THE COOKING OIL USED?</p>	<p>No cooking oil in home.....1</p> <p>Cooking oil from Lao.....2</p> <p>Cooking oil from Thailand.....3</p> <p>Cooking oil from Vietnam.....4</p> <p>Cooking oil from China.....5</p> <p>Unlabelled/other source.....6</p>	
<p>SI1G. IN THE PAST WEEK HOW MANY TIMES DID YOU</p>	<p>Daily.....1</p>	IF 6 SKIP

USE FISH SAUCE (<i>NAM PLAA</i>) IN THE PREPARATION OF FOOD?	4-6 times.....2 1-3 times.....3 Never.....6	TO SI11
SI1H. MAY I SEE A SAMPLE OF THE FISH SAUCE USED?	No fish sauce in home.....1 Fish sauce from Lao.....2 Fish sauce from Thailand.....3 Fish sauce from Vietnam.....4 Fish sauce from China.....5 Unlabelled/other source.....6	
SI1I. IN THE PAST WEEK HOW MANY TIMES DID YOU USE MSG (<i>PAENG NOUA</i>) IN THE PREPARATION OF FOOD?	Daily.....1 4-6 times.....2 1-3 times.....3 Never.....6	IF 6 SKIP TO SI2
SI1J. MAY I SEE A SAMPLE OF THE MSG USED?	No MSG in home.....1 MSG from Lao.....2 MSG from Thailand.....3 MSG from Vietnam.....4 MSG from China.....5 Unlabelled/other source.....6	

SI2. Does any eligible woman age 15-49 reside in the household?
Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.

☐ No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.

☐ No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Province _____
 District _____
 Village _____

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number:	WM2. Household number:	
_____	_____	
WM3. Woman's Name:	WM4. Woman's Line Number:	
_____	_____	
WM5. Interviewer name and number:	WM6. Day/Month/Year of interview:	
_____	____ / ____ / _____	
WM7. Result of women's interview	Completed..... 1 Not at home 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (specify) _____ 6	

Repeat greeting if not already read to this woman:

WE ARE FROM THE NATIONAL STATISTICS CENTRE AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE SOME TIMES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date _____ of _____ birth: Month..... DK month.....98 Year DK year.....9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)	

<p>WP3. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>If day is not known, enter '98' in space for day.</p>	<p>Date of last birth</p> <p>Day/Month/Year..... _ _ / _ _ / _ _ _ _</p>	
<p>WP4. Check WP3: Did the woman's last birth occur within the last 2 years, that is, since March 2004? If unknown month of delivery then record 98 in the month blank.</p> <ul style="list-style-type: none"> - Yes, live birth in the last 2 y ⇒ Go to tetanus toxoid vaccination module (TT) - No live birth in the last 2 y ⇒ -Go to woman violence module (DV) 		

TETANUS TOXOID (TT) MODULE		TT
<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>TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen)1</p> <p>Yes (card not seen)2</p> <p>No3</p> <p>DK.....8</p>	
<p>TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒TT5</p> <p>8⇒TT5</p>
<p>TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?</p>	<p>No. of times _ _</p> <p>DK.....98</p>	<p>98⇒TT5</p>
<p>TT4. How many TT doses during last pregnancy were reported in TT3?</p> <p><input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ Go to Next Module</p> <p><input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</p>		
<p>TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>TT6. HOW MANY TIMES DID YOU RECEIVE IT?</p>	<p>No. of times _ _</p>	
<p>TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?</p> <p><i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i></p>	<p>Month..... _ _</p> <p>DK month.....98</p> <p>Year _ _ _ _</p> <p>DK year.....9998</p>	<p>⇒NEXT MODULE</p> <p>↓TT8</p>
<p>TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?</p>	<p>Years ago _ _</p>	

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.

MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF NAME], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?	Yes.....1 No2 DK.....8	
<i>Show 200,000 IU capsule or dispenser.</i>		
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?	Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative/friend H	
If yes: WHOM DID YOU SEE? ANYONE ELSE?	Other (specify) X No one Y	Y⇒MN6A
MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?	Yes No	
MN3A. WERE YOU WEIGHED?	Weight 1 2	
MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure 1 2	
MN3C. DID YOU GIVE A URINE SAMPLE?	Urine sample 1 2	
MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample 1 2	
MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?	Yes.....1 No2 DK.....8	
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?	Yes.....1 No2 DK.....8	2⇒MN6A 8⇒MN6A
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No2 DK.....8	
MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes.....1 No2 DK.....8	2⇒MN7 8⇒MN7
MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?	SP/Fansidar A Chloroquine B	
<i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i>	Other (specify) X DK..... Z	
MN6c. Check MN6B for medicine taken: <input type="checkbox"/> SP/Fansidar taken. ⇒ Continue with MN6D <input type="checkbox"/> SP/Fansidar not taken. ⇒ Go to MN7		

MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times _ _	
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative/friend H Other (<i>specify</i>) X No one Y	
MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)? <i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i> _____ (Name of place)	Home Your home 11 Other home 12 Public sector Govt. hospital 21 Govt. clinic/health center 22 Other public (<i>specify</i>) 26 Private Medical Sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	
MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2⇒MN12 8⇒MN12
MN11. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card 1 (kilograms) _ . _ _ _ From recall 2 (kilograms) _ . _ _ _ DK 99998	
MN12. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2⇒ NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?	Immediately 000 Hours 1 _ _	

<i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	or Days2 ____ Don't know/remember998	
MN14. DID YOU RESTRICT THE INTAKE OF ANY FOODS IN THE PERIOD IMMEDIATELY FOLLOWING THE DELIVERY OF YOUR LAST CHILD?	Yes.....1 No2 DK.....8	2⇒MN17 8⇒MN17
MN15. WHICH FOOD DID YOU RESTRICT THE INTAKE OF?	Meat.....1 Fish.....2 Eggs.....3 Other (Specify.....).....6	
MN16. HOW MANY MONTHS AFTER DELIVERY DID YOU RETURN TO YOUR NORMAL DIET?	<1 Month.....1 1-2 Months.....2 3-4 Months.....3 >4 Months.....4	
MN17. DID YOU CONSUME ANY SPECIAL HERBAL DRINKS OR OTHER TRADITIONAL MEDICINES IN THE 3 MONTHS FOLLOWING YOUR LAST DELIVERY?	Yes.....1 No2 DK.....8	2⇒NEXT MODULE 8⇒NEXT MODULE

ATTITUDES TOWARD DOMESTIC VIOLENCE

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
DV1A. IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling 1	2 8
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children 1	2 8
DV1C. IF SHE ARGUES WITH HIM?	Argues 1	2 8
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex 1	2 8
DV1E. IF SHE BURNS THE FOOD?	Burns food 1	2 8

ANTHROPOMETRY MODULE FOR WOMEN		ANW
After questionnaires for all women are complete, check a barcode label on the cover page <input type="checkbox"/> Yes. ⇒ Go to ANTHROPOMETRY MODULE FOR INDIVIDUAL WOMEN <input type="checkbox"/> No. ⇒ Next eligible woman. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each woman. Check the woman's name and line number on the household listing before recording measurements.		
ANW1. Woman's weight.	Kilograms (kg) _ _ _ . _	
ANW2. Woman's height.	Height (cm) _ _ _ . _	
ANW3. Measurer's identification code.	Measurer code..... _ _	
ANW4. Result of measurement.	Measured.....1 Not present.....2 Refused3 Other (<i>specify</i>)6	
RECORD IF WOMEN ARE UNABLE TO TAKE OFF REMOVE ALL THEIR BELONGINGS BEFORE WEIGHING:		

SPECIMEN COLLECTION MODULE DO NOT TAKE URINE OR BLOOD SAMPLES FROM PREGNANT WOMEN	
SW1. WAS A URINE SAMPLE COLLECTED FROM THIS WOMAN?	Collected.....1 Did not present herself for testing.....2 Refused3 Other (<i>specify</i>).....6
SW2. WE WOULD LIKE TO TAKE A LITTLE BLOOD FROM YOUR FINGER, FOR TESTING. WAS A FINGERSTICK BLOOD SAMPLE TAKEN FROM THIS WOMAN?	Yes.....1 Did not present herself for testing.....2 Refused3 Other (<i>specify</i>).....6
SW3. WRITE DOWN THE HAEMOGLOBIN LEVEL (If the Hb is 7 or less then record it on the cluster Hb referral form and give to the team supervisor)	Hb (g/dl) _ . _
SW4. APPROXIMATELY HOW MANY MICROLITRES OF FINGER STICK BLOOD WERE COLLECTED FROM THIS WOMAN?	Blood (microl) _ _ _
SW5. WAS THE BLOOD LYSED AFTER SPINNING IN THE CENTRIFUGE?	Yes.....1 No.....2 Insufficient blood to take plasma sample.....3

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Province _____
 District _____
 Village _____

UNDER-FIVE CHILD INFORMATION PANEL		UF
This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.		
UF1. Cluster number:	UF2. Household number:	
___ _ _	___ _ _	
UF3. Child's Name:	UF4. Child's Line Number:	
_____	___ _	
UF5. Mother's/Caretaker's Name:	UF6. Mother's/Caretaker's Line Number:	
_____	___ _	
UF7. Interviewer name and number:	UF8. Day/Month/Year of interview:	
_____	___ / ___ / _____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) _____ 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE NATIONAL STATISTICS CENTRE AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE SOME TIMES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day DK day98 Month Year	
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years	

BIRTH REGISTRATION AND EARLY LEARNING MODULE						BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen.....1 Yes, not seen.....2 No3 DK.....8					1⇒BR5
BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes.....1 No2 DK.....8					1⇒BR5 8⇒BR4
BR3. WHY IS <i>(name's)</i> BIRTH NOT REGISTERED?	Costs too much.....1 Must travel too far.....2 Did not know it should be registered3 Did not want to pay fine4 Does not know where to register5 Other (<i>specify</i>)6 DK.....8					
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....1 No2					
BR5. Check age of child in UF11: Child is 3 or 4 years old?						
<input type="checkbox"/> Yes. ⇒ Continue with BR6						
<input type="checkbox"/> No. ⇒ Go to BR8						
BR6. DOES <i>(name)</i> ATTEND ANY ORGANISED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes.....1 No2 DK.....8					2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?	No. of hours _ _					
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i> : <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>						
		Moth er	Fathe r	Other	No on e	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ?	Books	A	B	X	Y	
BR8B. TELL STORIES TO <i>(name)</i> ?	Stories	A	B	X	Y	
BR8C. SING SONGS WITH <i>(name)</i> ?	Songs	A	B	X	Y	
BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y	
BR8E. PLAY WITH <i>(name)</i> ?	Play with	A	B	X	Y	
BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y	

CHILD DEVELOPMENT		CE
Question CE1 is to be administered only once to each caretaker		
<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p>If 'none' enter 00</p>	<p>Number of non-children's books 0 __</p> <p>Ten or more non-children's books 10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p> <p>If 'none' enter 00</p>	<p>Number of children's books 0 __</p> <p>Ten or more books 10</p>	
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (name) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p>If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response</p> <p>Code Y if child does not play with any of the items mentioned.</p>	<p>Household objects (bowls, plates, cups, pots)..... A</p> <p>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves).....B</p> <p>Homemade toys (dolls, cars and other toys made at home).....C</p> <p>Toys that came from a storeD</p> <p>No playthings mentioned.....Y</p>	
<p>CE4. 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 WITH OTHERS. SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (name) LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	

VITAMIN A MODULE		VA
VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?	Yes.....1 No2	2⇒NEXT MODULE
Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	DK.....8	8⇒NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?	Months ago DK.....98	
VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?	On routine visit to health facility1 Sick child visit to health facility2 National Immunization Day campaign.....3 Other (<i>specify</i>)6 DK.....8	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes.....1 No2	2⇒BF3
	DK.....8	8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No2	
	DK.....8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:		
Read each item aloud and record response before proceeding to the next item.	Y N DK	
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements.....1 2 8	
BF3B. PLAIN WATER?	B. Plain water1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk1 2 8	
BF3F1. SOYBEAN MILK?	F1. Soybean milk.....1 2 8	
BF3G. OTHER SEMI-LIQUID FOOD?	G. Other semi-liquid food1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food?		
<input type="checkbox"/> Yes. ⇒ Continue with BF5		
<input type="checkbox"/> No or DK. ⇒ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS?	No. of times Don't know.....8	
If 7 or more times, record '7'.		

CARE OF ILLNESS MODULE		CA
CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?	Yes.....1 No2 DK.....8	2⇒CA5 8⇒CA5
Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.		
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.	Yes No DK	
CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)?	A. Fluid from ORS packet.....1 2 8	
CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?	B. Recommended homemade fluid...1 2 8	
CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	C. Pre-packaged ORS fluid.....1 2 8	
CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none1 About the same (or somewhat less).....2 More3 DK.....8	
CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less", probe: MUCH LESS OR A LITTLE LESS?	None1 Much less2 Somewhat less3 About the same4 More5 DK.....8	
CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12
CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes.....1 No2 DK.....8	2⇒CA12 8⇒CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest.....1 Blocked nose2 Both3 Other (<i>specify</i>)6 DK.....8	2⇒CA12 6⇒CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes.....1 No2 DK.....8	2⇒CA10 8⇒CA10

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>If source is hospital, health centre, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</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>Village health worker D</p> <p>Mobile/outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital/clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative or friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Antibiotic A</p> <p>Paracetamol P</p> <p>Aspirin..... Q</p> <p>Other (<i>specify</i>) X</p> <p>DK..... Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine 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>	

Ask the following question (CA14) only once for each mother/caretaker.	Child not able to drink or breastfeed A	
	Child becomes sicker B	
	Child develops a fever C	
	Child has fast breathing D	
	Child has difficult breathing E	
	Child has blood in stool F	
	Child is drinking poorly G	
CA14. 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?	Other (<i>specify</i>) X	
Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.	Other (<i>specify</i>) Y	
Circle all symptoms mentioned, But do NOT prompt with any suggestions.	Other (<i>specify</i>) Z	

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes.....1 No2 DK.....8	2⇒ML10 8⇒ML10
ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes.....1 No2 DK.....8	2⇒ML6 8⇒ML6
ML3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes.....1 No2 DK.....8	2⇒ML5 8⇒ML5
ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? <i>Circle all medicines mentioned.</i>	Anti-malarials: SP/Fansidar A Chloroquine B Quinine C Coartem D Other anti-malarial (<i>specify</i>) E Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes.....1 No2 DK.....8	1⇒ML7 2⇒ML8 8⇒ML8
ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes.....1 No2 DK.....8	2⇒ML8 8⇒ML8

<p>ML7. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i></p>	<p>Anti-malarials:</p> <p>SP/Fansidar A</p> <p>Chloroquine B</p> <p>Quinine C</p> <p>Coartem D</p> <p>Other anti-malarial (specify) E</p> <p>Other medications:</p> <p>Paracetamol/Panadol/Acetaminophen ... P</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (specify) X</p> <p>DK Z</p>	
<p>ML8. Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML9</p> <p><input type="checkbox"/> No. ⇒ Go to ML10</p>		
<p>ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)?</p> <p><i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i></p> <p><i>Record the code for the day on which the first anti-malarial was given.</i></p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever 4</p> <p>DK 8</p>	
<p>ML10. DID (name) SLEEP UNDER A MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ NEXT MODULE</p> <p>8 ⇒ NEXT MODULE</p>
<p>ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET?</p> <p><i>If less than 1 month, record '00'.</i></p> <p><i>If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago _ _</p> <p>More than 24 months ago 95</p> <p>Not sure 98</p>	
<p>ML12. WHAT TYPE OF NET IS THIS NET?</p> <p><i>If the respondent does not know the brand of the net, show pictorials, or if possible, observe the net.</i></p> <p>LONG-LASTING TREATED NETS:</p> <p>PRE-TREATED NETS:</p> <p>OTHER NETS:</p>	<p>Long lasting treated net 1</p> <p>Pre-treated net 2</p> <p>Other net 3</p> <p>DK brand 98</p>	<p>1 ⇒ NEXT MODULE</p> <p>2 ⇒ NEXT MODULE</p>

ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.....1 No2 DK/not sure.....8	
ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?	Yes.....1 No2 DK.....8	2⇒ NEXT MODULE 8⇒ NEXT MODULE
ML15. HOW LONG AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago More than 24 months ago95 DK.....98	

IMMUNIZATION MODULE		IM									
If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.											
IM1. IS THERE A VACCINATION CARD FOR (name)?		Yes, seen.....1 Yes, not seen.....2 No3								2⇒IM10 3⇒IM10	
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization									
		DAY		MONTH		YEAR					
IM2. BCG	BCG										
IM3A. POLIO AT BIRTH	OPV0										
IM3B. POLIO 1	OPV1										
IM3C. POLIO 2	OPV2										
IM3D. POLIO 3	OPV3										
IM4A. DPT1	DPT1										
IM4B. DPT2	DPT2										
IM4C. DPT3	DPT3										
IM5A. DPTHEPB1	(DPT)H1										

IM5B. DPTHePB2)	(DPT)H2									
IM5C. DPTHePB3	(DPT)H3									
IM6. MEASLES	MEASLES									
IM8A. VITAMIN A (1)	VitA1									
IM8B. VITAMIN A (2)	VitA2									
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, DPT Hb1-3, Measles, or Vitamin A supplements.	Yes.....1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No2 DK.....8	1⇒IM19 2⇒IM19 8⇒IM19								
IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR ROUTINE IMMUNIZATION ROUND?	Yes.....1 No2 DK.....8	2⇒IM19 8⇒IM19								
IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes.....1 No2 DK.....8									
IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes.....1 No2 DK.....8	2⇒IM15 8⇒IM15								
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks)1 Later2									
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times__ __									
IM15. HAS (<i>name</i>) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes.....1 No2 DK.....8	2⇒IM17 8⇒IM17								
IM16. HOW MANY TIMES?	No. of times__ __									

IM17. HAS (name) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes.....1 No2 DK.....8
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IM18. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.

☐ Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.

☐ No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation. If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE. Take them to the anthropometry point with all eligible women and children from this household.

ANTHROPOMETRY MODULE		AN
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.		
AN1. Child's weight.	Kilograms (kg) _ _ . _	
AN2. Child's length or height. Check age of child in UF11: <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 up2 _ _ _ . _	
AN3. Measurer's identification code.	Measurer code..... _ _	
AN4. Result of measurement.	Measured.....1 Not present.....2 Refused3 Other (specify)6	

SPECIMEN COLLECTION MODULE FOR CHILDREN

After completion of anthropometry module for children under five, check for a barcode label on the cover page of this questionnaire and check for age of child.

Label present and child aged **>6 months**:

☐ Yes. ⇒ Go to Specimen collection

☐ No. ⇒ Next child.

SCC1. WAS A STOOL SAMPLE COLLECTED FROM THIS CHILD? (ONLY COLLECT STOOL FROM CHILDREN 24-59 MONTHS OF AGE)	Collected.....1 Refused2 Other (<i>specify</i>).....6	2,3,6 ⇒ SCC3
SCC2. WHAT WAS THE APPROXIMATE TIME DELAY BETWEEN COLLECTION OF THE STOOL SAMPLE AND STABILISATION OF THE SAMPLE?	Less than 30 minutes.....1 30 minutes to 1 hour.....2 1 to 3 hours3 More than 3 hours.....4 Don't know.....8	
SCC3. WE WOULD LIKE TO TAKE A LITTLE BLOOD FROM [NAME] FINGER/HEEL, FOR TESTING. WAS A FINGER OR HEEL STICK BLOOD SAMPLE COLLECTED FROM THIS CHILD? (ONLY COLLECT BLOOD SAMPLE FROM CHILDREN 6-59 MONTHS OF AGE) CHILDREN 6-12 MONTHS, TAKE BLOOD FROM HEEL. CHILDREN > 12 MONTHS, TAKE BLOOD FROM FINGER	Yes, fingerstick sample.....1 Yes, heelstick sample.....2 Did not present themselves for testing.....3 Refused4 Other (<i>specify</i>).....6	3,4,6 ⇒ SCC7
SCC3. WRITE DOWN THE HAEMOGLOBIN LEVEL <i>(If the Hb is 7 or less then record it on the cluster Hb referral form and give form to team supervisor).</i>	Hb (g/dl) _ _ . _	
SCC5. APPROXIMATELY HOW MANY MICROLITRES OF FINGER STICK BLOOD WERE COLLECTED FROM THIS CHILD?	Blood (microl) _ _ _	
SCC6. WAS THE BLOOD LYSED AFTER SPINNING IN THE CENTRIFUGE?	Yes.....1 No.....2 Insufficient blood to take plasma sample.....3	

SCC7. Is there another child in the household who is eligible for measurement and specimen collection?

☐ 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.