▁▃▅ **MICS**	**HOUSEHOLD QUESTIONNAIRE**

HOUSEHOLD INFORMATION PANEL	**HH**

HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___
HH3. Interviewer name and number: Name_____ ___ ___	HH4. Supervisor name and number: Name_____ ___ ___
HH5. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	

HH6. AREA:
  Urban.....................................11
  Rural
    Sedentary 21
    Nomadic.............................22
	HH7. ZONE:
	
	NORTH WEST ZONE 1

	HH7A. REGION:
	  MAROODI JEEX/SAHIL 11
	  AWDAL...12
	  TOGDHEER 13
	  SOOL 14
	  SANAAG 15

WE ARE FROM MOPIC. 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 20 – 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 HH18 to record the time and then begin the interview.*
- ☐ *No, permission is not given ⇨ Complete HH9. Discuss this result with your supervisor.*

After all questionnaires for the household have been completed, fill in the following information:

HH8. Name of head of household: _____

HH9. Result of household interview:
 	
Completed 01
No household member or no competent
    respondent at home at time of visit 02
Entire household absent for extended
    period of time..03
Refused 04
Dwelling vacant / Address not a dwelling.......05
Dwelling destroyed 06
Dwelling not found 07
Other (*specify*)...96
	HH10. Respondent to household questionnaire:
	
	Name:_____
	
	Line Number: ___ ___

	HH11. Total number of household members: ___ ___

HH12. Number of women
  age 15-49 years: ___ ___
	HH13. Number of woman's
	  questionnaires completed: ___ ___

HH14. Number of children
  under age 5: ___ ___
	HH15. Number of under-5 questionnaires
	  completed: ___ ___

HH16. Field edited by (Name and number): Name_____ ___ ___	HH17. Data entry clerk (Name and number): Name_____ ___ ___

HL

HOUSEHOLD LISTING FORM

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

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

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL6 for each person at a time.
Use an additional questionnaire if all rows in the household listing form have been used.

HH18. Record the time: Hour ....—— Minutes ......——

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION-SHIP OF (name) TO THE HEAD OF HOUSE-HOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female		HL6. HOW OLD IS (name)? *Record in completed years* *If age is 95 or above, record '95'*	HL5. WHAT IS (name)'S DATE OF BIRTH? *If unknown, probe for documents or use the calendar of events* *Reconcile with HL6* 98 DK 9998 DK			*For women age 15-49* HL7. *Circle line number if woman is age 15-49*	*For children age 5-14* HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	*For children under age 5* HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	*For all household members* HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No⇘ HL13 8 DK⇘ HL13	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? *Record line number of father or 00 for "No"*
Line	Name	Relation*	M	F	Age	Month	Year			15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01		0 1	1	2	— —	— —	— — — —			01	— —	— —	1 2	1 2 8	— —	1 2 8	— —
02		— —	1	2	— —	— —	— — — —			02	— —	— —	1 2	1 2 8	— —	1 2 8	— —
03		— —	1	2	— —	— —	— — — —			03	— —	— —	1 2	1 2 8	— —	1 2 8	— —
04		— —	1	2	— —	— —	— — — —			04	— —	— —	1 2	1 2 8	— —	1 2 8	— —
05		— —	1	2	— —	— —	— — — —			05	— —	— —	1 2	1 2 8	— —	1 2 8	— —
06		— —	1	2	— —	— —	— — — —			06	— —	— —	1 2	1 2 8	— —	1 2 8	— —
07		— —	1	2	— —	— —	— — — —			07	— —	— —	1 2	1 2 8	— —	1 2 8	— —
08		— —	1	2	— —	— —	— — — —			08	— —	— —	1 2	1 2 8	— —	1 2 8	— —
09		— —	1	2	— —	— —	— — — —			09	— —	— —	1 2	1 2 8	— —	1 2 8	— —
10		— —	1	2	— —	— —	— — — —			10	— —	— —	1 2	1 2 8	— —	1 2 8	— —

For all household members age 0-6 AND women age 14-16 or 50-51

For children age 0-17 years

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? If unknown, probe for documents or use the calendar of events. Reconcile with HL6. 98 DK / 9998 DK | HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95' | HL7. Circle line number if woman is age 15-49 | HL8. Who is the mother or primary caretaker of this child? Record line number of mother/caretaker | HL9. Who is the mother or primary caretaker of this child? Record line number of mother/caretaker | HL10. Did (name) stay here last night? 1 Yes 2 No | HL11. Is (name)'s natural mother alive? 1 Yes 2 No⇩HL13 8 DK⇩HL13 | 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? Record line number of father or 00 for "No"

Line	Name	Relation*	M	F	Age	Month	Year	HL7 (15-49)	HL8 Mother	HL9 Mother	HL10 Y N	HL11 Y N DK	HL12 Mother	HL13 Y N DK	HL14 Father
11		— —	1	2	— —	— —	— — — —	11	— —	— —	1 2	1 2 8	— —	1 2 8	— —
12		— —	1	2	— —	— —	— — — —	12	— —	— —	1 2	1 2 8	— —	1 2 8	— —
13		— —	1	2	— —	— —	— — — —	13	— —	— —	1 2	1 2 8	— —	1 2 8	— —
14		— —	1	2	— —	— —	— — — —	14	— —	— —	1 2	1 2 8	— —	1 2 8	— —
15		— —	1	2	— —	— —	— — — —	15	— —	— —	1 2	1 2 8	— —	1 2 8	— —

Tick here if additional questionnaire used □

Probe for additional household members. Probe especially for any infants or small children not listed, and others who may or 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*

Line	Name	Age	ED3. HAS (name) EVER ATTENDED FORMAL SCHOOL SUCH AS PRE-SCHOOL, PRIMARY, SECONDARY, AND HIGHER? 1 Yes / 2 No (Next Line) / 8 DK (Next Line)	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL HAS (name) ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK. If level=0, skip to ED5	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK. If less than 1 grade, enter 00.	ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND FORMAL SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes / 2 No → ED7	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK. If level=0, go to ED7	Grade/years of schooling: 98 DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND FORMAL SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes / 2 No → Next Line / 8 DK → Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK. If level=0, go to Next Line	Grade or years of schooling 98 DK
			Y N DK	Level	Grade	Yes No	Level	Grade	Y N DK	Level	Grade
01		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
02		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
03		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
04		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
05		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
06		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
07		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
08		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
09		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
10		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
11		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
12		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
13		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
14		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __
15		__ __	1 2 8	0 1 2 3 8	__ __	1 2	0 1 2 3 8	__ __	1 2 8	0 1 2 3 8	__ __

ED1. Line number

ED2. Name and age — Copy all household members from Household Listing Form, HL2 and HL6

NON-FORMAL EDUCATION · NF

NF1. *Does any child aged 5-17 reside in the household?*

Check household listing, column HL6, for any child 5-17 years.

☐ *Yes.* ⇨ *Copy all names, line numbers and ages of household members age 5-17 into NF2. Then, ask questions NF3 to NF17 for each member at a time. Start by filling NF2 for all the household members across the columns.*

☐ NO. ⇨*Go to next module.*

	HH member #1	HH member #2	HH member #3	HH member #4	HH member #5
NF2. *Household member's:*					
Line number (HL1)	___ ___	___ ___	___ ___	___ ___	___ ___
Name (HL2)	_____	_____	_____	_____	_____
Age (HL6)	___ ___	___ ___	___ ___	___ ___	___ ___
NF3. HAS (*name*) EVER ATTENDED NON-FORMAL EDUCATION SUCH AS KORANIC SCHOOL, ALTERNATIVE BASIC EDUCATION, VOCATIONAL TRAINING AND NON-FORMAL EDUCATION FOR YOUTH?	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF3 for next member. If no more members, go to next module*	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF3 for next member. If no more members, go to next module*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF3 for next member. If no more members, go to next module*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF3 for next member. If no more members, go to next module*	Yes .... 1 No........................2 DK .... 8 *If "No" or "DK", go to NF3 in first column of additional questionnaire for next member. If no more members, go to next module*
NF4. HAS (*name*) EVER ATTENDED KORANIC SCHOOL?	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF7*	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF7*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF7*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF7*	Yes .... 1 No........................2 DK .... 8 *If "No" or "DK", go to NF7*
NF5. IN THIS KORANIC SCHOOL, IS/WAS (*name*) TAUGHT OTHER SUBJECTS THAN THE KORAN? *Probe:* A KORANIC SCHOOL TEACHING OTHER SUBJECTS LIKE READING AND WRITING ARABIC, SOMALI, ENGLISH OR MATHEMATICS, IS SOMETIMES CALLED AN INTEGRATED KORANIC SCHOOL.	Yes......................1 No ....2 DK.......................8	Yes......................1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes .... 1 No........................2 DK 8

NF6. DURING THE CURRENT 2010-2011 SCHOOL YEAR, DID (*name*) ATTEND KORANIC SCHOOL?	Yes......................1 No ....2 DK.......................8	Yes......................1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No........................2 DK 8
NF7. HAS (*name*) EVER ATTENDED ALTERNATIVE BASIC EDUCATION? THIS EDUCATION IS SOMETIMES CALLED ABE CLASSES.	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF10*	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF10*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF10*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF10*	Yes ....1 No........................2 DK ....8 *If "No" or "DK", go to NF10*
NF8.HAS (*name*) COMPLETED THE ALTERNATIVE BASIC EDUCATION?	Yes......................1 No ....2 DK.......................8	Yes......................1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No........................2 DK 8
NF9. DURING THE CURRENT 2010-2011 SCHOOL YEAR, DID (*name*) ATTEND THIS ALTERNATIVE BASIC EDUCATION/ABE?	Yes......................1 No ....2 DK.......................8	Yes......................1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No........................2 DK 8
NF10. HAS (*name*) EVER ATTENDED NON-FORMAL EDUCATION FOR YOUTH PROGRAMME?	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF13*	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF13*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF13*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF13*	Yes ....1 No........................2 DK ....8 *If "No" or "DK", go to NF13*
NFNF11. HAS (NAME) COMPLETED THE EDUCATION FOR YOUTH PROGRAMME?	Yes......................1 No ....2 DK.......................8	Yes......................1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No........................2 DK 8
NF12. DURING THE CURRENT 2010-2011 SCHOOL YEAR, DID (*name*) ATTEND THIS NON-FORMAL EDUCATION FOR YOUTH PROGRAMME?	Yes......................1 No ....2 DK.......................8	Yes......................1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No........................2 DK 8
NF13. HAS (*name*) EVER ATTENDED VOCATIONAL TRAINING CLASSES?	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF16.*	Yes......................1 No ....2 DK.......................8 *If "No" or "DK", go to NF16.*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF16.*	Yes ....1 No ....2 DK.......................8 *If "No" or "DK", go to NF16.*	Yes ....1 No........................2 DK ....8 *If "No" or "DK", go to NF16.*
NF 14. HAS (*name*) COMPLETED THE VOCATIONAL TRAINING CLASSES?	Yes......................1 No ....2 DK.......................8	Yes......................1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No........................2 DK 8

NF15. DURING THE CURRENT 2010-2011 SCHOOL YEAR, DID (*name*) ATTEND THIS VOCATIONAL TRAINING CLASSES?	Yes......................1 No ....2 DK 8	Yes......................1 No ....2 DK 8	Yes ....1 No ....2 DK.......................8	Yes ....1 No ....2 DK.......................8	Yes ....1 No........................2 DK 8
NF16.*Check NF4, NF7, NF10, and NF13.* *If 'yes' to at least one of them, go to NF17.* *If no or DK to <u>all four</u>, probe:* JUST TO CONFIRM, YOU HAVE MENTIONED THAT (*name*) HAS ATTENDED NON-FORMAL EDUCATION, BUT NEVER KORANIC SCHOOL, ALTERNATIVE BASIC EDUCATION, NFE FOR YOUTH, AND VOCATIONAL TRAINING. IS THAT CORRECT?	Yes ☐ *If yes, probe and write name/details of other NFE here and check with your supervisor:* _____ No ☐ *If no, reconcile information in module*	Yes ☐ *If yes, probe and write name/details of other NFE here and check with your supervisor:* _____ No ☐ *If no, reconcile information in module*	Yes ☐ *If yes, probe and write name/details of other NFE here and check with your supervisor:* _____ No ☐ *If no, reconcile information in module*	Yes ☐ *If yes, probe and write name/details of other NFE here and check with your supervisor:* _____ No ☐ *If no, reconcile information in module*	Yes ☐ *If yes, probe and write name/details of other NFE here and check with your supervisor:* _____ No ☐ *If no, reconcile information in module*
NF17.	*Go back to NF3 for next member. If no more members, go to next module*	*Go back to NF3 for next member. If no more members, go to next module*	*Go back to NF3 for next member. If no more members, go to next module*	*Go back to NF3 for next member. If no more members, go to next module*	*Go back to NF3 in first column of additional questionnaire for next member. If no more members, go to next module*
					Tick here if additional questionnaire used ☐

WATER AND SANITATION		WS

WS1. WHAT IS THE **MAIN** SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water
	    Piped into dwelling................................ 11
	    Piped into compound, yard or plot 12
	    Piped to neighbour 13
	    Public tap / standpipe / kiosk 14
	Tube Well, Borehole................................. 21
	Dug well
	    Protected well....................................... 31
	    Unprotected well................................... 32
	Water from spring
	    Protected spring 41
	    Unprotected spring 42
	Rainwater collection
	    Roof Top.. 52
	    Berkad... 53
	    Rain water catchment (Bally)................ 54
	Tanker-truck 61
	Cart with small tank / drum 71
	Surface water (river, stream, dam, lake,
	    pond, canal, irrigation channel, hole in
	    river bed) 81
	
	Bottled water 91
	
	Other (*specify*).. 96
		11⇨WS6
		12⇨WS6
		13⇨WS6
		14⇨WS3
		21⇨WS3
		
		31⇨WS3
		32⇨WS3
		
		41⇨WS3
		42⇨WS3
		
		52⇨WS3
		53⇨WS3
		54⇨WS3
		61⇨WS3
		71⇨WS3
		
		81⇨WS3
		
		96⇨WS3

WS2. WHAT IS THE **MAIN** SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water
	    Piped into dwelling................................ 11
	    Piped into compound, yard or plot 12
	    Piped to neighbour 13
	    Public tap / standpipe / kiosk 14
	Tube Well, Borehole................................. 21
	Dug well
	    Protected well....................................... 31
	    Unprotected well................................... 32
	Water from spring
	    Protected spring 41
	    Unprotected spring 42
	Rainwater collection
	    Roof Top.. 52
	    Berkad... 53
	    Rain water catchment (Bally)................ 54
	
	Tanker-truck 61
	Cart with small tank / drum 71
	Surface water (river, stream, dam, lake,
	    pond, canal, irrigation channel, hole in
	    river bed) 81
	
	Other (*specify*).. 96
		11⇨WS6
		12⇨WS6
		13⇨WS6

WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling... 1 In own yard / plot .... 2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes .... __ __ __ DK 998	

WS5. WHO **USUALLY** GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years).....................1 Adult man (age 15+ years)..........................2 Female child (under 15)..............................3 Male child (under 15)..................................4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ....1 No...2 DK 8	2⇨WS8 8⇨WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	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 Wash hands before collecting water ....G Store drinking water in a clean container with cover.................................... H Use a separate clean cup with a long handle for taking water out of the container ....I Keep animals away from the container ....J Other (specify) _____ X DK .... Z	

WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If "flush" or "pour flush", probe:
WHERE DOES IT FLUSH TO?
 	
If necessary, ask permission to observe the facility.
	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
	
	Bucket...41
	
	No facility, Bush, Field, Beach 95
	
	Other (*specify*) _____ 96
		95⇨Next
		MODULE

WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes ....1 No..2	2⇨Next Module
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?	Other households only (not public) ....1 Public facility...2	2⇨Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households...........................10 DK 98	

HOUSEHOLD CHARACTERISTICS		HC
HC2. How many rooms in this household are used for sleeping?	Number of rooms .... __ __	

HC3. Main material of the dwelling floor.
 	
Record observation.
	Natural floor
	    Earth / Sand 11
	    Dung 12
	Rudimentary floor
	    Wood planks 21
	    Palm / Bamboo 22
	Finished floor
	    Parquet or polished wood 31
	    Vinyl or asphalt strips 32
	    Ceramic tiles 33
	    Cement 34
	    Carpet (Wall to Wall) 35
	
	Other (*specify*)_____ 96	

HC4. Main material of the roof.
 	
Record observation.
	Natural roofing
	    No Roof 11
	    Thatch / Palm leaf 12
	    Sod (Mud & Grass) 13
	Rudimentary Roofing
	    Rustic mat 21
	    Palm / Bamboo 22
	    Wood planks 23
	    Cardboard 24
	    Sacks/Plastic Sheets/Cloth 25
	    Canvas/Tent 26
	Finished roofing
	    Metal/Corrugated Iron Sheets 31
	    Wood 32
	    Corrugated cement /Asbestos/ Cement
	    fibre 33
	    Ceramic tiles 34
	    Cement 35
	
	Other (*specify*) _____ 96	

HC5. Main material of the exterior walls.
 	
Record observation.
	Natural walls
	    No walls 11
	    Sticks / Palm / Trunks 12
	    Mud 13
	Rudimentary walls
	    Bamboo/Sticks with mud 21
	    Stone with mud 22
	    Uncovered adobe 23
	    Plywood 24
	    Cardboard/Carton/Tin/Plastic/Sacks/
	        Cloth 25
	    Reused wood 26
	    Canvas/Tent 27
	Finished walls
	    Cement 31
	    Stone with lime / cement 32
	    Bricks 33
	    Cement blocks 34
	    Covered adobe 35
	    Wood planks / shingles 36
	
	Other (*specify*) _____ 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD **MAINLY** USE FOR COOKING?	Electricity .... 01 Liquefied Petroleum Gas (LPG) .... 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 (*specify*) _____ 96	01⇨HC8 02⇨HC8 05⇨HC8 95⇨HC8

HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?
 	
If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?
	In the house
	    In a separate room used as kitchen 1
	    Elsewhere in the house.......................... 2
	In a separate building................................ 3
	Outdoors 4
	
	Other (*specify*) _____ 6	

HC8. DOES YOUR HOUSEHOLD HAVE:
 	
    [A] ELECTRICITY?
 	
    [B] A RADIO?
 	
    [C] A TELEVISION?
 	
    [D] A NON-MOBILE TELEPHONE?
 	
    [E] A REFRIGERATOR?
 	
    [F] A CHARCOAL STOVE/JIKO?
 	
    [G] A WHEEL BARROW?
 	
    [H] A MAT?
 	
    [I] A VACUUM FLASK?
 	
    [J] A KEROSENE LAMP?
 	
    [K] A FAN?
 	
    [L] A BED?
 	
    [M] A SOFA?
 	
    [N] A SOMALI STOOL?
 	
    [O] A SITTING CUSHION/PILLOW?
	Yes No
	
	Electricity 1 2
	
	Radio 1 2
	
	Television...1 2
	
	Non-mobile telephone.......................1 2
	
	Refrigerator.......................................1 2
	
	Charcoal stove/Jiko...........................1 2
	
	Wheel barrow....................................1 2
	
	Mat..1 2
	
	Vacuum Flask 1 2
	
	Kerosene lamp...................................1 2
	
	Fan 1 2
	
	Bed 1 2
	
	Sofa 1 2
	
	Somali Stool......................................1 2
	
	Sitting Cushion/Pillow 1 2	

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WATCH?	Watch 1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone.............................. 1 2	
[C] A BICYCLE?	Bicycle 1 2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1 2	
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart............................. 1 2	
[F] A CAR OR TRUCK?	Car / Truck 1 2	
[G] A BOAT WITH A MOTOR?	Boat with motor................................. 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? _If "No", then ask:_ DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? _If "Rented from someone else", circle "2". For other responses, circle "6"._	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 HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? _If number of hectares is unknown ask:_ DO YOU KNOW HOW MANY (DAARB, JIBAILE, QOODI)? _Record number in measurement used by respondent and circle appropriate code_ _If less than 1, record "00"._ _If 95 or more, record '95'._ _If unknown, record '98'._	Hectares ....1 ___ ___ Daarb..2 ___ ___ Jibaile ....3 ___ ___ Qoodi ....4 ___ ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes .... 1 No 2	2⇨ HC15

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

INSECTICIDE TREATED NETS			TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes .... 1 No 2		2⇨Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets ....___ ___		

TN3. *Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).*

	1st Net	2nd Net	3rd Net
TN4. *Mosquito net observed?*	Observed ....1 Not observed 2	Observed ....1 Not observed 2	Observed ....1 Not observed....................2

TN5. *Observe or ask the brand/type of mosquito net*
 	
 If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent
	Long-lasting treated nets
	   Permnet.....................11
	   Netprotect.................12
	   Olyset 13
	   Badbaado 14
	   Daawa…………… …15
	   Other (*specify*) _____ 16
	   DK brand 18
	
	 Pre-treated nets
	   Other(*specify*) _____ 26
	   DK brand 28
	
	 Other net
	   Other (*specify*) _____ 31
	
	 DK brand / type..............98
		Long-lasting treated nets
		   Permnet.....................11
		   Netprotect.................12
		   Olyset 13
		   Badbaado 14
		   Daawa………… 15
		   Other (*specify*) _____ 16
		   DK brand 18
		
		 Pre-treated nets
		   Other(*specify*)_____ 26
		   DK brand 28
		
		 Other net
		   Other (*specify*) _____ 31
		
		 DK brand / type..............98
			Long-lasting treated nets
			   Permnet.....................11
			   Netprotect.................12
			   Olyset........................13
			   Badbaado 14
			   Daawa……………. …15
			   Other (*specify*) _____ 16
			   DK brand 18
			
			 Pre-treated nets
			   Other(*specify*)_____ 26
			   DK brand 28
			
			 Other net
			   Other (*specify*) _____31
			
			 DK brand / type..............98

TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? *If less than one month, record "00"*	Months ago ....___ ___ More than 36 mo. ago ...95 DK / Not sure 98	Months ago ....___ ___ More than 36 mo. ago ...95 DK / Not sure 98	Months ago .... ___ ___ More than 36 mo. ago....95 DK / Not sure 98

TN7. *Check TN5 for type of net*	☐ *Long-lasting (11-18)*
	     ⇨ *TN11*
	
	 ☐ *Pre-treated (26-28)*
	     ⇨ *TN9*
	
	 ☐ *Else ⇨ Continue*
		☐ *Long-lasting (11-18)*
		     ⇨ *TN11*
		
		 ☐ *Pre-treated (26-28)*
		     ⇨ *TN9*
		
		 ☐ *Else ⇨ Continue*
			☐*Long-lasting (11-18)*
			     ⇨ *TN11*
			
			 ☐ *Pre-treated (26-28)*
			     ⇨ *TN9*
			
			 ☐ *Else ⇨ Continue*

TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes....................................1 No ....2 DK / Not sure 8	Yes....................................1 No ....2 DK / Not sure 8	Yes ....1 No......................................2 DK / Not sure 8

TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes....................................1
	 No 2
	     ⇨ TN11
	 DK / Not sure 8
	     ⇨ TN11
		Yes....................................1
		 No 2
		     ⇨ TN11
		 DK / Not sure 8
		     ⇨ TN11
			Yes 1
			 No......................................2
			     ⇨ TN11
			 DK / Not sure 8
			     ⇨ TN11

TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? *If less than one month, record "00"*	Months ago ....___ ___ More than 24 mo. ago ...95 DK / Not sure 98	Months ago ....___ ___ More than 24 mo. ago ...95 DK / Not sure 98	Months ago .... ___ ___ More than 24 mo. ago....95 DK / Not sure 98

TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes....................................1 No ....2 ⇨ TN13 DK / Not sure ....8 ⇨ TN13	Yes....................................1 No ....2 ⇨ TN13 DK / Not sure ....8 ⇨ TN13	Yes....................................1 No.....................................2 ⇨ TN13 DK / Not sure ....8 ⇨ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? *Record the person's line number from the household listing form* *If someone not in the household list slept under the mosquito net, record "00"*	Name _____ Line number..........___ ___ Name _____ Line number..........___ ___ Name _____ Line number..........___ ___ Name _____ Line number..........___ ___	Name _____ Line number..........___ ___ Name _____ Line number..........___ ___ Name _____ Line number..........___ ___ Name _____ Line number..........___ ___	Name _____ Line number......... ___ ___ Name _____ Line number......... ___ ___ Name _____ Line number......... ___ ___ Name _____ Line number......... ___ ___
TN13.	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module* *Tick here if additional questionnaire used* ☐

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes .... 1 No .... 2 DK.. 8	2⇨Next Module 8⇨Next Module
IR2. WHO SPRAYED THE DWELLING? *Circle all that apply.*	Government worker / program .... A Private company .... B Non-governmental organization ....C Other (*specify*)_____X DK.. Z	

CHILD LABOUR

*To be administered for children in the household age **5-17** years. For household members below age 5 or above age 17, fill-up CL2 and leave the rest of the row blank.*

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. *Line number*

CL2. *Name and Age*
Copy *all household* members from *Household Listing Form, HL2 and HL6*

CL3. DURING THE PAST WEEK, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?
If yes: FOR PAY IN CASH OR KIND?
1 Yes, for pay (cash or kind)
2 Yes, unpaid
3 No ⇨ CL5

CL4. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?
If more than one job, include all hours at all jobs.

CL5. DURING THE PAST WEEK, DID (*name*) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?
1 Yes
2 No ⇨ CL7

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 HERDING LIVESTOCK OR FISHING OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET?
Include work for a business run by the child, alone or with one or more partners.
1 Yes
2 No ⇨ CL9

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?
1 Yes
2 No ⇨ Next Line

CL10. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?

Line	Name	Age	CL3. Yes Paid	Yes Unpaid	No	CL4. Number of hours	CL5. Yes	No	CL6. Number of hours	CL7. Yes	No	CL8. Number of hours	CL9. Yes	No	CL10. Number of hours
01		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
02		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
03		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
04		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
05		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
06		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
07		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
08		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
09		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
10		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
11		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
12		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
13		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
14		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _
15		_ _	1	2	3	_ _	1	2	_ _	1	2	_ _	1	2	_ _

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

o *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.*
o *Record the line number, name, sex, and age for each child.*
o *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				__ __

o *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

o *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.*
o *Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.*
o *Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.*
o *Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.*

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

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

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

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. *Observe presence of water at the specific place for hand washing* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water*	Water is available....................................... 1 Water is not available 2	
HW3. *Record if soap or detergent is present at the specific place for hand washing.* *Circle all that apply.* *Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.*	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, DETERGENT OR ASH IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes.. 1 No 2	 2⇨HH19
HW5. COULD YOU PLEASE SHOW IT TO ME? *Record observation. Circle all that apply*	Bar soap..A Detergent (Powder / Liquid / Paste) ....B Liquid soap...C Ash / Mud / Sand..D Not able / Does not want to show...............Y	

HH19. *Record the time.*   Hour and minutes..................... __ __ : __ __

HH20. *Thank the respondent for his/her cooperation and check the Household Listing Form:*

☐ *A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)*

☐ *A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL8)*

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12 and under-5s (HH14)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL	WM

This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman

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 MOPIC. 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 *20 - 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.

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 *20 - 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.

MAY I START NOW?

☐ *Yes, permission is given ⇨ Go to WM10 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Complete WM7. Discuss this result with your supervisor.*

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

WM8. Field edited by (Name and number): Name_____ ___ ___ ___	WM9. Data entry clerk (Name and number): Name_____ ___ ___

| WM10. *Record the time.* | Hour and minutes................... __ __ : __ __ | |

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

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY   MT

MT1. *Check WB7:*		
☐*Question left blank (Respondent has secondary or higher education)* ⇨ *Continue with MT2* ☐*Able to read or no sentence in required language (codes 2, 3 or 4)* ⇨ *Continue with MT2* ☐*Cannot read at all or blind (codes 1 or 5)* ⇨ *Go to MT3*		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ....1 At least once a week....................................2 Less than once a week ....3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ....1 At least once a week....................................2 Less than once a week ....3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ....1 At least once a week....................................2 Less than once a week ....3 Not at all 4	
MT5. *Check WB2: Age of respondent 15-24 years?*		
☐*Yes, age 15-24* ⇨ *Continue with MT6* ☐ *No, age 25-49* ⇨ *Go to Next Module*		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes ....1 No..2	2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ....1 No..2	2⇨MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ....1 At least once a week....................................2 Less than once a week ....3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes ....1 No..2	2⇨Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ....1 No..2	2⇨Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ....1 At least once a week....................................2 Less than once a week ....3 Not at all 4	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married .... 1 No, not in marriage..................................... 3	3⇨MA5
MA2. HOW OLD IS YOUR HUSBAND? *Probe*: HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years .... __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes... 1 No 2	2⇨MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number .... __ __ DK 98	⇨MA7 98⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married .... 1 No 3	3⇨Illness Symptoms Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed .... 1 Divorced .... 2 Separated...3	
MA7. HAVE YOU BEEN MARRIED MORE THAN ONCE?	Only once .... 1 More than once 2	

MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of first marriage
	  Month .... __ __
	  DK month 98
	
	  Year .... __ __ __ __
	
	  DK year 9998
		⇨Next Module

MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND?	Age in years .... __ __	

CHILD MORTALITY		CM
This module is to be administered to all ever-married women All questions refer only to LIVE births.		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes.. 1 No 2	2⇨CM8
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? *If none, record '00'.*	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? *If none, record '00'.*	Sons elsewhere .... __ __ Daughters elsewhere .... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes.. 1 No 2	2⇨CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead... __ __ Girls dead .... __ __	
CM10. *Sum answers to CM5, CM7, and CM9.*	Sum .... __ __	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? ☐ *Yes. Check below:* ☐ *No live births ⇨ Go to ILLNESS SYMPTOMS Module* ☐ *One or more live births ⇨ Continue with the BIRTH HISTORY module* ☐ *No ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module*		

BIRTH HISTORY   BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

Record names of all of the births in BH1. Record twins and triplets on separate line. If there are more than 14 births, use an additional questionnaire.

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (*name*) A BOY OR A GIRL? *Probe*: WHAT IS HIS/HER BIRTHDAY? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (*name*) BORN?		BH5. IS (*name*) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	BH7. IS (*name*) LIVING WITH YOU? 1 Yes 2 No	BH8. *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	BH9. *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years*		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	___ ___ ⇨Next Line	Days .... 1 Months....... 2 Years 3	__ __	
02		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	___ ___ ⇨BH10	Days .... 1 Months....... 2 Years 3	__ __	1 2 Add Next Birth Birth
03		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	___ ___ ⇨BH10	Days .... 1 Months....... 2 Years 3	__ __	1 2 Add Next Birth Birth
04		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	___ ___ ⇨BH10	Days .... 1 Months....... 2 Years 3	__ __	1 2 Add Next Birth Birth
05		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	___ ___ ⇨BH10	Days .... 1 Months....... 2 Years 3	__ __	1 2 Add Next Birth Birth
06		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	___ ___ ⇨BH10	Days .... 1 Months....... 2 Years 3	__ __	1 2 Add Next Birth Birth
07		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	___ ___ ⇨BH10	Days .... 1 Months....... 2 Years 3	__ __	1 2 Add Next Birth Birth

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (*name*) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (*name*) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	BH7. IS (*name*) LIVING WITH YOU? 1 Yes 2 No	BH8. *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	BH9. *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years*		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
08		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth
09		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth
10		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth
11		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth
12		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth
13		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth
14		1 2	1 2	__ __	__ __ __ __	1 2 ⇨BH9	__ __	1 2	__ __ ⇨BH10	Days .... 1 Months .... 2 Years 3	__ __	1 2 Add Next Birth Birth

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (*name of last birth in Birth History*)?	Yes..1 No 2	1⇨Record Birth(s) in Birth History

CM12. *Compare number in CM10 with number of births in the Birth History above and check:*

    ☐*Numbers are same ⇨ Continue with CM13*

    ☐*Numbers are different ⇨ Probe and reconcile*

CM13. *Check BH4 in BIRTH HISTORY: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2009*

    ☐ *No live birth in last 2 years. ⇨ Go to ILLNESS SYMPTOMS Module.*

    ☐*One or more live births in last 2 years. ⇨ Record name of last born child and continue with next module*

        Name of child_____

    If child has died, take special care when referring to this child by name in the following modules.

DESIRE FOR LAST BIRTH   DB

This module is to be administered to all ever-married women with a live birth in the 2 years preceding date of interview.
Check child mortality module CM13 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes.. 1 No 2	1⇨Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later.. 1 No more 2	2⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months .... 1 __ __ Years.. 2 __ __ DK.. 998	

MATERNAL AND NEWBORN HEALTH		MN
This module is to be administered to all ever-married women with a live birth in the 2 years preceding date of interview. *Check child mortality module CM13 and record name of last-born child here _____.* *Use this child's name in the following questions, where indicated.*		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes .... 1 No 2	2⇨MN5

MN2. WHOM DID YOU SEE?
 	
Probe:
ANYONE ELSE?
 	
Probe for the type of person seen and circle all answers given.
	Health professional:
	    Doctor ....A
	    Nurse / Midwife ....B
	    Auxiliary midwife C
	Other person
	    Traditional birth attendant...................... F
	    Community health worker.......................G
	
	Other (*specify*) _____ X	

MN2A. WHERE DID YOU MAINLY RECEIVE THE ANTENATAL CARE?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(*Name of place*)
	Home
	    Home 11
	    Other Home 12
	
	Public sector
	    Govt. hospital 21
	    Govt. clinic / health centre 22
	    Govt. health post................................. 23
	    Other public (**specify**) _____ 24
	
	Private Medical Sector
	    Private hospital 31
	    Private clinic.. 32
	    Private maternity home 33
	    Other private
	       medical (**specify**) _____ 34
	Other (*specify*) _____ 96	

MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Number of times................................. __ __ DK.. 98	
MN4. AS PART OF YOUR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	Yes No Blood pressure................................ 1 2 Urine sample................................... 1 2 Blood sample 1 2	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED (SUCH AS A CHILD HEALTH DAYS CARD)? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen).. 1 Yes (card not seen).................................... 2 No .... 3 DK.. 8	

MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes.. 1	
	No 2	2⇨MN9
	DK.. 8	8⇨MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times....................................... __	
	DK.. 8	8⇨MN9
MN8. *How many tetanus injections during last pregnancy were reported in MN7?* ☐ *At least two tetanus injections during last pregnancy.* ⇨ *Go to MN12* ☐ *Only one tetanus injection during last pregnancy.* ⇨ *Continue with MN9*		
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes.. 1	
	No 2	2⇨MN12
	DK.. 8	8⇨MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times....................................... __	
	DK.. 8	8⇨MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)?	Years ago... __ __	
MN12. *Check MN1 for presence of antenatal care during pregnancy with (name)?:* ☐ *Yes, antenatal care received.* ⇨ *Continue with MN13* ☐ *No antenatal care received* ⇨ *Go to MN17*		
MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO <u>PREVENT</u> YOU FROM GETTING MALARIA?	Yes.. 1	
	No 2	2⇨MN17
	DK.. 8	8⇨MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? *Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.*	SP / Fansidar ....A Chloroquine...B Other (*specify*) _____ X DK..Z	
MN15. *Check MN14 for medicine taken:* ☐ *SP / Fansidar taken.* ⇨ *Continue with MN16* ☐ *SP / Fansidar not taken.* ⇨ *Go to MN17*		
MN16. DURING YOUR PREGNANCY WITH (*name*)? HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times.................................. __ __	
	DK.. 98	

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)?
 	
   Probe:
   ANYONE ELSE?
 	
   Probe for the type of person assisting and circle all answers given.
 	
   If respondent says no one assisted, probe to determine whether any adults were present at the delivery.
	Health professional:
	   Doctor ....A
	   Nurse / Midwife.......................................B
	   Auxiliary midwife.....................................C
	Other person
	   Traditional birth attendant.......................F
	   Community health worker..................... G
	   Relative / Friend ....H
	
	Other (specify) _____X
	No one ....Y	

MN18. WHERE DID YOU GIVE BIRTH TO (*name*)?
 	
   Probe to identify the type of source.
 	
   If unable to determine whether public or private, write the name of the place.
 	
   _____
         (Name of place)
	Home
	   Your home... 11
	   Other home 12
	
	Public sector
	   Govt. hospital 21
	   Govt. clinic / health centre 22
	   Govt. health post 23
	   Other public (*specify*) _____ 26
	
	Private Medical Sector
	   Private hospital.................................... 31
	   Private clinic 32
	   Private maternity home 33
	   Other private
	       ....medical (*specify*)
	
	Other (*specify*).. 96
		11⇨MN19A
		12⇨MN19A
		
		96⇨MN19A

MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes... 1 No 2	
MN19A. WHO ADVISED YOU ON WHERE TO GIVE BIRTH TO (*name*)?	Govt. doctor ....A Govt. health worker ....B Private Doctor ....C Husband...D Other relatives..E Friend(s)...F NGO Health worker.................................. G Other (*specify*)_____X No one / DK ....Y	
MN20. WHEN (*name*) 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	

MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes... 1 No .... 2 DK... 8	2⇨MN23 8⇨MN23
MN22. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card..................... 1 (kg) __ . __ __ __ From recall .... 2 (kg) __ . __ __ __ DK... 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes... 1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes... 1 No 2	2⇨Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately.. 000 Hours ....1 __ __ Days..2 __ __ Don't know / remember........................ 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK? *If No probe:* NOT EVEN WATER, HONEY, PORRIDGE, SOUP, SUGAR WATER, OR ANYTHING ELSE?	Yes... 1 No 2	2⇨Next Module
MN27. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* 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 (*specify*) _____X	

ILLNESS SYMPTOMS — IS

IS1. *Check Household Listing, column HL9*

Is the respondent the mother or caretaker of any child under age 5?

☐ Yes. ⇨ Continue with IS2.

☐ No. ⇨ Go to Next Module.

| 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? *Probe:* ANY OTHER SYMPTOMS? *Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.* *Circle all symptoms mentioned, but do NOT prompt with any suggestions* | 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 Other (specify) _____X Other (specify) _____Y Other (specify) _____Z | |

CONTRACEPTION		CP
CP0. *Check MA1: Is respondent currently married?* ☐ Yes (MA1 = 1). ⇨ Continue with CP1. ☐ No (MA1 = 3). ⇨ Go to FGM/C Module.		
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	2⇨CP4
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization .... A Male sterilization .... B 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 .... L Withdrawal .... M Other (*specify*) _____ X	⇨Next Module
CP4. WHAT IS THE <u>MAIN</u> REASON FOR NOT USING ANY METHOD TO DELAY OR AVOID A PREGNANCY?	Religious .... 1 Husband against .... 2 Other family members against .... 3 Contraceptives not available .... 4 Desire for child... 5 Other (*specify*) _____ 6 DK.. 8	

UNMET NEED		UN

UN1. *Check CP1. Currently pregnant?*

☐ Yes, currently pregnant ⇨ Continue with UN2

☐ No, unsure or DK ⇨ Go to UN5

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?	Yes ....1 No..2	1⇨UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later ....1 No more...2	
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?	Have another child.......................................1 No more / None ....2 Undecided / Don't know 8	1⇨UN7 2⇨UN13 8⇨UN13

UN5. *Check CP3. Currently using "Female sterilization"?*

☐ Yes. ⇨ Go to UN13

☐ No. ⇨ Continue with UN6

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?	Have (a/another) child ....1 No more / None ....2 Says she cannot get pregnant ....3 Undecided / Don't know 8	 2⇨UN9 3⇨UN11 8⇨UN9
UN7. How long would you like to wait before the birth of (a/another) child?	Months...1 __ __ Years ....2 __ __ Soon / Now ....993 Says she cannot get pregnant ....994 Other ....996 Don't know...998	994⇨UN11

UN8. *Check CP1. Currently pregnant?*

☐ Yes, currently pregnant ⇨ Go to UN13

☐ No, unsure or DK ⇨ Continue with UN9

UN9. *Check CP2. Currently using a method?*
☐ Yes. ⇨ Go to UN13
☐ No ⇨ Continue with UN10

UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1	1 ⇨UN13
	No..2	
	DK 8	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 amenorrhea .... F
	Breastfeeding ....G
	Too old .... H
	Fatalistic I
	
	Other (*specify*)_____X
	
	Don't know... Z	

UN12. *Check UN11. "Never menstruated" mentioned?*
☐ Yes. ⇨ Go to Next Module
☐ No ⇨ 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 | |

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 OR NICKED SLIGHTLY (SUNI). HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes .... 1 No 2	2⇨Next Module
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED OR UNDERGONE SUNI?	Yes .... 1 No 2	2⇨FG8
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes .... 1 No .... 2 DK 8	1⇨FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes .... 1 No .... 2 DK 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED? *If necessary, probe*: WAS IT SEALED?	Yes .... 1 No .... 2 DK 8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? *If the respondent does not know the exact age, probe to get an estimate using your calendar of events and other information available to you*	Age at circumcision .... __ __ DK / Don't remember / Not sure 98	

FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional
	    Doctor 11
	    Nurse/Midwife 12
	    Other health
	       professional (*specify*)_____ 16
	
	Traditional persons
	    Traditional 'circumciser' 21
	    Traditional birth attendant 22
	    Other
	      .... traditional (*specify*)
	      26
	
	DK 98	

FG8A. *Check if woman was ever married:*	☐ *MA5=3 (Never married) ⇨ Skip to FG22* ☐ *MA5=1 or MA5=No answer (formerly or currently married) ⇨ Continue with FG9*	
FG9. *Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here*	Total number of living daughters .... ___ ___	

FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE *(total number in FG9)* LIVING DAUGHTERS. IS THIS CORRECT?
   ☐*Yes*   ☐*One or more living daughters ⇨ Continue with FG11*
           ☐*Does not have any living daughters ⇨ Go to FG22*
 	
   ☐*No ⇨ Check responses to CM1 – CM12 and BH1 – BH10 and make corrections as necessary, until FG10 = Yes*		

FG11. *Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.*

The total number of daughters in FG12 should be equal to the number in FG9

If more than 4 daughters, use additional questionnaires

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12. *Name of daughter*	_____	_____	_____	_____
FG13. HOW OLD IS (*name*)?	Age.......... ___ ___	Age........... ___ ___	Age........... ___ ___	Age........... ___ ___
FG14. IS (*name*) YOUNGER THAN 15 YEARS OF AGE?	Yes....................1 No ....2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes....................1 No ....2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes.................... 1 No ....2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes.................... 1 No ....2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*
FG15. IS (*name*) CIRCUMCISED OR HAS UNDERGONE SUNI?	Yes....................1 No ....2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes....................1 No ....2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes.................... 1 No ....2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*	Yes.................... 1 No ....2 *If "No", go to FG13 for next daughter. If no more daughters, go to FG22*
FG16. HOW OLD WAS (*name*) WHEN THIS OCCURRED? *If the respondent does not know the exact age, probe to get an estimate using your calendar of events and other information available to you*	Age.......... ___ ___ DK 98	Age.......... ___ ___ DK 98	Age.......... ___ ___ DK 98	Age.......... ___ ___ DK 98
FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (*name*) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes....................1 ⇨FG19 No ....2 DK 8	Yes....................1 ⇨FG19 No ....2 DK 8	Yes.................... 1 ⇨FG19 No ....2 DK 8	Yes....................1 ⇨FG19 No ....2 DK 8
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes....................1 No ....2 DK 8	Yes....................1 No ....2 DK 8	Yes.................... 1 No ....2 DK 8	Yes....................1 No ....2 DK 8

FG19. WAS HER GENITAL AREA SEWN CLOSED? *If necessary, probe*: WAS IT SEALED?	Yes....................1 No ....2 DK 8	Yes....................1 No ....2 DK 8	Yes....................1 No ....2 DK 8	Yes....................1 No ....2 DK 8

FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional
	Doctor.............11
	Nurse/midwife 12
	Other health
	  professional
	  (*specify*)_____ 16
	
	Traditional persons
	Traditional
	  'circumciser' ..21
	Traditional birth
	  attendant 22
	Other traditional
	  (*specify*) _____ 26
	
	DK 98
		Health professional
		Doctor.............11
		Nurse/midwife 12
		Other health
		  professional
		  (*specify*) _____ 16
		
		Traditional persons
		Traditional
		  'circumciser' ..21
		Traditional birth
		  attendant 22
		Other traditional
		  (*specify*) _____ 26
		
		DK 98
			Health professional
			Doctor 11
			Nurse/midwife 12
			Other health
			  professional
			  (*specify*) _____ 16
			
			Traditional persons
			Traditional
			  'circumciser' ..21
			Traditional birth
			  attendant 22
			Other traditional
			  (*specify*)_____ 26
			
			DK 98
				Health professional
				Doctor 11
				Nurse/midwife 12
				Other health
				  professional
				  (*specify*) _____16
				
				Traditional persons
				Traditional
				  'circumciser' ..21
				Traditional birth
				  attendant 22
				Other traditional
				  (*specify*) _____26
				
				DK 98

FG21.	*Go back to FG13 for next daughter. If no more daughters, go to FG22*	*Go back to FG13 for next daughter. If no more daughters, go to FG22*	*Go back to FG13 for next daughter. If no more daughters, go to FG22*	*Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22*
				Tick here if additional questionnaire used ☐

FG22. DO YOU THINK THE PRACTICE OF CIRCUMCISION SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued ....1 Discontinued..2 Depends...3 DK 8	

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	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	

HIV/AIDS	HA	
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ....1 No..2	2⇨WM11
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ....1 No..2 DK 8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ....1 No..2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ....1 No..2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ....1 No..2 DK 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ....1 No..2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ....1 No..2 DK 8	

HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:
 	
   [A] DURING PREGNANCY?
   [B] DURING DELIVERY?
   [C] BY BREASTFEEDING?
	Yes No DK
	During pregnancy 1 2 8
	During delivery 1 2 8
	By breastfeeding 1 2 8	

HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ....1 No..2 DK / Not sure / Depends.............................8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ....1 No..2 DK / Not sure / Depends.............................8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ....1 No..2 DK / Not sure / Depends.............................8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ....1 No..2 DK / Not sure / Depends.............................8	

HA13. *Check CM13: Any live birth in last 2 years?*		
☐ *No live birth in last 2 years.* ⇨ *Go to HA24.*		
☐*Yes, live birth in last 2 years.* ⇨ *Continue with HA14.*		

HA14. *Check MN1: Received antenatal care?*		
☐ *Yes, antenatal care received.* ⇨ *Continue with HA15*		
☐ *No antenatal care received* ⇨ *Go to HA24*		

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	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	
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
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 COUNSELLING 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)?*		
☐ *Yes, birth delivered by health professional* ⇨ *Continue with HA20*		
☐ *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 DO NOT 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 DO NOT 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. *Record the time*.	Hour and minutes..................... __ __ : __ __	

WM12. *Is the respondent the mother or caretaker of any child age 0-4 living in this household?*
Check household listing, column HL9.

☐ *Yes. ⇨ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No. ⇨ End the interview with this respondent by thanking her for her cooperation.*
      Check for the presence of any other eligible woman or child under-5 in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL	UF

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.

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 MOPIC. 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 20 - 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.

If greeting at the beginning of the household questionnaire or for another child's questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*name*)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 - 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.

MAY I START NOW?

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

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed .... 01 Not at home .... 02 Refused .... 03 Partly completed .... 04 Incapacitated .... 05 Other (specify) _____ 96

UF10. Field edited by (Name and number): Name _____ ___ ___	UF11. Data entry clerk (Name and number): Name _____ ___ ___

| UF12. *Record the time.* | Hour and minutes .... __ __ : __ __ | |

AGE		AG

AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (*name*).
 	
IN WHAT MONTH AND YEAR WAS (*name*) BORN?
 	
Probe:
WHAT IS HIS / HER BIRTHDAY?
 	
DO YOU HAVE ANY DOCUMENTS THAT MAY HAVE (*name*)'S DATE OF BIRTH (SUCH AS A CHILD HEALTH DAY CARD, BIRTH NOTIFICATION, OR BIRTH CERTIFICATE)?
 	
If the mother/caretaker knows the exact birth date and/or it is printed in a document/card , also enter the day; otherwise, circle 98 for day
 	
Month and year <u>must</u> be recorded
 	
If unknown month or year, ask for documents or use the calendar of events
	Date of birth
	    Day .... __ __
	
	    DK day 98
	
	    Month .... __ __
	
	    Year .... __ __ __ __	

AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY? Record age in completed years. Record '0' if less than 1 year. Note: For most children, the age indicated on the Routine Immunization Card is <u>not</u> <u>current</u>	Age (in completed years) .... __	

AG3. *Compare AG1 and AG2:*

☐ *Date of birth and age are consistent* ⇨ *Continue with next AG4*

☐ *Date of birth and age are not consistent* ⇨ *Probe further for both date of birth and age until consistent*

AG4. *Indicate how date of birth was obtained:*

☐ *Mother's/caretaker's response alone*

☐ *Any documentation used (tick all that apply):*

    ☐ *Child Health Day card*
    ☐ *Birth notification*
    ☐ *Birth certificate*
    ☐ *Calendar of events and/or known events in household*
    ☐ *Other documentation (specify)_____*

☐ *Other (specify) _____*

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: [A] homemade toys (such as dolls, cars, or other toys made at home)? [B] toys from a shop or manufactured toys? [C] household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	Y N DK Homemade toys ....1 2 8 Toys from a shop...........................1 2 8 Household objects or outside objects 1 2 8	
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? [B] left in the care of another child that is, someone less than 10 years old for more than an hour? If 'none' enter' 0'. If 'don't know' enter' 8'	Number of days left alone for more than an hour ....__ Number of days left with other child for more than an hour ....__	
EC4. *Check AG2: Age of child* ☐ *Child age 3 or 4 ⇨ Continue with EC5* ☐ *Child age 0, 1 or 2 ⇨ Go to Next Module*		
EC5. Does (*name*) attend any organized learning or early childhood education	Yes 1	

PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	No...2 DK 8	2⇨EC6A 8⇨EC6A
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND?	Number of hours....................................__ __	⇨ EC7
EC6A. DOES (*name*) ATTEND KORANIC SCHOOL?	Yes ....1 No...2 DK 8	 2⇨EC7 8⇨EC7
EC6B. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND KORANIC SCHOOL?	Number of hours....................................__ __	
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGEENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.* [A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)? [B] TOLD STORIES TO (*name*)? [C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABYS? [D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? [E] PLAYED WITH (*name*)? [F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	<table><tr><td></td><td>Mother</td><td>Father</td><td>Other</td><td>No one</td></tr><tr><td>Read books</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>Told stories</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>Sang songs</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>Took outside</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>Played with</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>Named/counted</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr></table>	
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	

If no, probe: THIS CAN BE IN ANY LANGUAGE (SOMALI, ARABIC, ETC.)	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 TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes ....1 No..2 DK 8	
EC12. IS (*name*) SOMETIMES TOO SICK TO PLAY?	Yes ....1 No..2 DK 8	
EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes ....1 No..2 DK 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes ....1 No..2 DK 8	
EC15. DOES (*name*) GET ALONG WELL WITH OTHER CHILDREN?	Yes ....1 No..2 DK 8	
EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes ....1 No..2 DK 8	
EC17. DOES (*name*) GET DISTRACTED EASILY?	Yes ....1 No..2 DK 8	

BREASTFEEDING		BF
BF1. HAS (*name*) EVER BEEN BREASTFED?	Yes... 1 No .... 2 DK.. 8	2⇨BF3 8⇨BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes... 1 No .... 2 DK.. 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (*name*) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (*name*) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes... 1 No .... 2 DK.. 8	
BF4. DID (*name*) <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 (*name*) DRINK INFANT FORMULA?	Number of times.................................. __ __	
BF6. DID (*name*) <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 (*name*) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times.................................. __ __	
BF8. DID (*name*) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes... 1 No .... 2 DK.. 8	
BF9. DID (*name*) <u>DRINK MARAQCAD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes... 1 No .... 2 DK.. 8	
BF10. DID (*name*) <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 (*name*) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes... 1 No .... 2 DK... 8	
BF12. DID (*name*) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes... 1 No .... 2 DK... 8	
BF13. DID (*name*) <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 (*name*) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times.................................. __ __	
BF15. DID (NAME) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes... 1 No .... 2 DK... 8	
BF16. DID (*name*) <u>EAT SOLID OR SEMI-SOLID (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 (*name*) 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 (*name*) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE</u>?	Yes... 1 No .... 2 DK... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes... 1 No .... 2 DK.. 8	2⇨CA7 8⇨CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *If less, probe*: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less.. 1 Somewhat less... 2 About the same .... 3 More.. 4 Nothing to drink .... 5 DK.. 8	
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? If "less", probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less.. 1 Somewhat less... 2 About the same .... 3 More.. 4 Stopped food.. 5 Never gave food .... 6 DK.. 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (*name*) GIVEN TO DRINK A FLUID MADE FROM A SPECIAL PACKET CALLED ORS SUCH AS THIS? *Show sample ORS packet*	Yes... 1 No .... 2 DK.. 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes... 1 No .... 2 DK.. 8	2⇨CA7 8⇨CA7

CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?
 	
Probe:
ANYTHING ELSE?
 	
Record all treatments given. Write brand name(s) of all medicines mentioned.
 	
_____
(Name)
	Pill or Syrup
	    Antibiotic..A
	    Antimotility..B
	    Zinc C
	    Other (Not antibiotic, antimotility
	        or zinc) .... G
	    Unknown pill or syrup ....H
	
	Injection
	    Antibiotic...L
	    Non-antibiotic .... M
	    Unknown injection ....N
	
	Intravenous .... O
	
	Home remedy / Herbal medicine .... Q
	
	Other (*specify*)_____X	

CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes... 1 No .... 2 DK.. 8	2⇨CA14 8⇨CA14
CA8. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes... 1 No .... 2 DK.. 8	2⇨CA14 8⇨CA14
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only .... 1 Blocked or runny nose only .... 2 Both .... 3 Other (*specify*) _____ 6 DK.. 8	2⇨CA14 6⇨CA14
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes... 1 No .... 2 DK.. 8	2⇨CA12 8⇨CA12

CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?
 	
Probe:
ANYWHERE ELSE?
 	
Circle all providers mentioned, but do NOT prompt with any suggestions.
 	
Probe to identify each type of source.
 	
If unable to determine if public or private sector, write the name of the place.
 	
_____
(Name of place)
	Public sector
	   Govt. hospital .... A
	   Govt. health centre .... B
	   Govt. health post C
	   Village health worker .... D
	   Mobile / Outreach clinic .... E
	   Other public (*specify*)_____ H
	
	Private medical sector
	   Private hospital / clinic....................................I
	   Private physician ....J
	   Private pharmacy .... K
	   Mobile clinic L
	   Other private medical (*specify*) _____ O
	
	Other source
	   Relative / Friend .... P
	   Shop ....Q
	   Traditional practitioner .... R
	   Sheikh .... S
	   Traditional Birth Attendant............................ T
	
	Other (*specify*) _____ X	

CA12. WAS (*name*) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes... 1 No .... 2 DK.. 8	2⇨CA14 8⇨CA14

CA13. WHAT MEDICINE WAS (*name*) GIVEN?
 	
Probe:
ANY OTHER MEDICINE?
 	
Circle all medicines given. Write brand name(s) of all medicines mentioned.
 	
_____
(Names of medicines)
	Antibiotic
	   Pill / Syrup ....A
	   Injection..B
	
	Anti-malarials .... M
	
	Paracetamol / Panadol / Acetaminophen ...P
	Aspirin .... Q
	Ibuprofen...R
	
	Other (*specify*) _____X
	DK..Z	

CA14. Check AG2: Child aged under 3? ☐ Yes. ⇨ Continue with CA15 ☐ *No.* ⇨ *Go to Next Module*		
CA15. THE LAST TIME (*name*) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine............................ 01 Put / Rinsed into toilet or latrine................ 02 Put / Rinsed into drain or ditch .... 03 Thrown into garbage (solid waste) .... 04 Buried.. 05 Left in the open .... 06 Other (*specify*) _____ 96 DK.. 98	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS (*name*) BEEN ILL WITH A FEVER AT ANY TIME?	Yes... 1 No .... 2 DK.. 8	2⇨Next Module 8⇨Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID (*name*) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes... 1 No .... 2 DK.. 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes... 1 No .... 2 DK.. 8	2⇨ML8 8⇨ML8
ML4. WAS (*name*) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes... 1 No .... 2 DK.. 8	2⇨ML8 8⇨ML8
ML5. WAS (*name*) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes... 1 No .... 2 DK.. 8	2⇨ML7 8⇨ML7

ML6. WHAT MEDICINE WAS (*name*) GIVEN?
 	
Probe:
ANY OTHER MEDICINE?
 	
Circle all medicines mentioned. Write brand name(s) of all medicines, if given.
 	
_____
(Name)
	Anti-malarials:
	  SP / Fansidar ....A
	  Chloroquine...B
	  Amodiaquine C
	  Quinine..D
	  Combination with Artemisinin ....E
	
	  Other anti-malarial
	    (*specify*) _____ H
	
	Antibiotic drugs
	  Pill / Syrup I
	  Injection.. J
	
	Other medications:
	  Paracetamol/ Panadol /Acetaminophen .P
	  Aspirin .... Q
	  Ibuprofen ....R
	
	Other (specify) _____X
	DK..Z	

ML7. WAS (*name*) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes... 1 No .... 2 DK.. 8	1⇨ML9 2⇨ML10 8⇨ML10
ML8. WAS (*name*) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes... 1 No .... 2 DK.. 8	2⇨ML10 8⇨ML10

| ML9. What medicine was (*name*) given?

    Probe:
  Any other medicine?

Circle all medicines mentioned. Write brand name(s) of all medicines, if given.

          _____
             (Name)
. | Anti-malarials:
  SP / Fansidar ....A
  Chloroquine...B
  Amodiaquine C
  Quinine..D
  Combination with Artemisinin ....E

  Other anti-malarial
      (*specify*) _____ H

Antibiotic drugs
  Pill / Syrup I
  Injection.. J

Other medications:
  Paracetamol/ Panadol/ Acetaminophen .P
  Aspirin .... Q
  Ibuprofen..R

Other (*specify*) _____X
DK...Z | |

| ML10. *Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?*

☐*Yes.* ⇨*Continue with ML11*

☐ *No.* ⇨ *Go to Next Module* |

| ML11. How long after the fever started did (*name*) first take (*name of anti-malarial from ML6 or ML9*)?

If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.

Record how long after the fever started the <u>first</u> anti-malarial was given. | Same day 0
Next day 1
2 days after the fever 2
3 days after the fever 3
4 or more days after the fever 4

DK.. 8 | |

IMMUNIZATION										IM

If immunization card(s) is/are available, copy the dates in IM3 for each type of immunization recorded on the card(s). IM6-IM16A are for registering vaccinations that are not recorded on the card(s). IM6-IM16A will only be asked when card(s) is/are not available.

IM1. DO YOU HAVE ONE OR MORE CARDS WHERE (*name*)'S VACCINATIONS ARE WRITTEN DOWN? (*If yes*) MAY I SEE IT/THEM PLEASE?	Yes, at least one card seen .... Yes, no cards seen................................. No cards	 2⇨IM2A 3⇨IM2
IM1A. *Observe and record the type of card(s)*	Routine EPI Card..................................... Child Health Days Card 2009 .... Child Health Days Card 2010 .... Other (*specify*) _____	A⇨IM3 B⇨IM3 B⇨IM3 X⇨IM3
IM2. DID YOU EVER HAVE A VACCINATION OR CHILD HEALTH DAYS CARD FOR (*name*)?	Yes .... No...	 2⇨IM6
IM2A. DO OR DID YOU HAVE ONE OR MORE OF THE CARDS SHOWN HERE WHERE (*name*)'S VACCINATIONS ARE OR WERE WRITTEN DOWN? *Show the sample cards and record the response*	Routine EPI Card..................................... Child Health Days Card 2009 .... Child Health Days Card 2010 .... Other(*specify*) _____ DK	A⇨IM6 B⇨IM6 C⇨IM6 X⇨IM6 Y⇨IM6

IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization			Card
	Day	Month	Year	A. Routine EPI Card. B. CHD 2009 C. CHD 2010 X. Other

		Day	Month	Year	Card
BCG	BCG				A B C X
POLIO AT BIRTH	OPV0				A B C X
POLIO 1	OPV1				A B C X
POLIO 2	OPV2				A B C X
POLIO 3	OPV3				A B C X
DPT1	DPT1				A B C X
DPT2	DPT2				A B C X
DPT3	DPT3				A B C X
MEASLES	MEASLES				A B C X
VITAMIN A (MOST RECENT)	VITA				A B C X

IM4. *Check IM3. Are all vaccines (BCG to Measles) recorded?*

☐*Yes*⇨*Continue with IM18*
☐*No* ⇨*Continue with IM5*

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS/THESE CARDS, DID (*name*) RECEIVE ANY OTHER VACCINATIONS — INCLUDING NATIONAL IMMUNIZATION DAYS AND CHILD HEALTH DAYS? Record 'Yes' only if respondent mentions vaccines shown in the table above.	Yes .... 1 (*Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18*) No.. 2 DK.. 8	2⇨IM18 8⇨IM18
IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING NATIONAL IMMUNIZATION DAYS AND CHILD HEALTH DAYS?	Yes .... 1 No.. 2 DK.. 8	2⇨IM18 8⇨IM18
IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS — THAT IS, AN INJECTION USUALLY IN THE LEFT ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes .... 1 No.. 2 DK.. 8	2⇨IM8 8⇨IM8
IM7A. DID (*name*) (OR THE PERSON WITH (*name*) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION? *Show sample ORS packet*	Yes .... 1 No.. 2 DK.. 8	
IM8. HAS (*name*) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES — THAT IS, POLIO? *Show and probe:* THE VACCINATION IS MOST COMMONLY GIVEN IN A VIAL SUCH AS THIS	Yes .... 1 No.. 2 DK.. 8	2⇨IM11 8⇨IM11
IM8A. DID (*name*) (OR THE PERSON WITH (*name*) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION? *Show sample ORS packet*	Yes .... 1 No.. 2 DK.. 8	
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?	First two weeks .... 1 Later .... 2 DK.. 8	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times .... __	
IM11. HAS (*name*) EVER RECEIVED A DPT VACCINATION — THAT IS, AN INJECTION USUALLY IN THE RIGHT THIGH — TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? *Probe by indicating that DPT vaccination is sometimes given at the same time as Polio*	Yes .... 1 No.. 2 DK.. 8	2⇨IM16 8⇨IM16

IM11A. DID (*name*) (OR THE PERSON WITH (*name*) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION? *Show sample ORS packet*	Yes .... 1 No... 2 DK... 8	
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times .... __	
IM16. HAS (*name*) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT USUALLY IN THE RIGHT ARM OR SHOULDER AT THE AGE OF **9** MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes .... 1 No... 2 DK... 8	2⇨IM18 8⇨IM18
IM16A. DID (*name*) (OR THE PERSON WITH (*name*) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION? *Show sample ORS packet*	Yes .... 1 No... 2 DK... 8	
IM18. HAS (*name*) RECEIVED A VITAMIN A DOSE LIKE THIS WITHIN THE LAST 6 MONTHS? *Show capsule(s)*	Yes .... 1 No... 2 DK... 8	
IM19. PLEASE TELL ME IF (*name*) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS AND CHILD HEALTH DAYS: [A] Jan/Feb *2009 CHDs* (Vit A, measles & polio) [B] *JUNE 2009 NIDs* (Polio) [C] JULY 2009 NIDs [D] Jul/Aug *2009 CHDs* (*VIT A, MEASLES & POLIO*) [E] June *2010 CHDs* (*VIT A, MEASLES & POLIO*) [F] SEPT 2010 NIDs (Polio) [G] OCTOBER 2010 *NIDs* (Polio) [H] December *2010 CHDs* (*VIT A, MEASLES & POLIO*)	Y N DK Jan/Feb, 2009 CHDs .... 1 2 8 Jun 2009 NIDs .... 1 2 8 Jul, 2009 NIDs .... 1 2 8 Nov/Dec, 2009 CHDs .... 1 2 8 Jun, 2010 CHDs .... 1 2 8 Sept, *2010 NIDs* .... 1 2 8 Oct, *2010 NIDs* .... 1 2 8 Dec, 2010 CHDs................................. 1 2 8	

IM20. CHECK IM19: DID CHILD PARTICIPATE IN THE DECEMBER 2010 CHDS (IM19[H] = 1)?		
▱YES (IM19[H]=1)⇨ GO TO IM21 ▱NO (IM19[H]=2 OR 8)⇨ GO TO UF13		
IM21. DID (*name*) (OR THE PERSON WITH (*name*) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS IN THE DECEMBER 2010 CHILD HEALTH DAYS? *Show sample ORS packet*	Packet(s) received ....1 No packet(s) received ....2 DK...8	 2⇨UF13 8⇨UF13
IM22. *CHECK CA1: DID CHILD HAVE AN EPISODE OF DIARRHOEA IN THE PAST 2 WEEKS (CA1 = 1)?* ☐ *YES (CA1=1) ⇨ GO TO IM24* ☐ *NO (CA1=2OR 8) ⇨ GO TO IM23*		
IM23. SINCE THE RECEIPT OF THE FREE ORS PACKET(S) IN DECEMBER, HAS (*name*) HAD ANY EPISODE OF DIARRHOEA?	Yes, at least once ....1 No episodes ....2 DK...8	 2⇨UF13 8⇨UF13
IM24. WAS/WERE THE FREE ORS PACKET(S) RECEIVED IN DECEMBER USED TO TREAT (*name*) FOR DIARRHOEA?	Used to treat diarrhoea ....1 Not used to treat ....2 DK...8	

UF13. *Record the time.*	**Hour and minutes .... __ __ : __ __**	

UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*
☐ *Yes. ⇨ 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.*
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.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations