

Appendix F. Questionnaires

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 JEEH/SAHIL 11 AWDAL 12 TOGDHEER 13 SOOL 14 SANAAG 15

WE ARE FROM MoP&D. 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 _____

HH18.
Record the time:

Hour _ _

Minutes _ _

HOUSEHOLD LISTING FORM

HL

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

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

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

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.

					For all household members age 0-6 AND women age 14-16 or 50-51	For women age 15-49	For children age 5-14	For children under age 5	For all household members	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	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	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	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	___		

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?	HL6. HOW OLD IS (name)?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL7.	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?
			1 Male 2 Female	Record in completed years If age is 95 or above, record '95'	If unknown, probe for documents or use the calendar of events Reconcile with HL6 98 DK 9998 DK		Circle line number if woman is age 15-49	Record line number of mother/ caretaker	Record line number of mother/ caretaker	1 Yes 2 No	1 Yes 2 No HL13 8 DK HL13	Record line number of mother or 00 for "No"	1 Yes 2 No Next Line 8 DK Next Line	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
10		— —	1 2	— —	— —	— — — —	10	— —	— —	1 2	1 2 8	— —	1 2 8	— —
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 not be members of the family (such as servants, friends) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

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

EDUCATION												ED				
For household members age 5 and above						For household members age 5-24 years										
ED1. Line number	ED2. Name and age		ED3. HAS (name) EVER ATTENDED FORMAL SCHOOL SUCH AS PRE-SCHOOL, PRIMARY, SECONDARY, AND HIGHER?		ED4A WHAT IS THE HIGHEST LEVEL OF SCHOOL HAS (name) ATTENDED?	ED4B WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND FORMAL SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND FORMAL SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?					
	Copy <u>all</u> household members from Household Listing Form, HL2 and HL6		1 Yes 2 No ✕ Next Line 8 DK ✕ Next Line		Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK	Grade: 98 DK If less than 1 grade, enter 00.	1 Yes 2 No ✕ ED7	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK	Grade/ years of schooling: 98 DK	1 Yes 2 No ✕ Next Line 8 DK ✕ Next Line	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK	Grade or years of schooling 98 DK If level=0, go to Next Line				
Line	Name	Age	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	— —

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 <i>If "No" or "DK", go to NF3 for next member. If no more members, go to next module</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF3 for next member. If no more members, go to next module</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF3 for next member. If no more members, go to next module</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF3 for next member. If no more members, go to next module</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF3 in first column of additional questionnaire for next member. If no more members, go to next module</i>
NF4. HAS (name) EVER ATTENDED KORANIC SCHOOL?	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF7</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF7</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF7</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF7</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF7</i>
NF5. IN THIS KORANIC SCHOOL, IS/WAS (name) TAUGHT OTHER SUBJECTS THAN THE KORAN? <i>Probe: A KORANIC SCHOOL TEACHING OTHER SUBJECTS LIKE READING AND WRITING ARABIC, SOMALI, ENGLISH OR MATHEMATICS, IS SOMETIMES CALLED AN INTEGRATED KORANIC SCHOOL.</i>	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 <i>If "No" or "DK", go to NF10</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF10</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF10</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF10</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF10</i>
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 <i>If "No" or "DK", go to NF13</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF13</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF13</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF13</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF13</i>
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 <i>If "No" or "DK", go to NF16.</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF16.</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF16.</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF16.</i>	Yes 1 No 2 DK 8 <i>If "No" or "DK", go to NF16.</i>

NF 14. HAS (<i>name</i>) 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 (<i>name</i>) 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
<p>NF16. <i>Check NF4, NF7, NF10, and NF13.</i></p> <p><i>If 'yes' to at least one of them, go to NF17.</i></p> <p><i>If no or DK to <u>all four</u>, probe:</i></p> <p>JUST TO CONFIRM, YOU HAVE MENTIONED THAT (<i>name</i>) HAS ATTENDED NON-FORMAL EDUCATION, BUT NEVER KORANIC SCHOOL, ALTERNATIVE BASIC EDUCATION, NFE FOR YOUTH, AND VOCATIONAL TRAINING. IS THAT CORRECT?</p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>
NF17.	<i>Go back to NF3 for next member. If no more members, go to next module</i>	<i>Go back to NF3 for next member. If no more members, go to next module</i>	<i>Go back to NF3 for next member. If no more members, go to next module</i>	<i>Go back to NF3 for next member. If no more members, go to next module</i>	<i>Go back to NF3 in first column of additional questionnaire for next member. If no more members, go to next module</i>
					<p><i>Tick here if additional questionnaire used</i> <input type="checkbox"/></p>

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 (<i>specify</i>) 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 (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1 In own yard / plot..... 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes _ _ _ DK 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years).....1 Adult man (age 15+ years).....2 Female child (under 15).....3 Male child (under 15).....4 DK8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes1 No2 DK8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>BoilA Add bleach / chlorineB Strain it through a clothC Use water filter (ceramic, sand, composite, etc.).....D Solar disinfectionE Let it stand and settle.....F Wash hands before collecting waterG Store drinking water in a clean container with coverH Use a separate clean cup with a long handle for taking water out of the containerI Keep animals away from the containerJ Other (<i>specify</i>)X DKZ</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system.....11 Flush to septic tank12 Flush to pit (latrine)13 Flush to somewhere else14 Flush to unknown place / Not sure / DK where15 Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab22 Pit latrine without slab / Open pit.....23 Bucket.....41 No facility, Bush, Field, Beach95 Other (<i>specify</i>)96</p>	<p>95⇒Next MODULE</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes1 No2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public)1 Public facility2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ____ Ten or more households10 DK98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms	
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor Earth / Sand 11 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 (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	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 (<i>specify</i>) 96	
HC5. Main material of the exterior walls. <i>Record observation.</i>	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 (<i>specify</i>) 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity 01 Liquefied Petroleum Gas (LPG) 02 Kerosene 05</p> <p>Charcoal 07 Wood 08 Straw / Shrubs / Grass 09 Animal dung 10 Agricultural crop residue 11</p> <p>No food cooked in household.....95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 05⇒HC8</p> <p>95⇒HC8</p>																																																
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>																																																	
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A CHARCOAL STOVE/JIKO?</p> <p>[G] A WHEEL BARROW?</p> <p>[H] A MAT?</p> <p>[I] A VACUUM FLASK?</p> <p>[J] A KEROSENE LAMP?</p> <p>[K] A FAN?</p> <p>[L] A BED?</p> <p>[M] A SOFA?</p> <p>[N] A SOMALI STOOL?</p> <p>[O] A SITTING CUSHION/PILLOW?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Charcoal stove/Jiko.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Wheel barrow.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mat.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Vacuum Flask</td> <td>1</td> <td>2</td> </tr> <tr> <td>Kerosene lamp.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fan</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bed</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa</td> <td>1</td> <td>2</td> </tr> <tr> <td>Somali Stool.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sitting Cushion/Pillow</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		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	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch	1	2	Mobile telephone.....	1	2	Bicycle	1	2	Motorcycle / Scooter	1	2	Animal drawn-cart	1	2	Car / Truck	1	2	Boat with motor	1	2	
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask:</i> DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own 1</p> <p>Rent 2</p> <p>Other (Not owned or rented) 6</p>																									
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒HC13																								
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If number of hectares is unknown ask:</i> DO YOU KNOW HOW MANY (DAARB, JIBAILE, QOODI)?</p> <p><i>Record number in measurement used by respondent and circle appropriate code</i></p> <p><i>If less than 1, record "00".</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>Hectares 1 ____</p> <p>Daarb 2 ____</p> <p>Jibaile 3 ____</p> <p>Qoodi 4 ____</p>																									
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒ HC15																								

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

INSECTICIDE TREATED NETS			TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒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).			
	1 st Net	2 nd Net	3 rd 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 <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent</i>	Long-lasting treated nets 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? <i>If less than one month, record "00"</i>	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	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK / Not sure 8	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? <i>If less than one month, record "00"</i>	Months ago ____ ____ More than 24 mo. ago ... 95 DK / Not sure 98	Months ago ____ ____ More than 24 mo. ago ... 95 DK / Not sure 98	Months ago ____ ____ More than 24 mo. ago ... 95 DK / Not sure 98

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? <i>Record the person's line number from the household listing form</i> <i>If someone not in the household list slept under the mosquito net, record "00"</i>	Name _____ Line number ____ 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 <input type="checkbox"/>

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? <i>Circle all that apply.</i>	Government worker / program A Private company B Non-governmental organization C Other (<i>specify</i>) 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
 NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line number	CL2. Name and Age Copy <u>all</u> 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 HIMSELF OR HERSELF?	
Line	Name	Age	Yes Paid	No Unpaid		Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	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	__

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

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

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

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

Table 2: Selection of Random Child for Child Discipline Questions

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

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

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

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number _ _	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR <u>ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name)</u> <u>IN THE PAST MONTH</u> .		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes1 No2	
CD12. EXPLAINED WHY <u>(name)</u> 'S BEHAVIOR WAS WRONG.	Yes1 No2	
CD13. SHOOK HIM/HER.	Yes1 No2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes1 No2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes1 No2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes1 No2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes1 No2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes1 No2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes1 No2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes1 No2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes1 No2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes1 No2 Don't know / No opinion8	

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

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

WOMAN'S INFORMATION PANEL		WM
<i>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</i>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ____ / ____ / ____	

Repeat greeting if not already read to this woman:

WE ARE FROM MoP&D. 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 _____
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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 day1 At least once a week.....2 Less than once a week3 Not at all4	
--	--	--

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 day1 At least once a week.....2 Less than once a week3 Not at all4	
--	--	--

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 day1 At least once a week.....2 Less than once a week3 Not at all4	
---	--	--

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?	Yes1 No2	2⇒MT9
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MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes1 No2	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 day1 At least once a week.....2 Less than once a week3 Not at all4	
--	--	--

MT9. HAVE YOU EVER USED THE INTERNET?	Yes1 No2	2⇒Next Module
---------------------------------------	-------------------------	---------------

MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes1 No2	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 day1 At least once a week.....2 Less than once a week3 Not at all4	
---	--	--

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married 1 No, not in marriage 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe: HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?</i>	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
<p><i>This module is to be administered to all ever-married women</i></p> <p><i>All questions refer only to LIVE births.</i></p>		
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM8
<p>CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM6
<p>CM5. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons at home..... _ _</p> <p>Daughters at home _ _</p>	
<p>CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM8
<p>CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons elsewhere _ _</p> <p>Daughters elsewhere _ _</p>	
<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒CM10
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead..... _ _</p> <p>Girls dead _ _</p>	
<p>CM10. Sum answers to CM5, CM7, and CM9.</p>	<p>Sum _ _</p>	
<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p><input type="checkbox"/> No live births ⇒ Go to <i>ILLNESS SYMPTOMS</i> Module</p> <p><input type="checkbox"/> One or more live births ⇒ Continue with the <i>BIRTH HISTORY</i> module</p> <p><input type="checkbox"/> No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the <i>BIRTH HISTORY</i> Module or <i>ILLNESS SYMPTOMS</i> Module</p>		

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. <i>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.</i>													
BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL1)	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Record days if less than 1 month; record months if less than 2 years; or years	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?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL1)	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
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 Birth Next Birth
09		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
10		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
11		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
12		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
13		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth
14		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next 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 (<i>name</i>), 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? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant..... F Community health worker..... G Other (specify)..... X													
MN2A. WHERE DID YOU MAINLY RECEIVE THE ANTENATAL CARE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (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?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED (SUCH AS A CHILD HEALTH DAYS CARD)? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen)..... 1 Yes (card not seen)..... 2 No 3 DK..... 8													

MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes1 No2 DK8	2⇒MN9 8⇒MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times DK8	8⇒MN9
MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9		
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes 1 No 2 DK..... 8	2⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times DK8	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)?: <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13 <input type="checkbox"/> 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?	Yes1 No2 DK8	2⇒MN17 8⇒MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i>	SP / Fansidar A Chloroquine B Other (specify) X DK Z	
MN15. Check MN14 for medicine taken: <input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16 <input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN17		
MN16. DURING YOUR PREGNANCY WITH (name)?, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times DK98	

<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Nurse / Midwife B</p> <p>Auxiliary midwife C</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative / Friend H</p> <p>Other (specify) X</p> <p>No one Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Govt. clinic / health centre 22</p> <p>Govt. health post 23</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (specify) 36</p> <p>Other (specify) 96</p>	<p>11⇒MN19A</p> <p>12⇒MN19A</p> <p>96⇒MN19A</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN19A. WHO ADVISED YOU ON WHERE TO GIVE BIRTH TO (name)?</p>	<p>Govt. doctor A</p> <p>Govt. health worker B</p> <p>Private Doctor C</p> <p>Husband D</p> <p>Other relatives E</p> <p>Friend(s) F</p> <p>NGO Health worker G</p> <p>Other (specify) X</p> <p>No one / DK Y</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>DK 8</p>	

MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes1 No2 DK8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card 1 (kg) _ . _ _ _ From recall..... 2 (kg) _ . _ _ _ DK99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes1 No2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes1 No2	2⇒Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately000 Hours 1 _ _ Days 2 _ _ Don't know / remember998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK? <i>If No probe:</i> NOT EVEN WATER, HONEY, PORRIDGE, SOUP, SUGAR WATER, OR ANYTHING ELSE?	Yes1 No2	2⇒Next Module
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk)..... A Plain water B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Fruit juice F Infant formula..... G Tea / Infusions H Honey I Other (<i>specify</i>) _____ X	

ILLNESS SYMPTOMS

IS

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 sickerB
 Child develops a fever.....C
 Child has fast breathing.....D
 Child has difficult breathingE
 Child has blood in stoolF
 Child is drinking poorlyG

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 MAIN 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? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> 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"? <input type="checkbox"/> Yes. ⇒ Go to UN13 <input type="checkbox"/> 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? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

UN9. Check CP2. Currently using a method? <input type="checkbox"/> Yes. ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes1 No2 DK8	1 ⇒ UN13 8 ⇒ UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result..... E Postpartum amenorrhea F Breastfeeding G Too old H Fatalistic I Other (<i>specify</i>) X Don't know Z	
UN12. Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Yes. ⇒ Go to Next Module <input type="checkbox"/> No ⇒ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago1 __ __ Weeks ago.....2 __ __ Months ago.....3 __ __ Years ago4 __ __ In menopause / Has had hysterectomy994 Before last birth995 Never menstruated996	

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? <i>If necessary, probe: WAS IT SEALED?</i>	Yes 1 No 2 DK..... 8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>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</i>	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 (<i>specify</i>) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (<i>specify</i>) 26 DK..... 98	
FG8A. Check if woman was ever married: <input type="checkbox"/> MA5=3 (Never married) ⇒ Skip to FG22 <input type="checkbox"/> MA5=1 <u>or</u> MA5=No answer (formerly <u>or</u> 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 (<i>total number in FG9</i>) LIVING DAUGHTERS. IS THIS CORRECT? <input type="checkbox"/> Yes <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22 <input type="checkbox"/> 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

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 (<i>name</i>)?	Age..... ____	Age..... ____	Age..... ____	Age..... ____
FG14. Is (<i>name</i>) younger than 15 years of age?	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>
FG15. Is (<i>name</i>) CIRCUMCISED OR HAS UNDERGONE SUNI?	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>
FG16. HOW OLD WAS (<i>name</i>) WHEN THIS OCCURRED? <i>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</i>	Age..... ____ DK 98	Age..... ____ DK 98	Age..... ____ DK 98	Age..... ____ DK 98
FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (<i>name</i>) 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? <i>If necessary, probe: WAS IT SEALED?</i>	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.	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22</i>
				<i>Tick here if additional questionnaire used</i> <input type="checkbox"/>

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:

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

Goes out without telling.....1 2 8

[B] IF SHE NEGLECTS THE CHILDREN?

Neglects children1 2 8

[C] IF SHE ARGUES WITH HIM?

Argues1 2 8

[D] IF SHE REFUSES TO HAVE SEX WITH HIM?

Refuses sex1 2 8

[E] IF SHE BURNS THE FOOD?

Burns food1 2 8

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes..... 1	2⇒WM11
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	No 2	
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?	Yes No DK During pregnancy 1 2 8	
[B] DURING DELIVERY?	During delivery 1 2 8	
[C] BY BREASTFEEDING?	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	Yes..... 1 No 2	

FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	DK / Not sure / Depends 8																					
HA13. Check CMI3: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to HA24. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with HA15 <input type="checkbox"/> 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?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother	1	2	8	Things to do	1	2	8	Tested for AIDS.....	1	2	8	Offered a test	1	2	8	
	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)? <input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24																						
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes..... 1 No 2	2⇒HA24																				

HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	1⇒WM11 2⇒WM11 3⇒WM11
HA24. I 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..... ____ : ____	
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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

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: <div style="text-align: right;">_ _ _</div>	UF2. Household number: <div style="text-align: right;">_ _</div>
UF3. Child's name: Name _____	UF4. Child's line number: <div style="text-align: right;">_ _</div>
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: <div style="text-align: right;">_ _</div>
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: <div style="text-align: right;">_ _ / _ _ / _ _ _ _</div>

REPEAT GREETING IF NOT ALREADY READ TO THIS RESPONDENT:

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:

WE ARE FROM MOP&D. 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.

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.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Completed</td><td style="text-align: right;">01</td></tr> <tr><td>Not at home</td><td style="text-align: right;">02</td></tr> <tr><td>Refused</td><td style="text-align: right;">03</td></tr> <tr><td>Partly completed</td><td style="text-align: right;">04</td></tr> <tr><td>Incapacitated</td><td style="text-align: right;">05</td></tr> <tr><td>Other (specify) _____</td><td style="text-align: right;">96</td></tr> </table>	Completed	01	Not at home	02	Refused	03	Partly completed	04	Incapacitated	05	Other (specify) _____	96
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. <i>Record the time.</i>	Hour and minutes : ..	
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AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>DO YOU HAVE ANY DOCUMENTS THAT MAY HAVE <i>(name)</i>'S DATE OF BIRTH (SUCH AS A CHILD HEALTH DAY CARD, BIRTH NOTIFICATION, OR BIRTH CERTIFICATE)?</p> <p><i>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</i></p> <p><i>Month and year <u>must</u> be recorded</i></p> <p><i>If unknown month or year, ask for documents or use the calendar of events</i></p>	<p>Date of birth</p> <p>Day : ..</p> <p>DK day 98</p> <p>Month : ..</p> <p>Year : ..</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years. Record '0' if less than 1 year.</i></p> <p><i>Note: For most children, the age indicated on the Routine Immunization Card is <u>not current</u></i></p>	<p>Age (in completed years) : ..</p>	
<p>AG3. Compare AG1 and AG2:</p> <p><input type="checkbox"/> Date of birth and age are consistent ⇒ Continue with next AG4</p> <p><input type="checkbox"/> Date of birth and age are not consistent ⇒ Probe further for both date of birth and age until consistent</p>		

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 <i>(name)</i> ?	None 00 Number of children's books 0 ____ Ten or more books 10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: <div style="text-align: right;">Y N DK</div> [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? Homemade toys 1 2 8 [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? Toys from a shop 1 2 8 [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? Household objects or outside objects 1 2 8 If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response		
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 <i>(name)</i> : [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 <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5 <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module		
EC5. DOES <i>(name)</i> 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 DK8	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?	Yes1 No.....2 DK8	2⇒EC7 8⇒EC7																																									
EC6B. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND KORANIC SCHOOL?	Number of hours.....__ __																																										
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p> <table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</td> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[B] TOLD STORIES TO (name)?</td> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABYS?</td> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</td> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[E] PLAYED WITH (name)?</td> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</td> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	Read books	A	B	X	Y	[B] TOLD STORIES TO (name)?	Told stories	A	B	X	Y	[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABYS?	Sang songs	A	B	X	Y	[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y	[E] PLAYED WITH (name)?	Played with	A	B	X	Y	[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	Named/counted	A	B	X	Y		
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<p>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.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1 No.....2 DK8</p>																																										
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	<p>Yes1 No.....2</p>																																										

If no, probe: THIS CAN BE IN ANY LANGUAGE (SOMALI, ARABIC, ETC.)	DK8	
EC10. DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes1 No.....2 DK8	
EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes1 No.....2 DK8	
EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes1 No.....2 DK8	
EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes1 No.....2 DK8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes1 No.....2 DK8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No.....2 DK8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No.....2 DK8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes1 No.....2 DK8	

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

BF11. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... _ _	
BF15. DID (NAME) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes..... 1 No 2 DK..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes..... 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If less, probe:</i> 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 (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If “less”, probe:</i> 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 (<i>name</i>) GIVEN TO DRINK A FLUID MADE FROM A SPECIAL PACKET CALLED ORS SUCH AS THIS? <i>Show sample ORS packet</i>	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

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic.....A</p> <p>AntimotilityB</p> <p>ZincC</p> <p>Other (Not antibiotic, antimotility or zinc)G</p> <p>Unknown pill or syrupH</p> <p>Injection</p> <p>Antibiotic.....L</p> <p>Non-antibioticM</p> <p>Unknown injectionN</p> <p>IntravenousO</p> <p>Home remedy / Herbal medicineQ</p> <p>Other (<i>specify</i>)X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only1</p> <p>Blocked or runny nose only2</p> <p>Both3</p> <p>Other (<i>specify</i>)6</p> <p>DK.....8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>

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

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? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (Name)	Anti-malarials: SP / Fansidar A Chloroquine B 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

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

IMMUNIZATION										IM	
<i>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.</i>											
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 1 Yes, no cards seen 2 No cards 3				2⇒IM2A 3⇒IM2			
IM1A. Observe and record the type of card(s)				Routine EPI Card A Child Health Days Card 2009 B Child Health Days Card 2010 C Other (specify) X				A⇒IM3 B⇒IM3 B⇒IM3 X⇒IM3			
IM2. DID YOU EVER HAVE A VACCINATION OR CHILD HEALTH DAYS CARD FOR (name)?				Yes 1 No 2				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 A Child Health Days Card 2009 B Child Health Days Card 2010 C Other (specify) X DK Y				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 Day Month Year				Card A. Routine EPI Card. B. CHD 2009 C. CHD 2010 X. Other			
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? <input type="checkbox"/> Yes ⇒ Continue with IM18 <input type="checkbox"/> No ⇒ Continue with IM5											

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS/THESE CARDS, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING NATIONAL IMMUNIZATION DAYS AND CHILD HEALTH DAYS?</p> <p>Record ‘Yes’ only if respondent mentions vaccines shown in the table above.</p>	<p>Yes..... 1 (Probe for vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. Then skip to IM18)</p> <p>No..... 2 DK 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING NATIONAL IMMUNIZATION DAYS AND CHILD HEALTH DAYS?</p>	<p>Yes..... 1 No..... 2 DK 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION USUALLY IN THE LEFT ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes..... 1 No..... 2 DK 8</p>	<p>2⇒IM8 8⇒IM8</p>
<p>IM7A. DID (<i>name</i>) (OR THE PERSON WITH (<i>name</i>) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION?</p> <p><i>Show sample ORS packet</i></p>	<p>Yes..... 1 No..... 2 DK 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p> <p><i>Show and probe:</i> THE VACCINATION IS MOST COMMONLY GIVEN IN A VIAL SUCH AS THIS</p>	<p>Yes..... 1 No..... 2 DK 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>--IM8A. DID (<i>name</i>) (OR THE PERSON WITH (<i>name</i>) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION?</p> <p><i>Show sample ORS packet</i></p>	<p>Yes..... 1 No..... 2 DK 8</p>	
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks..... 1 Later 2 DK 8</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION USUALLY IN THE RIGHT THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes..... 1 No..... 2 DK 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM11A. DID (<i>name</i>) (OR THE PERSON WITH (<i>name</i>) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH</p>	<p>Yes..... 1</p>	

AS THIS AT THE TIME OF THIS VACCINATION? <i>Show sample ORS packet</i>	No.....2 DK8	
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times	
IM16. HAS (<i>name</i>) 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 DK8	2⇒IM18 8⇒IM18
IM16A. DID (<i>name</i>) (OR THE PERSON WITH (<i>name</i>) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS AT THE TIME OF THIS VACCINATION? <i>Show sample ORS packet</i>	Yes 1 No.....2 DK8	
IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE THIS WITHIN THE LAST 6 MONTHS? <i>Show capsule(s)</i>	Yes 1 No.....2 DK8	
IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS AND CHILD HEALTH DAYS:		
		Y N DK
[A] Jan/Feb 2009 CHDs (Vit A, measles & polio)	Jan/Feb, 2009 CHDs	1 2 8
[B] JUNE 2009 NIDs (Polio)	Jun 2009 NIDs	1 2 8
[C] JULY 2009 NIDs	Jul, 2009 NIDs	1 2 8
[D] Jul/Aug 2009 CHDs (VIT A, MEASLES & POLIO)	Nov/Dec, 2009 CHDs	1 2 8
[E] June 2010 CHDs (VIT A, MEASLES & POLIO)	Jun, 2010 CHDs	1 2 8
[F] SEPT 2010 NIDs (Polio)	Sept, 2010 NIDs	1 2 8
[G] OCTOBER 2010 NIDs (Polio)	Oct, 2010 NIDs	1 2 8
[H] December 2010 CHDs (VIT A, MEASLES & POLIO)	Dec, 2010 CHDs	1 2 8
IM20. CHECK IM19: Did CHILD PARTICIPATE IN THE DECEMBER 2010 CHDs (IM19[H] = 1)? <input type="checkbox"/> YES (IM19[H]=1) ⇒ GO TO IM21 <input type="checkbox"/> NO (IM19[H]=2 OR 8) ⇒ GO TO UF13		
IM21. DID (<i>name</i>) (OR THE PERSON WITH (<i>name</i>) AT THE TIME) RECEIVE FREE ORS PACKET(S) SUCH AS THIS IN THE DECEMBER 2010 CHILD HEALTH DAYS? <i>Show sample ORS packet</i>	Packet(s) received..... 1 No packet(s) received 2 DK 8	2⇒UF13 8⇒UF13

IM22. CHECK CAI: DID CHILD HAVE AN EPISODE OF DIARRHOEA IN THE PAST 2 WEEKS (CAI = 1)? <input type="checkbox"/> YES (CAI=1) ⇒ GO TO IM24 <input type="checkbox"/> NO (CAI=2 OR 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 :	
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UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household? <input type="checkbox"/> Yes. ⇒ Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent <input type="checkbox"/> 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.
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations