

Appendix H. Kakamega County MICS Questionnaires

HOUSEHOLD QUESTIONNAIRE WESTERN AND NORTH RIFT SURVEY



HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / 201 _____	HH7. Region: Bungoma.....1 Kakamega.....2 Turkana.....3	
HH6. Area: Urban.....1 Rural.....2		
<p>WE ARE FROM UNIVERSITY OF NAIROBI AND KENYA NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 55 MINUTES TO ONE HOUR. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
HH9. Result of household interview: Completed.....01 No household member or no competent respondent at home at time of visit02 Entire household absent for extended period of time03 Refused04 Dwelling vacant / Address not a dwelling.....05 Dwelling destroyed.....06 Dwelling not found.....07 Other (<i>specify</i>) _____ 96		

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire:

Name _____

HH11. Total number of household members: _____

HH12. Number of women age 15-49 years: _____

HH14. Number of children under age 5: _____

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

HH13. Number of women's questionnaires completed: _____

HH15. Number of under-5 questionnaires completed: _____

HH16. Field editor's name and number: Name _____ _ _	HH17. Main data entry clerk's name and number: Name _____ _ _
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HH18. Record the time.

Hour — —

Minutes..... — —

LIST OF HOUSEHOLD MEMBERS**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 HL5 for each person at a time.**Use an additional questionnaire if all rows in the List of Household Members have been used.*

							For women age 15-49	For children age 0-4	For children age 0-17 years							For children age 0-14
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6A. DID (name) STAY HERE LAST NIGHT?	HL7. Circle line no. if woman age 15-49	HL7B. Circle line no. if age 0-4	HL11. Is (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. Is (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
			1 Male 2 Female	98 DK 9998 DK		Record in completed years. If age is 95 or above, record '95'	1 Yes 2 No			1 Yes 2 No 8 DK HL13	If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	1 Yes 2 No 8 DK HL15	If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	
Line	Name	Relation*	M F	Month	Year	Age	Y N	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
01		01	1 2	___	___	___	1 2	01	01	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
02		___	1 2	___	___	___	1 2	02	02	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
03		___	1 2	___	___	___	1 2	03	03	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
04		___	1 2	___	___	___	1 2	04	04	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
05		___	1 2	___	___	___	1 2	05	05	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
06		___	1 2	___	___	___	1 2	06	06	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
07		___	1 2	___	___	___	1 2	07	07	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
08		___	1 2	___	___	___	1 2	08	08	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
09		___	1 2	___	___	___	1 2	09	09	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
10		___	1 2	___	___	___	1 2	10	10	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___

							For women age 15-49	For children age 0-4	For children age 0-17 years							For children age 0-14
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6A. DID (name) STAY HERE LAST NIGHT?	HL7. Circle line no. if woman age 15-49	HL7B. Circle line no. if age 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
98 DK				9998 DK			1 Yes 2 No			1 Yes 2 No 8 DK HL13		1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	1 Yes 2 No 8 DK HL15		1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	
Line	Name	Relation*	M F	Month	Year	Age	Y N	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
11		___	1 2	___	___	___	1 2	11	11	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
12		___	1 2	___	___	___	1 2	12	12	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
13		___	1 2	___	___	___	1 2	13	13	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
14		___	1 2	___	___	___	1 2	14	14	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
15		___	1 2	___	___	___	1 2	15	15	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___

Tick here if additional questionnaire used ☐

Probe for additional household members.

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

Insert names of additional members in the household list and complete form accordingly.

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

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

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head
02 Spouse/Partner
03 Son / Daughter

04 Son-In-Law / Daughter-In-Law
05 Grandchild
06 Parent

07 Parent-In-Law
08 Brother / Sister
09 Brother-In-Law / Sister-In-Law

10 Uncle / Aunt
11 Niece / Nephew
12 Other relative

13 Adopted / Foster/ Stepchild
14 Servant (Live-in)

96 Other (Not related)
98 DK

EDUCATION			ED										ED	
			For household members age 5 and above				For household members age 5-24 years							
ED1. Line number	ED2. Name and age Copy from HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK 1 Yes 2 No ↘ Next Line	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK <i>If grade 1 is not completed at this level, enter "00"</i>	ED5. DURING THE CURRENT SCHOOL YEAR THAT IS 2013 - 2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK ED7 <i>If level=0, skip to ED7</i>		ED6. Grade: 98 DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012- 2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, go to next line'</i>	ED8. Grade: 98 DK		
Line	Name	Age	Yes No	Level	Grade	Yes No	Level	Grade	Yes No DK	Level	Grade			
01		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
02		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
03		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
04		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
05		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
06		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
07		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
08		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
09		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
10		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
11		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
12		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
13		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
14		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
15		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE					SL																																																																																															
SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.				Total number — —																																																																																																
SL2. Check the number of children age 1-17 years in SL1:																																																																																																				
<input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module																																																																																																				
<input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age																																																																																																				
<input type="checkbox"/> Two or more ⇒ Continue with SL2A																																																																																																				
SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.																																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">SL3. Rank number</th> <th style="width: 10%;">SL4. Line number from HL1</th> <th style="width: 30%;">SL5. Name from HL2</th> <th colspan="2" style="width: 20%;">SL6. Sex from HL4</th> <th style="width: 30%;">SL7. Age from HL6</th> </tr> <tr> <th>Rank</th> <th>Line</th> <th>Name</th> <th>M</th> <th>F</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>1</td><td>— —</td><td></td><td>1</td><td>2</td><td>— — —</td></tr> <tr><td>2</td><td>— —</td><td></td><td>1</td><td>2</td><td>— — —</td></tr> <tr><td>3</td><td>— —</td><td></td><td>1</td><td>2</td><td>— — —</td></tr> <tr><td>4</td><td>— —</td><td></td><td>1</td><td>2</td><td>— — —</td></tr> <tr><td>5</td><td>— —</td><td></td><td>1</td><td>2</td><td>— — —</td></tr> <tr><td>6</td><td>— —</td><td></td><td>1</td><td>2</td><td>— — —</td></tr> <tr><td>7</td><td>— —</td><td></td><td>1</td><td>2</td><td>— — —</td></tr> <tr><td>8</td><td>— —</td><td></td><td>1</td><td>2</td><td>— — —</td></tr> </tbody> </table>						SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. 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	— — —																																			
SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6																																																																																															
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SL8. 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 children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below																																																																																																				
Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.																																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Last Digit of Household Number (from HH2)</th> <th colspan="7">Total Number of Eligible Children in the Household (from SL1)</th> </tr> <tr> <th style="width: 10%;">2</th> <th style="width: 10%;">3</th> <th style="width: 10%;">4</th> <th style="width: 10%;">5</th> <th style="width: 10%;">6</th> <th style="width: 10%;">7</th> <th style="width: 10%;">8+</th> </tr> </thead> <tbody> <tr><td>0</td><td>2</td><td>2</td><td>4</td><td>3</td><td>6</td><td>5</td><td>4</td></tr> <tr><td>1</td><td>1</td><td>3</td><td>1</td><td>4</td><td>1</td><td>6</td><td>5</td></tr> <tr><td>2</td><td>2</td><td>1</td><td>2</td><td>5</td><td>2</td><td>7</td><td>6</td></tr> <tr><td>3</td><td>1</td><td>2</td><td>3</td><td>1</td><td>3</td><td>1</td><td>7</td></tr> <tr><td>4</td><td>2</td><td>3</td><td>4</td><td>2</td><td>4</td><td>2</td><td>8</td></tr> <tr><td>5</td><td>1</td><td>1</td><td>1</td><td>3</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>6</td><td>2</td><td>2</td><td>2</td><td>4</td><td>6</td><td>4</td><td>2</td></tr> <tr><td>7</td><td>1</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>3</td></tr> <tr><td>8</td><td>2</td><td>1</td><td>4</td><td>1</td><td>2</td><td>6</td><td>4</td></tr> <tr><td>9</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td><td>7</td><td>5</td></tr> </tbody> </table>						Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)							2	3	4	5	6	7	8+	0	2	2	4	3	6	5	4	1	1	3	1	4	1	6	5	2	2	1	2	5	2	7	6	3	1	2	3	1	3	1	7	4	2	3	4	2	4	2	8	5	1	1	1	3	5	3	1	6	2	2	2	4	6	4	2	7	1	3	3	5	1	5	3	8	2	1	4	1	2	6	4	9	1	2	1	2	3	7	5
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9	1	2	1	2	3	7	5																																																																																													
SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child				Rank number — — Line number — — Name Age — —																																																																																																

CHILD LABOUR		CL
CL1. Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module <input type="checkbox"/> 5-17 years ⇒ Continue with CL2		
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS? [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	Yes No Worked on plot/farm/ food garden/looked after animals 1 2 Helped in family/relative's business/ran own business 1 2 Produce/sell articles/ handicrafts/clothes/food or agricultural products 1 2 Any other activity 1 2	
CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8		
CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>'if less than one hour, record "00"</i>	Number of hours__ __	
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes1 No2	1⇒ CL8
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes1 No2	1⇒ CL8

CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)? [A] IS (name) EXPOSED TO DUST, FUMES OR GAS? [B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY? [C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION? [D] IS (name) REQUIRED TO WORK AT HEIGHTS? [E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES? [F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?	Yes1 No2 Yes1 No2 Yes1 No2 Yes1 No2 Yes1 No2 Yes1 No2	1⇒ CL8 1⇒ CL8 1⇒ CL8 1⇒ CL8 1⇒ CL8																								
CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes1 No2	2⇒ CL10																								
CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)? <i>If less than one hour, record "00"</i>	Number of hours__ __																									
CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD? [A] SHOPPING FOR HOUSEHOLD? [B] REPAIR ANY HOUSEHOLD EQUIPMENT? [C] COOKING OR CLEANING UTENSILS OR THE HOUSE? [D] WASHING CLOTHES? [E] CARING FOR CHILDREN? [F] CARING FOR THE OLD OR SICK? [G] OTHER HOUSEHOLD TASKS?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking/cleaning utensils/house</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old/sick</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment	1	2	Cooking/cleaning utensils/house	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old/sick	1	2	Other household tasks	1	2	
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CL11. Check CL10, A to G <input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12 <input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module																										
CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00"</i>	Number of hours__ __																									

CHILD DISCIPLINE		CD																																				
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
CD2. Write the line number and name of the child from SL9.	Line number ____ Name																																					
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name)</u> IN THE PAST MONTH.	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	1	2	
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CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes1 No2 DK / No opinion8																																					

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Catholic</i>1 <i>Other Christian</i>2 <i>Muslim</i>3 <i>Traditional</i>4 Other religion (<i>specify</i>) 6 No religion7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Luhya</i>1 <i>Turkana</i>2 <i>Swahili</i>3 Other language (<i>specify</i>) 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Luhya</i>1 <i>Turkana</i>2 Other ethnic group (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms..... _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand.....11 Dung12 Rudimentary floor Wood planks21 Palm / Bamboo22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips32 Ceramic tiles33 Cement34 Carpet35 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof.....11 Thatch / Palm leaf.....12 Sod13 Rudimentary roofing Rustic mat.....21 Palm / Bamboo22 Wood planks23 Cardboard.....24 Finished roofing Metal/Tin31 Wood32 Calamine / Cement fibre.....33 Ceramic tiles34 Cement35 Roofing shingles36 Other (<i>specify</i>) 96	

HC5. Main material of the exterior walls. <i>Record observation.</i>	Natural walls No walls11 Cane / Palm / Trunks12 Dirt13 Rudimentary walls Bamboo with mud21 Stone with mud22 Uncovered adobe23 Plywood24 Cardboard25 Reused wood26 Finished walls Cement31 Stone with lime / cement32 Bricks33 Cement blocks34 Covered adobe35 Wood planks / shingles36 Other (<i>specify</i>) 96																												
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity01 Liquefied Petroleum Gas (LPG)02 Natural gas03 Biogas04 Kerosene05 Coal / Lignite06 Charcoal07 Wood08 Straw / Shrubs / Grass09 Animal dung10 Agricultural crop residue11 No food cooked in household95 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8 05⇒HC8 95⇒HC8																											
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? <i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>	In the house In a separate room used as kitchen1 Elsewhere in the house2 In a separate building3 Outdoors4 Other (<i>specify</i>) 6																												
HC8. DOES YOUR HOUSEHOLD HAVE: [A] ELECTRICITY? [B] A RADIO? [C] A TELEVISION? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR? [F] SOLAR PANEL [G] CHAIR [H] SOFA SET	<table border="1"> <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>Solar Panel</td> <td>1</td> <td>2</td> </tr> <tr> <td>Chair</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa set</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	Solar Panel	1	2	Chair	1	2	Sofa set	1	2	
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[I] TABLE	Table.....1	2	
[J] CUPBOARD	Cupboard.....1	2	
[K] BED	Bed1	2	
[L] CLOCK	Clock.....1	2	
[M] CAMERA	Camera.....1	2	
[N] COMPUTER	Computer1	2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:			
		Yes No	
[A] A WATCH?	Watch1	2	
[B] A MOBILE TELEPHONE?	Mobile telephone1	2	
[C] A BICYCLE?	Bicycle1	2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter1	2	
[E] AN ANIMAL-DRAWN CART?	Animal-drawn cart.....1	2	
[F] A CAR OR TRUCK?	Car / Truck.....1	2	
[G] A BOAT WITH A MOTOR?	Boat with motor.....1	2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?			
	Own1		
	Rent2		
<i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>	Other (<i>specify</i>)6		
<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>			
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?			
	Yes1		
	No2		2⇒HC13
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?			
<i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	Hectares — —		
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?			
	Yes1		
	No2		2⇒HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?			
[A] CATTLE, MILK COWS, OR BULLS?	Cattle, milk cows, or bulls — —		
[B] HORSES, DONKEYS, OR MULES?	Horses, donkeys, or mules — —		
[C] GOATS?	Goats — —		
[D] SHEEP?	Sheep — —		

[E] CHICKENS? [F] PIGS? [G] CAMELS <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	Chickens ____ ____ Pigs ____ ____ Camels ____ ____	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes 1 No 2 Dk 8	

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 observed2	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 Perma Net 11 Olyset 12 Supernet 13 Other (specify) 16 DK brand 18 Pre-treated nets Supanet 21 Other (specify) 26 DK brand 28 Other net (specify) 36 DK brand / type 98	Long-lasting treated nets Perma Net..... 11 Olyset..... 12 Supernet 13 Other (specify) 16 DK brand..... 18 Pre-treated nets Supanet..... 21 Other (specify) 26 DK brand..... 28 Other net (specify) 36 DK brand / type 98	Long-lasting treated nets Perma Net 11 Olyset 12 Supernet 13 Other (specify) 16 DK brand 18 Pre-treated nets Supanet..... 21 Other (specify) 26 DK brand 28 Other net (specify) 36 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 (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ 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 List of Household Members</i> <i>If someone not in the List of Household Members 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 ____ ____	Name _____ Line number..... ____ ____ Name _____ Line number..... ____ ____ Name _____ Line number..... ____ ____ Name _____ Line number..... ____ ____ Name _____ Line number..... ____ ____ Name _____ Line number..... ____ ____
TN13.	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i>
			<i>Tick here if additional questionnaire used</i> <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 / programA Private companyB Non-governmental organizationC Other (<i>specify</i>)X DKZ	

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

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If not possible to determine, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 Hanging toilet, Hanging latrine 51 No facility, Bush, Field 95 Other (<i>specify</i>) 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No 2	2⇒Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) 1 Public facility 2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ____ Ten or more households 10 DK 98	

HANDWASHING		HW
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed 1 Not observed Moving basin/kettle/bucket..... 2 Not in dwelling / plot / yard..... 3 No permission to see 4 Other reason (specify) 6	 2 ⇒ HW4 3 ⇒ HW4 4 ⇒ HW4 6 ⇒ HW4
HW2. <i>Observe presence of water at the place for handwashing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available..... 1 Water is not available 2	
HW3A. <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i>	Yes, present..... 1 No, not present 2	2 ⇒ HW4
HW3B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap..... A Detergent (Powder / Liquid / Paste)..... B Liquid soap..... C Ash / Mud / Sand D	A ⇒ HH19 B ⇒ HH19 C ⇒ HH19 D ⇒ HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes 1 No 2	2 ⇒ HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown 1 No, not shown 2	2 ⇒ HH19
HW5B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap..... A Detergent (Powder / Liquid / Paste)..... B Liquid soap..... C Ash / Mud / Sand D	

HH19. <i>Record the time.</i>	Hour and minutes : ..	
--------------------------------------	-----------------------------	--

SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house..... 4 Salt not tested (specify reason) 5	

HH20. <i>Thank the respondent for his/her cooperation and check the List of Household Members:</i> <input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)</i> <input type="checkbox"/> <i>A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)</i> <i>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)</i> <i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WESTERN AND NORTH RIFT SURVEY



WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer's name and number: Name _____	WM6. Day/Month/Year of interview: _____ / _____ / 201_____	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM THE UNIVERSITY OF NAIROBI AND KENYA NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>	

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
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WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____
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WM10. <i>Record the time.</i>	Hour and minutes : ..	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month.....98 Year DK year.....9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes1 No2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool0 Primary1 Secondary2 Higher3	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00"</i>	Grade	
WB6. <i>Check WB4:</i> <input type="checkbox"/> <i>Secondary or higher (WB4=2 or 3)⇒ Go to Next Module</i> <input type="checkbox"/> <i>Primary (WB4=1)⇒ Continue with WB7</i>		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all1 Able to read only parts of sentence2 Able to read whole sentence3 No sentence in required language4 <i>(specify language)</i> Blind/visually impaired5	

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

FERTILITY/BIRTH HISTORY		CM
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home Daughters at home.....	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere Daughters elsewhere	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead Girls dead	
CM10. Sum answers to CM5, CM7, and CM9.	Sum	
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><input type="checkbox"/> <i>Yes. Check below:</i></p> <p><input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module</i></p> <p><input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module</i></p> <p><input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module</i></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 lines. 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 HLI)	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	SM	BG	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01		1 2	1 2	___	___	1	2	___	1	2	___	Days 1 Months 2 Years 3			
							↓ BH9				⇒Next Line				
02		1 2	1 2	___	___	1	2	___	1	2	___	Days 1 Months 2 Years 3		1 2	
							↓ BH9				⇒BH10			Add Birth	Next Birth
03		1 2	1 2	___	___	1	2	___	1	2	___	Days 1 Months 2 Years 3		1 2	
							↓ BH9				⇒BH10			Add Birth	Next Birth
04		1 2	1 2	___	___	1	2	___	1	2	___	Days 1 Months 2 Years 3		1 2	
							↓ BH9				⇒BH10			Add Birth	Next Birth
05		1 2	1 2	___	___	1	2	___	1	2	___	Days 1 Months 2 Years 3		1 2	
							↓ BH9				⇒BH10			Add Birth	Next Birth
06		1 2	1 2	___	___	1	2	___	1	2	___	Days 1 Months 2 Years 3		1 2	
							↓ BH9				⇒BH10			Add Birth	Next Birth
07		1 2	1 2	___	___	1	2	___	1	2	___	Days 1 Months 2 Years 3		1 2	
							↓ BH9				⇒BH10			Add Birth	Next Birth

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. <i>Record household line number of child (from HLI)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
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 Module)?							Yes 1 No 2			1⇒Record birth(s) in Birth History		

CM12A. Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:

- ☐ Numbers are same ⇒ Continue with CM13
- ☐ Numbers are different ⇒ Probe and reconcile

CM13. Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2011** (if the month of interview and the month of birth are the same, and the year of birth is **2011**, consider this as a birth within the last 2 years)

- ☐ 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 last-born child _____

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

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

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse/Midwife B Clinical Officer C Community Nurse D Other person Relative / friend E Traditional birth attendant F Community health worker G Other (specify) X													
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? <i>Record the answer as stated by respondent.</i>	Weeks 1 ____ Months 2 0 ____ DK 998													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	Number of times ____ DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes 1 No 2 DK 8	2⇒MN9 8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?	Number of times ____ DK 8	8⇒MN9												

MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9		
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes 1 No 2 DK 8	2⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times..... DK 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If less than 1 year, record '00'.</i>	Years ago.....	
MN12. Check MN1 for presence of antenatal care during this pregnancy: <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13 <input type="checkbox"/> No antenatal care received ⇒ Go to MN17		
MN13. DURING (ANY OF) YOUR ANTENATAL VISIT(S) FOR THE PREGNANCY WITH (name), DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes 1 No 2 DK 8	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 IN TOTAL? PLEASE INCLUDE ALL THAT YOU OBTAINED EITHER DURING AN ANTENATAL CARE VISIT, DURING A VISIT TO A HEALTH FACILITY OR FROM ANOTHER SOURCE?	Number of times..... DK 98	

<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>DoctorA</p> <p>Nurse / MidwifeB</p> <p>Clinical OfficerC</p> <p>Community NurseD</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Community health workerG</p> <p>Relative / FriendH</p> <p>Other (<i>specify</i>)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>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government clinic/health centre 22</p> <p>Government dispensary 23</p> <p>Other public (<i>specify</i>) 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Mission hospital /clinic..... 34</p> <p>Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</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>2⇒MN20</p>
<p>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before..... 1</p> <p>After..... 2</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>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID (name) WEIGH?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>From card..... 1 (kg) ____ . ____ . ____</p> <p>From recall 2 (kg) ____ . ____ . ____</p>	

	DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i> ?	Yes 1 No 2	
MN24. DID YOU EVER BREASTFEED <i>(name)</i> ?	Yes 1 No 2	2⇒Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately 000 Hours 1 ____ Days 2 ____ DK/Don't remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS <i>(name)</i> GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒Next Module
MN27. WHAT WAS <i>(name)</i> GIVEN TO DRINK? <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	

POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p>PN1. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>Hours..... 1 ____</p> <p>Days 2 ____</p> <p>Weeks 3 ____</p> <p>DK / Don't remember 998</p>	
<p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN10</p>		

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes 1 No..... 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No..... 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes 1 No..... 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 ____</p> <p>Days 2 ____</p> <p>Weeks 3 ____</p> <p>DK / Don't remember 998</p>	

PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional: DoctorA Nurse / MidwifeB Clinical OfficerC Community NurseD Other person Traditional birth attendantF Community health workerG Relative / FriendH Other (specify)X	
PN14. WHERE DID THIS CHECK TAKE PLACE? <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 Respondent's home 11 Other home 12 Public sector Government hospital 21 Government clinic / health centre 22 Government dispensary 23 Other public (specify) 26 Private Medical Sector Private hospital 31 Private clinic 32 Private maternity home 33 Mission hospital /clinic 34 Other Private Medical 35 Other (specify) 96	
PN15. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17		
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next Module
PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒Continue with PN18 <input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN19		
PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next Module

<p>PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1 No..... 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once 2</p>	<p>1⇒PN21A 2⇒PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 ____</p> <p>Days 2 ____</p> <p>Weeks 3 ____</p> <p>DK / Don't remember 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional:</p> <p>Doctor.....A Nurse / MidwifeB Clinical OfficerC Community NurseD</p> <p>Other person</p> <p>Traditional birth attendant F Community health worker G Relative / FriendH</p> <p>Other (<i>specify</i>)X</p>	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</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>(<i>Name of place</i>)</p>	<p>Home</p> <p>Respondent's home 11 Other home 12</p> <p>Public sector</p> <p>Government hospital 21 Government clinic / health centre 22 Government dispensary 23 Other public (<i>specify</i>) 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31 Private clinic 32 Private maternity home 33 Mission hospital /clinic..... 34 Other Private Medical 35</p> <p>Other (<i>specify</i>) 96</p>	

ILLNESS SYMPTOMS		IS
<p>IS1. Check List of Household Members, columns HL7B and HL15</p> <p>Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2.</p> <p><input type="checkbox"/> No ⇒ Go to Next Module.</p>		
<p>IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions</i></p>	<p>Child not able to drink or breastfeed A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing D</p> <p>Child has difficulty breathing E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Other (specify) X</p> <p>Other (specify) Y</p> <p>Other (specify) Z</p>	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No..... 2 Unsure or DK 8	1⇒CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No..... 2	1⇒CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No..... 2	1⇒Next Module 2⇒Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	Female sterilizationA Male sterilizationB IUDC InjectablesD Implants.....E PillF Male condom.....G Female condomH Diaphragm.....I Foam/ Jelly.....J Lactational amenorrhoea method (LAM)K Periodic abstinence/RhythmL WithdrawalM Other (<i>specify</i>).....X	

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 / DK..... 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 / DK..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i>	Months 1 ____ Years..... 2 ____ Does not want to wait (soon/how)..... 993 Says she cannot get pregnant 994 After marriage 995 Other 996 DK 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. <i>Check CP2. Currently using a method?</i> <input type="checkbox"/> <i>Yes ⇒ Go to UN13</i> <input type="checkbox"/> <i>No ⇒ Continue with UN10</i>		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1 ⇒ UN13 8 ⇒ UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrheic F Breastfeeding G Too old H Fatalistic I Other (<i>specify</i>) X DK Z	
UN12. <i>Check UN11. "Never menstruated" mentioned?</i> <input type="checkbox"/> <i>Mentioned ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Not mentioned ⇒ Continue with UN13</i>		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? <i>Record the answer using the same unit stated by the respondent</i>	Days ago 1 ____ Weeks ago 2 ____ Months ago 3 ____ Years ago 4 ____ In menopause / Has had hysterectomy 994 Before last birth 995 Never menstruated 996	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No 2	1⇒FG3
FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes 1 No 2	2⇒Next Module
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 No 2	2⇒FG9
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 SOWN 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</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	
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 – CM10 and make corrections as necessary, until FG10 = Yes		

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

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

If more than 4 daughters, use additional questionnaires

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12. Name of daughter _____	_____	_____	_____	_____
FG13. HOW OLD IS (<i>name</i>)?	Age ____	Age ____	Age ____	Age ____
FG14. Is (<i>name</i>) younger than 15 years of age?	Yes1 No.....2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 No.....2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 No.....2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 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?	Yes1 No.....2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 No.....2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 No.....2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes1 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 age, probe to get an estimate.</i>	Age____ DK.....98	Age____ DK.....98	Age____ DK98	Age____ DK98
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?	Yes1 ⇒FG19 No.....2 DK.....8	Yes1 ⇒FG19 No.....2 DK.....8	Yes1 ⇒FG19 No.....2 DK8	Yes1 ⇒FG19 No.....2 DK8
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes1 No.....2 DK.....8	Yes1 No.....2 DK.....8	Yes1 No.....2 DK8	Yes1 No.....2 DK8

FG19. WAS HER GENITAL AREA SEWN CLOSED? <i>If necessary, probe:</i> WAS IT SEALED?	Yes1 No2 DK.....8	Yes1 No2 DK.....8	Yes1 No2 DK8	Yes1 No2 DK8
FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor11 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 Doctor11 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 Doctor11 Nurse/midwife ...12 Other health professional (specify) _____16 Traditional persons Traditional 'circumciser'21 Traditional birth attendant.....22 Other traditional (specify) _____26 DK98	Health professional Doctor11 Nurse/midwife ...12 Other health professional (specify) _____16 Traditional persons Traditional 'circumciser'21 Traditional birth attendant.....22 Other traditional (specify) _____26 DK98
FG21.	<i>Go back to FG13 for next daughter. If no more daughters, continue with FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, continue with FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, continue with FG22</i>	<i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, continue with FG22</i>
Tick here if additional questionnaire used <input type="checkbox"/>				

FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued..... 1 Discontinued 2 Depends..... 3 DK 8	
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ATTITUDES TOWARD DOMESTIC VIOLENCE				DV
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married1 Yes, living with a man.....2 No, not in union3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years..... _ _ DK..... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes1 No2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number..... _ _ DK..... 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married1 Yes, formerly lived with a man2 No3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once.....2	1 ⇒MA8A 2 ⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month..... _ _ DK month..... 98 Year _ _ _ _ DK year..... 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER?	Age in years..... _ _	

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

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband1 Cohabiting partner2 Boyfriend.....3 Casual acquaintance4 Other (<i>specify</i>)6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)</i> AND <i>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner..... _ _ DK 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes.....1 No2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... _ _</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners _ _ DK 98</p>	

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

HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> Did not receive antenatal care ⇒ 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> <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	
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AIDS from mother.....	1	2	8																			
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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?	Yes1 No2 DK.....8	2⇒HA19 8⇒HA19																				
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No2 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?	Yes1 No2 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 (MN17 = A, B or C) ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ 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?	Yes1 No2	2⇒HA24																				
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No2																					
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes1 No2	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 ⇒Next Module 2 ⇒Next Module 3 ⇒Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	1 ⇒Next Module 2 ⇒Next Module 8 ⇒Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age ____	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes 1 No 2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos C Pipe D Other (specify) X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes 1 No 2	2 ⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes 1 No 2	2 ⇒TA14

TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobacco A Snuff B Dip C Other (specify) X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes 1 No 2	2⇒Next Module
TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR CHANG'A HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol 00 Age ____ ____	00⇒Next Module
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Did not have one drink in last one month.. 00 Number of days 0 ____ 10 days or more but less than a month 10 Everyday / Almost every day 30	00⇒Next Module
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks ____ ____	

LIFE SATISFACTION		LS
LS1. Check WB2: Age of respondent is between 15 and 24?		
<input type="checkbox"/> Age 25-49 ⇒ Go to WM11 <input type="checkbox"/> Age 15-24 ⇒ Continue with LS2		
LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. <i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i>	Very happy 1 Somewhat happy 2 Neither happy nor unhappy 3 Somewhat unhappy 4 Very unhappy 5	
LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. <i>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.</i> HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS5. DURING THE current 2013/14 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?	Yes 1 No 2	2 ⇒ LS7
LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	

<p>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i></p>	<p>Does not have a job 0</p> <p>Very satisfied..... 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied..... 5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied..... 5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied..... 5</p>	
<p>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied..... 5</p>	
<p>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied..... 5</p>	
<p>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied..... 5</p>	
<p>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i></p>	<p>Does not have any income 0</p> <p>Very satisfied..... 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied..... 5</p>	
<p>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENE, OVERALL?</p>	<p>Improved 1</p> <p>More or less the same 2</p> <p>Worsened 3</p>	
<p>LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>Better..... 1</p> <p>More or less the same 2</p> <p>Worse..... 3</p>	

WM11. <i>Record the time.</i>	Hour and minutes__ __ : __ __	
--------------------------------------	-------------------------------------	--

<p>WM12. <i>Check List of Household Members, columns HL7B and HL15.</i></p> <p><i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of the woman's interview (WM7) on the cover page</i></p>






Interviewer's Observations

Field Editor's Observations






Supervisor's Observations

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

WESTERN AND NORTH RIFT SURVEY



UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's/Caretaker's name: Name _____	UF6. Mother's/Caretaker's line number: _____	
UF7. Interviewer's name and number: Name _____	UF8. Day/Month/Year of interview: _____ / _____ / 201 _____	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE UNIVERSITY OF NAIROBI AND KENYA NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 TO 35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 TO 35 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</p>	

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed01 Not at home02 Refused03 Partly completed.....04 Incapacitated05 Other (<i>specify</i>) _____ 96
---	--

UF10. Field editor's name and number: Name _____	UF11. Main data entry clerk's name and number: Name _____
--	---

UF12. <i>Record the time.</i>	Hour and minutes ____ : ____	
--------------------------------------	---------------------------------	--

AGE	AG
AG1 NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (name). ON WHAT DAY, MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i> <i>Month and year must be recorded.</i>	Date of birth Day ____ DK day.....98 Month..... ____ Year 20 ____
AG2. HOW OLD IS (name)? <i>Probe:</i> HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>Compare and correct AG1 and/or AG2 if inconsistent.</i>	Age (in completed years) ____

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1 Yes, not seen.....2 No3 DK.....8	1⇒Next Module 2⇒Next Module
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No2 DK.....8	1⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes 1 No2	

EARLY CHILDHOOD DEVELOPMENT		EC																
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None00 Number of children's books.....0 ____ Ten or more books10																	
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: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>Homemade toys</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Household objects or outside objects</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
	Y	N	DK															
Homemade toys	1	2	8															
Toys from a shop.....	1	2	8															
Household objects or outside objects	1	2	8															
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS <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? <i>If 'none' enter '0'. If 'don't know' enter '8'</i>	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 0, 1 or 2 ⇒ Go to Next Module <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5																		
EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes1 No2 DK.....8																	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER 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> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	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 (name). 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 (name)'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				

EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes1 No2 DK.....8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No2 DK.....8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No2 DK.....8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes1 No2 DK.....8	

IMMUNIZATION										IM
<i>If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM17 will only be asked when a card is not available.</i>										
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>					Yes, seen 1 Yes, not seen 2 No card 3					1⇒IM3 2⇒IM6
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?					Yes 1 No 2					1⇒IM6 2⇒IM6
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.					Date of Immunization Day Month Year					
BCG		BCG								
POLIO AT BIRTH		OPV0								
POLIO 1		OPV1								
POLIO 2		OPV2								
POLIO 3		OPV3								
DPT 1		DPT1								
DPT 2		DPT2								
DPT 3		DPT3								
HEPB AT BIRTH		HEP0								
HEPB 1		HEP1								
HEPB 2		HEP2								
HEPB 3		HEP3								
HIB 1		HIB1								
HIB 2		HIB2								
HIB 3		HIB3								
MEASLES (OR MMR OR MR)		MEASLES								
YELLOW FEVER		YF								
VITAMIN A (FIRST DOSE)		VITA1								
VITAMIN A (SECOND DOSE)		VITA2								
IM4. Check IM3. Are all vaccines (<i>BCG to Yellow Fever</i>) recorded? <input type="checkbox"/> Yes ⇒Go to IM19 <input type="checkbox"/> No ⇒Continue with IM5										

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS? <input type="checkbox"/> <i>Yes</i> ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19 <input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM19		
IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes..... 1 No 2 DK 8	2⇒IM19 8⇒IM19
IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes..... 1 No 2 DK 8	
IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes..... 1 No 2 DK 8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes..... 1 No 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times	
IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	Yes..... 1 No 2 DK 8	2⇒IM13 8⇒IM13
IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?	Number of times	
IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes..... 1 No 2 DK 8	2⇒IM15A 8⇒IM15A
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?	Yes..... 1 No 2 DK 8	
IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?	Number of times	
IM15A. HAS (<i>name</i>) EVER RECEIVED A Hib VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B? <i>Probe by indicating that the Hib vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes..... 1 No 2 DK 8	2⇒IM16 8⇒IM16

IM15B. HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?	Number of times	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No 2 DK..... 8	
IM17. HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? <i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the measles vaccine</i>	Yes..... 1 No 2 DK..... 8	
IM19. PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: [A] MALEZI BORA AND MEASLES IMMUNIZATION CAMPAIGNS FROM NOVEMBER 2012 [B] MALEZI BORA AND MEASLES IMMUNIZATION CAMPAIGNS FROM MAY 2013 [C] POLIO CAMPAIGN JULY 2013 [D] POLIO CAMPAIGN AUGUST 2013	<div style="text-align: right;">Y N DK</div> Malezi bora, November 2012 1 2 8 Malezi bora, May 2013 1 2 8 Polio campaign, July 2013..... 1 2 8 Polio campaign, August 2013..... 1 2 8	
IM20. <i>Is the vaccination card of the child kept at the health facility?</i> <input type="checkbox"/> <i>Yes ⇒ Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child. Complete the Information Panel on that Questionnaire and go to Next Module.</i> <input type="checkbox"/> <i>No ⇒ Continue with Next Module</i>		

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module		
BD2. HAS (name) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK 8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:	Yes No DK	
[A] PLAIN WATER?	Plain water 1 2 8	
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks 1 2 8	
[C] SOUP?	Soup 1 2 8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk 1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk.....	
[E] INFANT FORMULA?	Infant formula 1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula.....	
[F] ANY OTHER LIQUIDS?	(Specify) _____ 1 2 8	

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. DID (name) EAT (Name of food) YESTERDAY DURING THE DAY OR THE NIGHT:				
		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i>		Number of times drank/ate yogurt _		
[B] ANY FORTIFIED BABY FOOD E.G. CERELAC?	Cerelac	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS?	Ripe mangoes or papayas	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED (specify)?	(Specify) _____	1	2	8
BD9. Check BD8 (Categories "A" through "O") <input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11 <input type="checkbox"/> Else ⇒ Continue with BD10				
BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night <input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module <input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11				
BD11. HOW MANY TIMES DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? <i>If 7 or more times, record '7'.</i>	Number of times _ 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⇒CA6A 8⇒CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH <i>(name)</i> WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK). 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	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector Government hospital A Government health centre B Government dispensary C Community health worker D Mobile / Outreach clinic E Other public (<i>specify</i>) H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Mission hospital / clinic M Other private medical (<i>specify</i>) O Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) X	

<p>CA4. DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS <i>(name)</i> GIVEN TO DRINK :</p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet 1 2 8</p> <p>Pre-packaged ORS fluid 1 2 8</p>	
<p>CA4A. Check CA4: ORS</p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA4C</p>		

<p>CA4B. WHERE DID YOU GET THE ORS?</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>Public sector</p> <p>Government hospital 11</p> <p>Government health centre 12</p> <p>Government dispensary 13</p> <p>Community health worker 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Mission hospital / clinic 25</p> <p>Other private medical (<i>specify</i>) 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) 96</p>	
<p>CA4C. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p>Y N DK</p> <p>Zinc tablets 1 2 8</p> <p>Zinc syrup 1 2 8</p>	
<p>CA4D. Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E</p> <p><input type="checkbox"/> Child was not given any zinc' ⇒ Go to CA4F</p>		
<p>CA4E. WHERE DID YOU GET THE ZINC?</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>Public sector</p> <p>Government hospital 11</p> <p>Government health centre 12</p> <p>Government dispensary 13</p> <p>Community health worker 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Mission hospital / clinic 25</p> <p>Other private medical (<i>specify</i>) 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) 96</p>	

<p>CA4F. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] CEREAL GRUEL (Uji)?</p> <p>[B] FRESH OR FERMENTED MILK?</p> <p>[C] FRESH FRUIT JUICES?</p> <p>[D] SOUPS PREPARED FROM MEAT, FISH AND CHICKEN?</p> <p>[E] CLEAN, SAFE WATER?</p> <p>[F] BREAST FEEDING?</p>	<p style="text-align: right;">Y N DK</p> <p>Cereal gruel (uji) 1 2 8</p> <p>Fresh or fermented milk 1 2 8</p> <p>Fresh fruit juices 1 2 8</p> <p>Soups 1 2 8</p> <p>Clean, Safe water 1 2 8</p> <p>Breast feeding 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name</i>)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy/Herbal medicine Q</p> <p>Other (<i>specify</i>) X</p>	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
<p>CA6B. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA9A</p> <p>8⇒CA9A</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒CA10</p>

USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	DK.....8	8⇒CA10
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CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only1	1⇒CA10
	Blocked or runny nose only2	2⇒CA10
	Both3	3⇒CA10
	Other (<i>specify</i>)6	6⇒CA10
	DK.....8	8⇒CA10

CA9A. Check CA6A: Had fever?		
<input type="checkbox"/> Child had fever ⇒ Continue with CA10 <input type="checkbox"/> Child did not have fever ⇒ Go to CA14		

CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes1	2⇒CA12
	No2	
	DK.....8	
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (<i>Name of place</i>)	Public sector	
	Government hospitalA	
	Government health centre.....B	
	Government dispensaryC	
	Community health worker.....D	
	Mobile / Outreach clinicE	
	Other public (<i>specify</i>)F	
	Private medical sector	
	Private hospital / clinic.....G	
	Private physicianH	
	Private pharmacyI	
	Mobile clinicJ	
	Mission hospital /clinic.....K	
	Other source	
	Relative / FriendL	
ShopM		
Traditional practitionerN		
Other (<i>specify</i>)X		

CA12. AT ANY TIME DURING THE ILLNESS, WAS (<i>name</i>) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes1	2⇒CA14
	No2	
	DK.....8	
CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> _____ (<i>Names of medicines</i>)	Anti-malarials:	
	SP / FansidarA	
	ChloroquineB	
	Amodiaquine.....C	
	QuinineD	
	Combination with ArtemisininE	
	Other anti-malarial (<i>specify</i>)H	
	Antibiotics:	
	Pill / SyrupI	
	InjectionJ	

	Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin..... Q Ibuprofen R Other (<i>specify</i>) X DK.....Z	
CA13A. Check CA13: Antibiotic mentioned (codes I or J)? <input type="checkbox"/> Yes ⇒ Continue with CA13B <input type="checkbox"/> No ⇒ Go to CA13C		
CA13B. WHERE DID YOU GET THE ANTIBIOTICS? <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> <hr/> (Name of place)	Public sector Government hospital 11 Government health centre..... 12 Government dispensary 13 Community health worker..... 14 Mobile / Outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital / clinic..... 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Mission hospital /clinic..... 25 Other private medical (<i>specify</i>)..... 26 Other source Relative / Friend 31 Shop 32 Traditional practitioner 33 Already had at home 40 Other (<i>specify</i>) 96	
CA13C. Check CA13: Anti-malarial mentioned (codes A - H)? <input type="checkbox"/> Yes ⇒ Continue with CA13D <input type="checkbox"/> No ⇒ Go to CA14		
CA13D. WHERE DID YOU GET THIS ANTI-MALARIAL? <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> <hr/> (Name of place)	Public sector Government hospital 11 Government health centre..... 12 Government dispensary 13 Community health worker..... 14 Mobile / Outreach clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital / clinic..... 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Mission hospital /clinic..... 25 Other private medical (<i>specify</i>)..... 26 Other source	

	Relative / Friend31 Shop32 Traditional practitioner33 Already had at home40 Other (<i>specify</i>) 96	
CA13E. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from CA13</i>)? <i>If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.</i>	Same day0 Next day1 2 days after the fever.....2 3 days after the fever.....3 4 or more days after the fever4 DK.....8	
CA14. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13		
CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine01 Put / Rinsed into toilet or latrine02 Put / Rinsed into drain or ditch03 Thrown into garbage (solid waste)04 Buried05 Left in the open.....06 Other (<i>specify</i>) 96 DK.....98	

UF13. Record the time.	Hour and minutes __ __ : __ __	
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UF14. Check List of Household Members, columns HL7B and HL15. Is the respondent the mother or caretaker of another child age 0-4 living in this household? <input type="checkbox"/> Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.
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ANTHROPOMETRY		AN
<p><i>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.</i></p>		
AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height/length and weight measurement</i>	Either or both measured 1	
	Child not present 2	2⇒AN6
	Child or mother/caretaker refused 3	3⇒AN6
	Other (specify) 6	6⇒AN6
AN3. <i>Child's weight</i>	Kilograms (kg)	
	Weight not measured 99.9	
<p>AN3A. <i>Was the child undressed to the minimum?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the child could not be undressed to the minimum</p>		
<p>AN3B. <i>Check age of child in AG2:</i></p> <p><input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).</p> <p><input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).</p>		
AN4. <i>Child's length or height</i>	Length / Height (cm)..... .	
	Length/ Height not measured 999.9	⇒AN6
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down 1	
	Standing up 2	

<p>AN6. <i>Is there another child in the household who is eligible for measurement?</i></p> <p><input type="checkbox"/> Yes ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.</p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

