



# HOUSEHOLD QUESTIONNAIRE

## Multiple Indicator Cluster Survey

| HOUSEHOLD INFORMATION PANEL                                 |   | HH |
|---|---|----|
| HH1. Cluster number: _____                                  | HH2. Household number: _____  |    |
| HH3. Interviewer's name and number:<br>Name _____           | HH4. Supervisor's name and number:<br>Name _____  |    |
| HH5. Day / Month / Year of interview:<br>____ / ____ / 2015 | HH7. Region:<br>Akmola ..... 01      Kyzylorda ..... 09<br>Aktobe ..... 02      Mangistau ..... 10<br>Almaty oblast ..... 03      South Kazakhstan ..... 11<br>Atyrau ..... 04      Pavlodar ..... 12<br>West Kazakhstan ..... 05      North Kazakhstan ..... 13<br>Zhambyl ..... 06      East Kazakhstan ..... 14<br>Karaganda ..... 07      Astana City ..... 15<br>Kostanai ..... 08      Almaty City ..... 16 |    |
| HH6. Area:<br>Urban ..... 1<br>Rural ..... 2                |   |    |

WE ARE FROM THE STATISTICS COMMITTEE OF THE MINISTRY OF NATIONAL ECONOMY OF THE REPUBLIC OF KAZAKHSTAN.

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 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

☐ Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.

☐ No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.

HH9. Result of household interview:

|  |    |
|--|----|
| Completed.....   | 01 |
| No household member or no competent respondent at home at time of visit..... | 02 |
| Entire household absent for extended period of time .....                    | 03 |
| Refused.....   | 04 |
| Dwelling vacant / Address not a dwelling.....                                | 05 |
| Dwelling destroyed.....  | 06 |
| Dwelling not found .....   | 07 |
| Other (specify) _____  | 96 |

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: \_\_\_\_\_

HH16. Field editor's name and number:

Name \_\_\_\_\_

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: \_\_\_\_\_

HH17. Main data entry clerk's name and number:

Name \_\_\_\_\_

**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<br>age<br>15-49   | For children<br>age 0-4   | For children age 0-17 years  |  |   |  | For Children<br>age 0-14   |  |
|---------------------|--------------|---|--------------------------------------|----------|--|---------|---|---|--|--|---|--|--|--|
| HL1.<br>Line<br>no. | HL2.<br>Name | HL3.<br>WHAT IS THE<br>RELATION-<br>SHIP OF<br>(name) TO THE<br>HEAD OF<br>HOUSEHOLD? | HL4.<br>IS (name) MALE<br>OR FEMALE? |          | HL5.<br>WHAT IS (name)'S<br>DATE OF BIRTH? |         | HL6.<br>HOW OLD IS<br>(name)?   | HL7.<br><br><br><br><br><br><br><br><br><br>Circle line<br>no. if woman<br>age 15-49. | HL7B.<br><br><br><br><br><br><br><br><br><br>Circle line<br>no. if age<br>0-4. | HL11.<br>IS (name)'S<br>NATURAL<br>MOTHER ALIVE? | HL12.<br>DOES (name)'S<br>NATURAL<br>MOTHER LIVE IN<br>THIS<br>HOUSEHOLD? | HL13.<br>IS (name)'S<br>NATURAL<br>FATHER ALIVE? | HL14.<br>DOES (name)'S<br>NATURAL FATHER<br>LIVE IN THIS<br>HOUSEHOLD? | HL15.<br>Record line no. of<br>mother from<br>HL12 if indicated.<br><br>If HL12 is blank or<br>'00' ask:<br><br>WHO IS THE<br>PRIMARY<br>CARETAKER OF<br>(name)? |
|                     |              |   | 1 Male                               | 2 Female | 98 DK                                      | 9998 DK | Record in<br>completed years.<br>If age is 95 or<br>above, record '95'. |   |  | 1 Yes<br>2 No <input type="checkbox"/>           | If "Yes", record<br>line no. of<br>mother.<br>If "No", record<br>00.      | 1 Yes<br>2 No <input type="checkbox"/>           | If "Yes", record<br>line no. of father.<br>If "No", record<br>00.      |  |
| Line                | Name         | Relation*   | M                                    | F        | Month                                      | Year    | Age   | 15-49   | 0-4  | Y N DK   | Mother  | Y N DK   | Father   | Mother   |
| 01                  |              | 0 1   | 1                                    | 2        | — —  | — — — — | — —   | 01  | 01   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 02                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 02  | 02   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 03                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 03  | 03   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 04                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 04  | 04   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 05                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 05  | 05   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 06                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 06  | 06   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 07                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 07  | 07   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 08                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 08  | 08   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 09                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 09  | 09   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 10                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 10  | 10   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 11                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 11  | 11   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 12                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 12  | 12   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 13                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 13  | 13   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |
| 14                  |              | — —   | 1                                    | 2        | — —  | — — — — | — —   | 14  | 14   | 1 2 8  | — —   | 1 2 8  | — —  | — —  |

|   |              |  |                                   |          |   |             | For women age 15-49  | For children age 0-4                | For children age 0-17 years                |   |   |   | For Children age 0-14  |        |
|---|--------------|--|-----------------------------------|----------|---|-------------|--|-------------------------------------|--|---|---|---|--|--------|
| HL1.<br>Line no.  | HL2.<br>Name | HL3.<br>WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? | HL4.<br>IS (name) MALE OR FEMALE? |          | HL5.<br>WHAT IS (name)'S DATE OF BIRTH? |             | HL6.<br>HOW OLD IS (name)?                                     | HL7.<br>HL7B.                       | HL11.<br>IS (name)'S NATURAL MOTHER ALIVE? | HL12.<br>DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? | HL13.<br>IS (name)'S NATURAL FATHER ALIVE?                          | HL14.<br>DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? | HL15.<br>Record line no. of mother from HL12 if indicated.<br><br>If HL12 is blank or '00' ask:<br><br>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'. | Circle line no. if woman age 15-49. | Circle line no. if age 0-4.                | 1 Yes<br>2 No<br>8 DK   | HL13<br>If "Yes", record line no. of mother.<br>If "No", record 00. | 1 Yes<br>2 No<br>8 DK   | HL15<br>If "Yes", record line no. of father.<br>If "No", record 00.  |        |
| Line  | Name         | Relation*  | M                                 | F        | Month                                   | Year        | Age  | 15-49                               | 0-4  | Y N DK  | Mother  | Y N DK  | Father   | Mother |
| 15  |              | __ __  | 1                                 | 2        | __ __                                   | __ __ __ __ | __ __  | 15                                  | 15   | 1 2 8   | __ __   | 1 2 8   | __ __  | __ __  |
| Tick here if additional questionnaire used <input type="checkbox"/> |              |  |                                   |          |   |             |  |                                     |  |   |   |   |  |        |

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

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

- |   |                     |                                 |                                   |                   |                                |                        |
|---|---------------------|---------------------------------|-----------------------------------|-------------------|--------------------------------|------------------------|
| * Codes for HL3: Relationship to head of household: | 01 Head             | 04 Son-In-Law / Daughter-In-Law | 07 Parent-In-Law                  | 10 Uncle / Aunt   | 13 Adopted / Foster/ Stepchild | 96 Other (Not related) |
|   | 02 Spouse / Partner | 05 Grandchild                   | 08 Brother / Sister               | 11 Niece / Nephew |                                | 98 DK                  |
|   | 03 Son / Daughter   | 06 Parent                       | 09 Brother-In-Law / Sister-In-Law | 12 Other relative | 14 Servant (Live-in)           |                        |

| EDUCATION              |  |     |  |  |  |  |  |    |  |   |     |    |    | ED            |       |
|------------------------|--|-----|--|--|--|--|--|----|--|---|-----|----|----|---------------|-------|
|                        |  |     | For household members<br>age 5 and above                               |  |  |  | For household members age 5-24 years   |    |  |   |     |    |    |               |       |
| ED1.<br>Line<br>number | ED2.<br>Name and age<br><br>Copy from HL2 and HL6. |     | ED3.<br>HAS (name)<br>EVER<br>ATTENDED<br>SCHOOL OR<br>PRE-<br>SCHOOL? | ED4A.<br>WHAT IS THE HIGHEST<br>LEVEL OF SCHOOL (name)<br>HAS ATTENDED?<br><br>Level:<br>0 Preschool<br>1 Primary (1-4)<br>2 Lower secondary<br>(5-9)<br>3 Upper secondary<br>(10-11)<br>4 Technical and<br>Professional<br>5 Higher<br>8 DK<br><br>If level=0, skip to ED5. | ED4B.<br>WHAT IS THE<br>HIGHEST GRADE<br>(name)<br>COMPLETED AT<br>THIS LEVEL?<br><br>Grade:<br>98 DK<br><br>If the first grade<br>at this level is not<br>completed, enter<br>"00". | ED5.<br>DURING THE<br>CURRENT<br>SCHOOL<br>YEAR, THAT IS<br>2015-2016,<br>DID (name)<br>ATTEND<br>SCHOOL OR<br>PRESCHOOL<br>AT ANY TIME?<br><br>1 Yes<br>2 No <input type="checkbox"/> ED7 | ED6.<br>DURING THIS SCHOOL YEAR, WHICH<br>LEVEL AND GRADE IS/WAS (name)<br>ATTENDING?<br><br>Level:<br>0 Preschool<br>1 Primary (1-4)<br>2 Lower secondary<br>(5-9)<br>3 Upper secondary<br>(10-11)<br>4 Technical and<br>Professional<br>5 Higher<br>8 DK<br><br>If level=0, skip to ED7. |    | ED7.<br>DURING THE<br>PREVIOUS SCHOOL<br>YEAR, THAT IS<br>2014-2015, DID<br>(name) ATTEND<br>SCHOOL OR<br>PRESCHOOL AT<br>ANY TIME?<br><br>1 Yes<br>2 No <input type="checkbox"/> Next Line<br>8 DK <input type="checkbox"/> Next Line | ED8.<br>DURING THAT PREVIOUS SCHOOL YEAR,<br>WHICH LEVEL AND GRADE DID (name)<br>ATTEND?<br><br>Level:<br>0 Preschool<br>1 Primary (1-4)<br>2 Lower secondary<br>(5-9)<br>3 Upper secondary<br>(10-11)<br>4 Technical and<br>Professional<br>5 Higher<br>8 DK<br><br>If level=0, go to next line. |     |    |    |               |       |
| Line                   | Name   | Age | Yes  | No   | Level  | Grade  | Yes  | No | Level  | Grade   | Yes | No | DK | Level         | Grade |
| 01                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 02                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 03                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 04                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 05                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 06                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 07                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 08                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 09                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 10                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 11                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 12                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 13                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 14                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |
| 15                     |  | ___ | 1  | 2  | 0 1 2 3 4 5 8  | ___  | 1  | 2  | 0 1 2 3 4 5 8  | ___   | 1   | 2  | 8  | 0 1 2 3 4 5 8 | ___   |

**SELECTION OF ONE CHILD FOR CHILD DISCIPLINE**
**SL**

**SL1.** Check HL6 in the List of Household Members and write the total number of children age 1-14 years.

Total number ..... —

**SL2.** Check the number of children age 1-14 years in SL1:

☐ Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.

☐ One ⇒ Go to SL9 and record the rank number as '1', enter the line number from HL1, child's name from HL2 and age from HL6.

☐ Two or more ⇒ Continue with SL2A.

**SL2A.** List each of the children age 1-14 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-14 years. Record the line number, name, sex, and age for each child.

| SL3.<br>Rank<br>number | SL4.<br>Line<br>number<br>from<br>HL1 | SL5.<br>Name from HL2 | SL6.<br>Sex from<br>HL4 |   | SL7.<br>Age from<br>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 | — —                     |

**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 1-14 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.

| Last Digit of Household<br>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  |

**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 DISCIPLINE   |   | CD     |
|--|---|--------|
| <b>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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.</b> |   |        |
|  |   | Yes No |
| [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.  | Took away privileges.....                                   | 1 2    |
| [B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.  | Explained wrong behaviour.....                              | 1 2    |
| [C] SHOOK HIM/HER.   | Shook him/her .....   | 1 2    |
| [D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.   | Shouted, yelled at or screamed at ...                       | 1 2    |
| [E] GAVE HIM/HER SOMETHING ELSE TO DO.   | Gave something else to do .....                             | 1 2    |
| [F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.  | Spanked, hit or slapped on 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.  | Hit with belt, hairbrush, stick, or other hard object ..... | 1 2    |
| [H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.  | Called dumb, lazy, or another name .....                    | 1 2    |
| [I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.  | Hit / slapped on the face, head or ears .....               | 1 2    |
| [J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.   | Hit / slapped on hand, arm or leg .....                     | 1 2    |
| [K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.   | Beat up, hit over and over as hard as one could.....        | 1 2    |
| <b>CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</b>   | Yes .....   | 1      |
|  | No.....   | 2      |
|  | DK / No opinion .....                                       | 8      |

| HOUSEHOLD CHARACTERISTICS   |   | HC |
|---|---|----|
| <b>HC1B.</b> WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?     | Kazakh Language.....1                               |    |
|   | Russian Language.....2                              |    |
|   | Other language ( <i>specify</i> ) _____ 6           |    |
| <b>HC1C.</b> TO WHAT ETHNICITY DOES THE HEAD OF THIS HOUSEHOLD BELONG?                    | Kazakhs.....1                                       |    |
|   | Russians .....2                                     |    |
|   | Other ethnic groups ( <i>specify</i> )_____ 6       |    |
| <b>HC2.</b> HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?                       | Number of rooms.....__ __                           |    |
| <b>HC3.</b> <i>Main material of the dwelling floor.</i><br><br><i>Record observation.</i> | Rudimentary floor                                   |    |
|   | Wood planks .....21                                 |    |
|   | Finished floor                                      |    |
|   | Parquet or polished wood .....31                    |    |
|   | Vinyl / linoleum or asphalt strips .....32          |    |
|   | Ceramic tiles .....33                               |    |
|   | Cement .....34                                      |    |
|   | Carpet .....35                                      |    |
|   | Laminated flooring board.....36                     |    |
|   | Plywood / fibreboard .....37                        |    |
|   | Other ( <i>specify</i> ) _____ 96                   |    |
| <b>HC4.</b> <i>Main material of the roof.</i><br><br><i>Record observation.</i>           | Rudimentary roofing                                 |    |
|   | Wood planks .....23                                 |    |
|   | Cardboard/wood chipboard .....24                    |    |
|   | Finished roofing                                    |    |
|   | Metal/profiled sheeting .....31                     |    |
|   | Wood .....32  |    |
|   | Calamine / cement fiber mat / roofing slate .....33 |    |
|   | Ceramic tiles .....34                               |    |
|   | Cement .....35                                      |    |
|   | Roofing shingles .....36                            |    |
|   | Other ( <i>specify</i> ) _____ 96                   |    |
| <b>HC5.</b> <i>Main material of the exterior walls.</i><br><br><i>Record observation.</i> | Rudimentary walls                                   |    |
|   | Stone with mud.....22                               |    |
|   | Uncovered adobe .....23                             |    |
|   | Plywood/wood chipboard.....24                       |    |
|   | Reused wood.....26                                  |    |
|   | Finished walls                                      |    |
|   | Cement .....31                                      |    |
|   | Stone with lime/cement .....32                      |    |
|   | Bricks .....33                                      |    |
|   | Cement blocks .....34                               |    |
|   | Covered adobe .....35                               |    |
|   | Wood planks/shingles/lining boards .....36          |    |
|   | Plastic panels/siding .....37                       |    |
|   | Wood .....38  |    |
|   | Slag stone/concrete block .....39                   |    |
|   | Other ( <i>specify</i> ) _____ 96                   |    |

| <b>HC6.</b> WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD<br><u>MAINLY</u> USE FOR COOKING?   | Electricity .....01<br>Liquefied Gas (in balloon) .....02<br>Natural gas .....03<br>Biogas.....04<br>Kerosene/diesel oil .....05<br><br>Coal/Lignite.....06<br>Charcoal .....07<br>Wood .....08<br>Animal dung.....10<br><br>No food cooked in household.....95<br>Other ( <i>specify</i> ) ..... 96   | 01⇒HC8<br>02⇒HC8<br>03⇒HC8<br>04⇒HC8<br>05⇒HC8<br><br><br><br><br><br>95⇒HC8 |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
|---|--|--|-----|----|------------------|--------------------|---|--------------|--------------|---|-------------------|-------------------|---|-----------------------------|-----------------------------|---|---------------------|--------------------|---|------------------|------------------|---|--------------|-------------|---|-------------|-------------|---|------------|------------|---|-----------------|----------------|---|-------------------|------------------|---|------------------------|-----------------------|---|-------------------------|-----------------------|---|-----------------------|----------------------|---|--|
| <b>HC7.</b> IS THE COOKING USUALLY DONE IN THE HOUSE,<br>IN A SEPARATE BUILDING, OR OUTDOORS?<br><br><i>If 'In the house', probe: IS IT DONE IN A<br/> SEPARATE ROOM USED AS A KITCHEN?</i> | In the house<br>In a separate room used as kitchen .....1<br>Elsewhere in the house .....2<br>In a separate building .....3<br>Outdoors .....4<br><br>Other ( <i>specify</i> ) ..... 6   |  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| <b>HC8.</b> DOES YOUR HOUSEHOLD HAVE:   | <table border="1"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>[A] ELECTRICITY?</td><td>Electricity .....1</td><td>2</td></tr> <tr> <td>[B] A RADIO?</td><td>Radio .....1</td><td>2</td></tr> <tr> <td>[C] A TELEVISION?</td><td>Television .....1</td><td>2</td></tr> <tr> <td>[D] A NON-MOBILE TELEPHONE?</td><td>Non-mobile telephone .....1</td><td>2</td></tr> <tr> <td>[E] A REFRIGERATOR?</td><td>Refrigerator.....1</td><td>2</td></tr> <tr> <td>[F] A MICROWAVE?</td><td>Microwave .....1</td><td>2</td></tr> <tr> <td>[G] A TABLE?</td><td>Table.....1</td><td>2</td></tr> <tr> <td>[H] A SOFA?</td><td>Sofa .....1</td><td>2</td></tr> <tr> <td>[I] A BED?</td><td>Bed .....1</td><td>2</td></tr> <tr> <td>[J] A WARDROBE?</td><td>Wardrobe.....1</td><td>2</td></tr> <tr> <td>[K] A DISHWASHER?</td><td>Dishwasher.....1</td><td>2</td></tr> <tr> <td>[L] A WASHING MACHINE?</td><td>Washing machine.....1</td><td>2</td></tr> <tr> <td>[M] AN AIR CONDITIONER?</td><td>Air conditioner.....1</td><td>2</td></tr> <tr> <td>[N] A VACUUM CLEANER?</td><td>Vacuum cleaner.....1</td><td>2</td></tr> </tbody> </table> |  | Yes | No | [A] ELECTRICITY? | Electricity .....1 | 2 | [B] A RADIO? | Radio .....1 | 2 | [C] A TELEVISION? | Television .....1 | 2 | [D] A NON-MOBILE TELEPHONE? | Non-mobile telephone .....1 | 2 | [E] A REFRIGERATOR? | Refrigerator.....1 | 2 | [F] A MICROWAVE? | Microwave .....1 | 2 | [G] A TABLE? | Table.....1 | 2 | [H] A SOFA? | Sofa .....1 | 2 | [I] A BED? | Bed .....1 | 2 | [J] A WARDROBE? | Wardrobe.....1 | 2 | [K] A DISHWASHER? | Dishwasher.....1 | 2 | [L] A WASHING MACHINE? | Washing machine.....1 | 2 | [M] AN AIR CONDITIONER? | Air conditioner.....1 | 2 | [N] A VACUUM CLEANER? | Vacuum cleaner.....1 | 2 |  |
|   | Yes  | No   |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [A] ELECTRICITY?  | Electricity .....1   | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [B] A RADIO?  | Radio .....1   | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [C] A TELEVISION?   | Television .....1  | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [D] A NON-MOBILE TELEPHONE?   | Non-mobile telephone .....1  | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [E] A REFRIGERATOR?   | Refrigerator.....1   | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [F] A MICROWAVE?  | Microwave .....1   | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [G] A TABLE?  | Table.....1  | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [H] A SOFA?   | Sofa .....1  | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [I] A BED?  | Bed .....1   | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [J] A WARDROBE?   | Wardrobe.....1   | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [K] A DISHWASHER?   | Dishwasher.....1   | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [L] A WASHING MACHINE?  | Washing machine.....1  | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [M] AN AIR CONDITIONER?   | Air conditioner.....1  | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |
| [N] A VACUUM CLEANER?   | Vacuum cleaner.....1   | 2  |     |    |                  |                    |   |              |              |   |                   |                   |   |                             |                             |   |                     |                    |   |                  |                  |   |              |             |   |             |             |   |            |            |   |                 |                |   |                   |                  |   |                        |                       |   |                         |                       |   |                       |                      |   |  |



| <p><b>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</b></p> <p>[B] A MOBILE TELEPHONE OR SMARTPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[J] A TRACTOR?</p> <p>[G] A BOAT WITH A MOTOR?</p> <p>[H] A PERSONAL COMPUTER OR LAPTOP?</p> <p>[I] A TABLET?</p>   | <table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Mobile telephone / smartphone .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal-drawn cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tractor .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Personal computer / laptop .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tablet.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> |        | Yes | No | Mobile telephone / smartphone ..... | 1 | 2 | Bicycle ..... | 1 | 2 | Motorcycle / Scooter..... | 1 | 2 | Animal-drawn cart..... | 1 | 2 | Car / Truck ..... | 1 | 2 | Tractor ..... | 1 | 2 | Boat with motor..... | 1 | 2 | Personal computer / laptop ..... | 1 | 2 | Tablet..... | 1 | 2 |  |
|---|---|--------|-----|----|-------------------------------------|---|---|---------------|---|---|---------------------------|---|---|------------------------|---|---|-------------------|---|---|---------------|---|---|----------------------|---|---|----------------------------------|---|---|-------------|---|---|--|
|   | Yes   | No     |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| Mobile telephone / smartphone .....   | 1   | 2      |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| Bicycle .....   | 1   | 2      |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| Motorcycle / Scooter.....   | 1   | 2      |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| Animal-drawn cart.....  | 1   | 2      |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| Car / Truck .....   | 1   | 2      |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| Tractor .....   | 1   | 2      |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| Boat with motor.....  | 1   | 2      |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| Personal computer / laptop .....  | 1   | 2      |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| Tablet.....   | 1   | 2      |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| <p><b>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</b></p> <p><i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i></p>   | <p>Own .....1</p> <p>Rent .....2</p> <p>Other (<i>specify</i>) ..... 6</p>  |        |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| <p><b>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</b></p>  | <p>Yes .....1</p> <p>No .....2</p>  | 2⇒HC13 |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| <p><b>HC12. HOW MANY HECTARES OR ARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</b></p> <p><i>If 1 hectare or more, circle ‘1’ and record hectares.</i></p> <p><i>If 95 or more hectares, circle ‘1’ and record ‘95’.</i></p> <p><i>If less than 1 hectare, circle ‘2’ and record in ares.</i></p> <p><i>If less than 1 are, circle ‘2’ and record ‘00’.</i></p> <p><i>If unknown, circle ‘998’.</i></p> | <p>Hectares .....1 ____</p> <p>Ares .....2 ____</p> <p>DK..... 998</p>  |        |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |
| <p><b>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</b></p>   | <p>Yes .....1</p> <p>No .....2</p>  | 2⇒HC15 |     |    |                                     |   |   |               |   |   |                           |   |   |                        |   |   |                   |   |   |               |   |   |                      |   |   |                                  |   |   |             |   |   |  |

|   |   |  |
|---|---|--|
| <p><b>HC14.</b> HOW MANY OF THE FOLLOWING ANIMALS / POULTRY DOES THIS HOUSEHOLD HAVE?</p> <p>[A] COWS OR BULLS?</p> <p>[B] HORSES OR DONKEYS OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP OR RAMS?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] CAMELS?</p> <p>[H] GEESE OR DUCKS?</p> <p>[I] RABBITS?</p> <p><i>If none, record "00". If 95 or more, record "95".<br/>If unknown, record "98".</i></p> | <p>Cows or bulls .....__ __</p> <p>Horses or donkeys or mules.....__ __</p> <p>Goats .....__ __</p> <p>Sheep or rams .....__ __</p> <p>Chickens.....__ __</p> <p>Pigs.....__ __</p> <p>Camels .....__ __</p> <p>Geese or ducks .....__ __</p> <p>Rabbits .....__ __</p> |  |
| <p><b>HC15.</b> DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>  | <p>Yes .....1</p> <p>No .....2</p>  |  |

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

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

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

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

| <b>SALT IODIZATION</b>   |  | <b>SI</b> |
|--|--|-----------|
| <b>SI1.</b> 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?<br><br><i>Once you have tested the salt, circle number that corresponds to test outcome.</i> | Not iodized – 0 PPM ..... 1<br>More than 0 PPM & less than 15 PPM..... 2<br>15 PPM or more ..... 3<br>No salt in the house..... 4<br><br>Salt not tested<br>(specify reason) ..... 5 |           |

|   |
|---|
| <p><b>HH20.</b> <i>Thank the respondent for his/her cooperation and check the List of Household Members:</i></p> <p><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></p> <p><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></p> <p><i>Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), and under-5s (HH14) are entered.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p> |
|---|

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

## F2. Questionnaire for Individual Women



# QUESTIONNAIRE FOR INDIVIDUAL WOMEN

## Multiple Indicator Cluster Survey

| WOMAN'S INFORMATION PANEL  |   | WM |
|--|---|----|
| <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> |   |    |
| WM1. Cluster number:<br>_____  | WM2. Household number:<br>_____                           |    |
| WM3. Woman's name:<br>Name _____   | WM4. Woman's line number:<br>_____                        |    |
| WM5. Interviewer's name and number:<br>Name _____  | WM6. Day/Month/Year of interview:<br>_____ / _____ / 2015 |    |

|  |  |
|--|--|
| <p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM THE STATISTICS COMMITTEE OF THE MINISTRY OF NATIONAL ECONOMY OF THE REPUBLIC OF KAZAKHSTAN.</p> <p>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 25 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 25 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<br>Not at home ..... 02<br>Refused ..... 03<br>Partly completed ..... 04<br>Incapacitated ..... 05<br><br>Other (specify) ..... 96 |
|----------------------------------|---|

|  |   |
|--|---|
| WM8. Field editor's name and number:<br>Name _____ | WM9. Main data entry clerk's name and number:<br>Name _____ |
|--|---|



|                                      |                             |  |
|--------------------------------------|-----------------------------|--|
| <b>WM10.</b> <i>Record the time.</i> | Hour and minutes ..... : .. |  |
|--------------------------------------|-----------------------------|--|

| WOMAN'S BACKGROUND  |   | WB    |
|---|---|-------|
| <b>WB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?   | Date of birth<br>Month.....<br>DK month.....98<br><br>Year .....<br>DK year.....9998  |       |
| <b>WB2.</b> HOW OLD ARE YOU?<br><br><i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i><br><br><i>Compare and correct WB1 and/or WB2 if inconsistent.</i>   | Age (in completed years) .....  |       |
| <b>WB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?   | Yes .....1<br>No .....2   | 2⇒WB7 |
| <b>WB4.</b> WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?   | Preschool .....0<br>Primary (1-4) .....1<br>Lower secondary (5-9) .....2<br>Upper secondary (10-11) .....3<br>Technical and Professional .....4<br>Higher .....5  | 0⇒WB7 |
| <b>WB5.</b> WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?<br><br><i>If the first grade at this level is not completed, enter "00".</i>   | Grade .....   |       |
| <b>WB6.</b> Check WB4:<br><br><input type="checkbox"/> Lower secondary, upper secondary, technical and professional or higher (WB4=2, 3, 4 or 5) ⇒ Go to Next Module.<br><br><input type="checkbox"/> Primary (WB4= 1) ⇒ Continue with WB7. |   |       |
| <b>WB7.</b> NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.<br><br><i>Show sentence on the card to the respondent.</i><br><i>If respondent cannot read whole sentence, probe:</i><br><br>CAN YOU READ PART OF THE SENTENCE TO ME?         | Cannot read at all .....1<br>Able to read only parts or words of sentence .....2<br>Able to read whole sentence .....3<br><br>No sentence in required language .....4<br>(specify language)<br><br>Blind / visually impaired .....5 |       |

**MT1. Check WB7:**

- ☐ Question left blank (Respondent has lower secondary, upper secondary, technical and professional or higher education) ⇒ Continue with MT2.
- ☐ Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2.
- ☐ Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3.

|   |   |                 |
|---|---|-----------------|
| <b>MT2.</b> 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<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 |                 |
| <b>MT3.</b> 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<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 |                 |
| <b>MT4.</b> 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<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 |                 |
| <b>MT5. Check WB2: Age of respondent?</b><br><br><input type="checkbox"/> Age 15-24 ⇒ Continue with MT6.<br><br><input type="checkbox"/> Age 25-49 ⇒ Go to Next Module. |   |                 |
| <b>MT6.</b> HAVE YOU EVER USED A COMPUTER?  | Yes ..... 1<br>No ..... 2   | 2 ⇒ MT9         |
| <b>MT7.</b> HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?   | Yes ..... 1<br>No ..... 2   | 2 ⇒ MT9         |
| <b>MT8.</b> 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<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 |                 |
| <b>MT9.</b> HAVE YOU EVER USED THE INTERNET?  | Yes ..... 1<br>No ..... 2   | 2 ⇒ Next Module |
| <b>MT10.</b> IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?<br><br><i>If necessary, probe for use from any location, with any device.</i>                           | Yes ..... 1<br>No ..... 2   | 2 ⇒ Next Module |
| <b>MT11.</b> 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<br>At least once a week ..... 2<br>Less than once a week ..... 3<br>Not at all ..... 4 |                 |

| FERTILITY  |   | CM     |
|--|---|--------|
| <b>CM1.</b> NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?   | Yes ..... 1<br>No ..... 2   | 2⇒CM8  |
| <b>CM2.</b> WHAT WAS THE DATE OF YOUR FIRST BIRTH?<br><br>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR THE FATHER IS NOT YOUR CURRENT PARTNER.<br><br><i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i> | Date of first birth<br><br>Month ..... __ __<br>DK month ..... 98<br><br>Year ..... __ __ __ __<br>DK year ..... 9998 | ⇒CM4   |
| <b>CM3.</b> HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?  | Completed years since first birth ..... __ __   |        |
| <b>CM4.</b> DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?  | YES ..... 1<br>NO ..... 2   | 2⇒CM6  |
| <b>CM5.</b> HOW MANY SONS LIVE WITH YOU?<br><br>HOW MANY DAUGHTERS LIVE WITH YOU?<br><br><i>If none, record '00'.</i>  | Sons at home ..... __ __<br><br>Daughters at home ..... __ __   |        |
| <b>CM6.</b> DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?   | YES ..... 1<br>NO ..... 2   | 2⇒CM8  |
| <b>CM7.</b> HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?<br><br>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?<br><br><i>If none, record '00'.</i>  | Sons elsewhere ..... __ __<br><br>Daughters elsewhere ..... __ __   |        |
| <b>CM8.</b> HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?<br><br><i>If "No" probe by asking:<br/>           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<br>NO ..... 2   | 2⇒CM10 |
| <b>CM9.</b> HOW MANY BOYS HAVE DIED?<br><br>HOW MANY GIRLS HAVE DIED?<br><br><i>If none, record '00'.</i>  | Boys dead ..... __ __<br><br>Girls dead ..... __ __   |        |
| <b>CM10.</b> Sum answers to CM5, CM7, and CM9.   | SUM ..... __ __   |        |

|  |   |        |
|--|---|--------|
| <b>CM11.</b> 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?  |   |        |
| <input type="checkbox"/> <i>Yes. Check below:</i>  |   |        |
| <input type="checkbox"/> <i>No live births ⇒ Go to CM12B</i><br><input type="checkbox"/> <i>One or more live births ⇒ Continue with CM12</i>   |   |        |
| <input type="checkbox"/> <i>No. ⇒ Check responses to CM1–CM10 and make corrections as necessary before proceeding to CM12</i>  |   |        |
| <b>CM12.</b> OF THESE ( <i>total number in CM10</i> ) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?<br><br>Month and year must be recorded.   | Date of last birth<br>Month ..... ____ ____<br>Year ..... ____ ____ ____ ____             |        |
| <b>CM12B.</b> SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A BIRTH.<br><br>HAVE YOU EVER HAD ANY PREGNANCY THAT WAS ABORTED?<br><br>BY ABORTION, I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.  | Yes ..... 1<br>No..... 2  | 2⇒CM13 |
| <b>CM12E.</b> HOW MANY ABORTIONS HAVE YOU HAD DURING YOUR LIFETIME?  | Number of abortions..... ____ ____  |        |
| <b>CM12F.</b> WHEN DID YOUR (LAST) ABORTION TAKE PLACE?<br><br><i>Month and year must be recorded.</i>   | Date of (last) abortion<br>Month..... ____ ____<br>Year ..... ____ ____ ____ ____         |        |
| <b>CM12G.</b> Check CM12F: Last abortion occurred within the last 2 years, that is, since (month of interview) in <b>2013</b> (if the month of interview and the month the abortion took place are the same, and the year the abortion took place is <b>2013</b> , consider this as an abortion within the last 2 years) |   |        |
| <input type="checkbox"/> <i>No abortion in last 2 years. ⇒ Go to CM13</i><br><input type="checkbox"/> <i>The last abortion took place during the last 2 years, that is, since (the month of interviewing) in 2013, ⇒ Continue with CM12H</i>   |   |        |
| <b>CM12H.</b> HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED?<br><br><i>If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months</i>  | Length of pregnancy at time of abortion<br>Weeks.....1 ____ ____<br>Month.....2 ____ ____ |        |
| <b>CM12I.</b> Check CM12E.   |   |        |
| <input type="checkbox"/> <i>1 abortion (CM12E = 1) ⇒ Go to CM13</i><br><input type="checkbox"/> <i>2 or more abortions (CM12E = 2 or more) ⇒ Continue with CM12J and ask questions CM12J to CM12L for each abortion at a time.</i>   |   |        |

|   | PREVIOUS TO THE<br>LAST ABORTION  | SECOND LAST<br>FROM THE LAST<br>ABORTION  | THIRD LAST FROM<br>THE LAST ABORTION  |
|---|---|---|---|
| <b>CM12J.</b> WHAT MONTH AND YEAR DID THE ABORTION PREVIOUS TO THIS LAST ONE YOU MENTIONED TAKE PLACE?  | MONTH.....__ __<br>YEAR.... __ __ __ __   | MONTH.....__ __<br>YEAR.... __ __ __ __   | MONTH.....__ __<br>YEAR.... __ __ __ __   |
| <b>CM12K.</b> Check CM12J. Abortion occurred within the last 2 years, that is, since (month of interview) in <b>2013</b> .  | Yes..... 1<br>No ..... 2<br><i>If "No", go to CM13.</i>                             | Yes..... 1<br>No..... 2<br><i>If "No", go to CM13.</i>                              | Yes..... 1<br>No..... 2<br><i>If "No", go to CM13.</i>                              |
| <b>CM12L.</b> HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED?<br><br><i>the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months</i>  | Weeks ....1 __ __<br><br>Months ...2 __ __  | Weeks ....1 __ __<br><br>Months .. 2 __ __  | Weeks .... 1 __ __<br><br>Months.... 2 __ __  |
| <b>CM12M.</b>   | <i>Go back to CM12J for next abortion. If no more abortion, continue with CM13.</i> | <i>Go back to CM12J for next abortion. If no more abortion, continue with CM13.</i> | <i>Go back to CM12J for next abortion. If no more abortion, continue with CM13.</i> |
| <b>CM13.</b> Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in <b>2013</b> (if the month of interview and the month of birth are the same, and the year of birth is <b>2013</b> , consider this as a birth within the last 2 years).<br><br><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.<br><br><input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the last-born child and continue with Next Module.<br><br>Name of last-born child _____<br><br><i>If child has died, take special care when referring to this child by name in the following modules.</i> |   |   |   |

| 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> |   |               |
| <b>DB1.</b> WHEN YOU GOT PREGNANT WITH ( <i>name</i> ), DID YOU WANT TO GET PREGNANT AT THAT TIME?   | Yes ..... 1<br>No ..... 2                                 | 1⇒Next Module |
| <b>DB2.</b> DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?   | Later ..... 1<br>No more ..... 2                          | 2⇒Next Module |
| <b>DB3.</b> HOW MUCH LONGER DID YOU WANT TO WAIT?<br><br><i>Record the answer as stated by respondent.</i>   | Months ..... 1 ____<br>Years ..... 2 ____<br>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.</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>                   |  |        |     |    |                      |   |   |                    |   |   |                    |   |   |  |
| <b>MN1.</b> DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?   | Yes ..... 1<br>No ..... 2  | 2⇒MN17 |     |    |                      |   |   |                    |   |   |                    |   |   |  |
| <b>MN2.</b> WHOM DID YOU SEE?<br><br><i>Probe:</i><br>ANYONE ELSE?<br><br><i>Probe for the type of person seen and circle all answers given.</i>   | Health professional:<br>Doctor ..... A<br>Nurse/Midwife ..... B<br>Feldsher ..... D<br>Other person<br>Traditional birth attendant ..... F<br><br>Other (specify) ..... X  |        |     |    |                      |   |   |                    |   |   |                    |   |   |  |
| <b>MN2A.</b> HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?<br><br><i>Record the answer as stated by respondent.</i>  | Weeks ..... 1 ____<br>Months ..... 2 0 ____<br><br>DK ..... 998  |        |     |    |                      |   |   |                    |   |   |                    |   |   |  |
| <b>MN3.</b> HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?<br><br><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 ..... ____<br><br>DK ..... 98  |        |     |    |                      |   |   |                    |   |   |                    |   |   |  |
| <b>MN4.</b> AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:<br><br>[A] WAS YOUR BLOOD PRESSURE MEASURED?<br><br>[B] DID YOU GIVE A URINE SAMPLE?<br><br>[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      |     |    |                      |   |   |                    |   |   |                    |   |   |  |
| <b>MN17.</b> WHO ASSISTED WITH THE DELIVERY OF (name)?<br><br><i>Probe:</i><br>ANYONE ELSE?<br><br><i>Probe for the type of person assisting and circle all answers given.</i><br><br><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i> | Health professional:<br>Doctor ..... A<br>Nurse / Midwife ..... B<br>Feldsher ..... D<br>Other person<br>Traditional birth attendant ..... F<br>Relative / Friend ..... H<br><br>Other (specify) ..... X<br>No one ..... Y   |        |     |    |                      |   |   |                    |   |   |                    |   |   |  |

|  |  |  |
|--|--|--|
| <p><b>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</b></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 health post..... 23</p> <p>Rural health post /</p> <p>Rural outpatient clinic ..... 24</p> <p>Government maternity home/perinatal centre ..... 25</p> <p>Other public (specify) ..... 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic/health centre ..... 32</p> <p>Private maternity home ..... 33</p> <p>Other private medical (specify) ..... 36</p> <p>Other (specify) ..... 96</p> | <p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p> |
| <p><b>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</b></p>   | <p>Yes ..... 1</p> <p>No..... 2</p>  | <p>2⇒MN20</p>                                |
| <p><b>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</b></p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>  | <p>Before..... 1</p> <p>After..... 2</p>   |  |
| <p><b>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</b></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><b>MN21. WAS (name) WEIGHED AT BIRTH?</b></p>   | <p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>  | <p>2⇒MN23</p> <p>8⇒MN23</p>                  |
| <p><b>MN21A. HOW LONG AFTER DELIVERY WAS (name) WEIGHED?</b></p>   | <p>Immediately after birth (less than 2 hours). 1</p> <p>2 hours or more after the birth ..... 2</p> <p>DK/Don't remember ..... 8</p>  |  |
| <p><b>MN22. HOW MUCH DID (name) WEIGH?</b></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> <p>DK ..... 99998</p>   |  |
| <p><b>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</b></p>  | <p>Yes ..... 1</p> <p>No..... 2</p>  |  |
| <p><b>MN24. DID YOU EVER BREASTFEED (name)?</b></p>  | <p>Yes ..... 1</p> <p>No..... 2</p>  | <p>2⇒Next Module</p>                         |
| <p><b>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</b></p> <p><i>If less than 1 hour, record "00" hours.</i></p>   | <p>Immediately ..... 000</p> <p>Hours ..... 1 __ __</p>  |  |



|  |  |               |
|--|--|---------------|
| <i>If less than 24 hours, record hours.<br/>Otherwise, record days.</i>  | Days .....2 _ _<br>DK/Don't remember ..... 998   |               |
| <b>MN26.</b> IN THE FIRST THREE DAYS AFTER DELIVERY, WAS ( <i>name</i> ) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK? | Yes ..... 1<br>No ..... 2  | 2⇒Next Module |
| <b>MN27.</b> WHAT WAS ( <i>name</i> ) GIVEN TO DRINK?<br><br><i>Probe:</i><br>ANYTHING ELSE?                             | Milk (other than breast milk).....A<br>Plain water .....B<br>Sugar or glucose water .....C<br>Gripe water.....D<br>Sugar-salt-water solution .....E<br>Fruit juice.....F<br>Infant formula .....G<br>Tea / Infusions.....H<br><br>Other ( <i>specify</i> ).....X |               |

# POST-NATAL HEALTH CHECKS

PN

*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.*

## PN1. Check MN18: Was the child delivered in a health facility?

- ☐ Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2.
- ☐ No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6.

## PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).

YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

*If less than one day, record hours.  
If less than one week, record days.  
Otherwise, record weeks.*

Hours..... 1 \_\_\_\_

Days ..... 2 \_\_\_\_

Weeks ..... 3 \_\_\_\_

DK / Don't remember ..... 998

## 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.

BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?

Yes ..... 1

No..... 2

## PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?

Yes ..... 1

No..... 2

## PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).

DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?

Yes ..... 1

No..... 2

1⇒PN11  
2⇒PN16

## PN6. Check MN17: Did a health professional or traditional birth attendant assist with the delivery?

- ☐ Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN7.
- ☐ No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN10.

|   |   |                            |
|---|---|----------------------------|
| <p><b>PN7.</b> 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<br/>No ..... 2</p>   |                            |
| <p><b>PN8.</b> AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON <u>YOUR</u> HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>   | <p>Yes ..... 1<br/>No ..... 2</p>   |                            |
| <p><b>PN9.</b> 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<br/>No ..... 2</p>   | <p>1⇒PN11<br/>2⇒PN18</p>   |
| <p><b>PN10.</b> 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<br/>No ..... 2</p>   | <p>2⇒PN19</p>              |
| <p><b>PN11.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>   | <p>Once ..... 1<br/>More than once ..... 2</p>  | <p>1⇒PN12A<br/>2⇒PN12B</p> |
| <p><b>PN12A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p><b>PN12B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours.</i><br/><i>If less than one week, record days.</i><br/><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><b>PN13.</b> WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?</p>   | <p>Health professional</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Feldsher ..... D</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Relative / Friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p> |                            |

|  |  |                                    |
|--|--|------------------------------------|
| <p><b>PN14. WHERE DID THIS CHECK TAKE PLACE?</b></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 health post..... 23</p> <p>Rural health post /</p> <p>Rural outpatient clinic ..... 24</p> <p>Government maternity home/perinatal centre ..... 25</p> <p>Other public (specify) ..... 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic/health centre ..... 32</p> <p>Private maternity home ..... 33</p> <p>Other private medical (specify) ..... 36</p> <p>Other (specify) ..... 96</p> |                                    |
| <p><b>PN15. Check MN18: Was the child delivered in a health facility?</b></p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16.</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17.</p>  |  |                                    |
| <p><b>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</b></p>   | <p>Yes ..... 1</p> <p>No..... 2</p>  | <p>1⇒PN20</p> <p>2⇒Next Module</p> |
| <p><b>PN17. Check MN17: Did a health professional or traditional birth attendant assist with the delivery?</b></p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN19</p> |  |                                    |
| <p><b>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</b></p>  | <p>Yes ..... 1</p> <p>No..... 2</p>  | <p>1⇒PN20</p> <p>2⇒Next Module</p> |
| <p><b>PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</b></p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>   | <p>Yes ..... 1</p> <p>No..... 2</p>  | <p>2⇒Next Module</p>               |
| <p><b>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</b></p>  | <p>Once..... 1</p> <p>More than once ..... 2</p>   | <p>1⇒PN21A</p> <p>2⇒PN21B</p>      |
| <p><b>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</b></p> <p><b>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</b></p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><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><b>PN22.</b> WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>  | <p>Health professional<br/>         Doctor ..... A<br/>         Nurse / Midwife ..... B<br/>         Feldsher ..... D<br/>         Other person<br/>         Traditional birth attendant ..... F<br/>         Relative / Friend ..... H<br/>         Other (<i>specify</i>) ..... X</p>  |  |
| <p><b>PN23.</b> 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<br/>         Respondent's home ..... 11<br/>         Other home ..... 12</p> <p>Public sector<br/>         Government hospital ..... 21<br/>         Government clinic/health centre ..... 22<br/>         Government health post ..... 23<br/>         Rural health post /<br/>         Rural outpatient clinic ..... 24<br/>         Government maternity home/perinatal<br/>         centre ..... 25<br/>         Other public (<i>specify</i>) ..... 26</p> <p>Private Medical Sector<br/>         Private hospital ..... 31<br/>         Private clinic/health centre ..... 32<br/>         Private maternity home ..... 33<br/>         Other private medical (<i>specify</i>) ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p> |  |

**IS1.** Check List of Household Members, columns HL7B and HL15:

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

☐ Yes ⇒ Continue with IS2.

☐ No ⇒ Go to Next Module.

**IS2.** SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?

*Probe:*

ANY OTHER SYMPTOMS?

*Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.*

*Circle all symptoms mentioned, but do **not** prompt with any suggestions*

Child not able to drink or breastfeed ..... A  
 Child becomes sicker ..... B  
 Child develops a fever ..... C  
 Child has fast breathing ..... D  
 Child has difficulty breathing ..... E  
 Child has blood in stool ..... F  
 Child is drinking poorly ..... G  
 Child has a convulsion ..... H  
 Child has low body temperature..... I  
 Child has change of skin integuments (cyanosis or jaundice, pallor, rash) ..... J  
 Child has blood from an umbilical wound... K

Other (specify) ..... X

Other (specify) ..... Y

Other (specify) ..... Z

**CP0.** I WOULD LIKE TO TALK WITH YOU ABOUT  
ANOTHER SUBJECT – FAMILY PLANNING.

COUPLES USE VARIOUS WAYS OR METHODS  
TO DELAY OR AVOID A PREGNANCY.

HAVE YOU HEARD OF :

[A] FEMALE STERILIZATION?

*Probe:* WOMEN CAN HAVE AN OPERATION TO  
AVOID HAVING ANY MORE CHILDREN.

YES ..... 1  
NO ..... 2

[B] MALE STERILIZATION?

*Probe:* MEN CAN HAVE AN OPERATION TO  
AVOID HAVING ANY MORE CHILDREN.

YES ..... 1  
NO ..... 2

[C] IUD?

*Probe:* WOMEN CAN HAVE A LOOP OR COIL  
PLACED INSIDE THEM BY A DOCTOR OR A  
NURSE.

YES ..... 1  
NO ..... 2

[D] INJECTABLES?

*Probe:* WOMEN CAN HAVE AN INJECTION BY A  
HEALTH PROVIDER THAT STOPS THEM  
FROM BECOMING PREGNANT FOR ONE OR  
MORE MONTHS.

YES ..... 1  
NO ..... 2

[E] IMPLANTS?

*Probe:* WOMEN CAN HAVE ONE OR MORE  
SMALL RODS PLACED IN THEIR UPPER ARM  
BY A DOCTOR OR NURSE WHICH CAN  
PREVENT PREGNANCY FOR ONE OR MORE  
YEARS.

YES ..... 1  
NO ..... 2

[F] PILL?

*Probe:* WOMEN CAN TAKE A PILL EVERY DAY  
TO AVOID BECOMING PREGNANT.

YES ..... 1  
NO ..... 2

[G] CONDOM?

*Probe:* MEN CAN PUT A RUBBER SHEATH ON  
THEIR PENIS BEFORE SEXUAL  
INTERCOURSE.

YES ..... 1  
NO ..... 2

[H] FEMALE CONDOM?

*Probe:* WOMEN CAN PLACE A SHEATH IN  
THEIR VAGINA BEFORE SEXUAL  
INTERCOURSE.

YES ..... 1  
NO ..... 2

[I] DIAPHRAGM?

*Probe:* WOMEN CAN INSERT A SOFT RUBBER  
CUP IN THEIR VAGINA TO BLOCK THE  
SPERM FROM ENTERING THEIR UTERUS OR  
FALLOPIAN TUBES.

YES ..... 1  
NO ..... 2

[J] FOAM / JELLY?

*Probe:* WOMEN MAY USE SPERMICIDAL  
PRODUCTS (E.G. FOAM, JELLY, CREAM)

YES ..... 1  
NO ..... 2

|  |   |  |
|--|---|--|
| <p>THAT CAN KILL OR PREVENT THE SPERM FROM MOVING AND REACHING THE EGG.</p> <p>[K] LACTATION AMENORRHOEA METHOD (LAM)?</p> <p>[L] PERIODIC ABSTINENCE / RHYTHM METHOD?<br/> <i>Probe:</i> TO AVOID PREGNANCY, WOMEN DO NOT HAVE SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH THEY THINK THEY CAN GET PREGNANT.</p> <p>[M] WITHDRAWAL?<br/> <i>Probe:</i> MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</p> <p>[N] EMERGENCY / POSTCOITAL CONTRACEPTION?<br/> <i>Probe:</i> AS AN EMERGENCY MEASURE, WITHIN THREE DAYS AFTER THEY HAVE UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY.</p> <p>[O] TRANSDERMAL PATCH?<br/> <i>Probe:</i> WOMEN CAN STICK THIS PATCH THAT DISCHARGES HORMONES, WHICH AFTER ATTACHING THE PATCH PENETRATE THROUGH THE SKIN INTO THE BLOODSTREAM AND BLOCK OVULATION.</p> <p>[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?</p> | <p>YES ..... 1<br/> NO ..... 2</p> <p>YES ..... 1<br/> NO ..... 2</p> <p>YES ..... 1<br/> NO ..... 2</p> <p>YES ..... 1<br/> NO ..... 2</p> <p>YES ..... 1<br/> NO ..... 2</p> <p>YES ..... 1<br/> <br/> _____ (specify)<br/> <br/> _____ (specify)<br/> <br/> NO ..... 2</p> |  |
| <p><b>CP1.</b> ARE YOU PREGNANT NOW?</p>   | <p>Yes, currently pregnant ..... 1<br/> No ..... 2<br/> Unsure or DK ..... 8</p>  | <p>1⇒CP2A</p>                            |
| <p><b>CP2.</b> ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>   | <p>Yes ..... 1<br/> No ..... 2</p>  | <p>1⇒CP3</p>                             |
| <p><b>CP2A.</b> HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>  | <p>Yes ..... 1<br/> No ..... 2</p>  | <p>1⇒ Next Module<br/> 2⇒Next Module</p> |



|  |  |  |
|--|--|--|
| <p><b>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</b></p> <p><i>Do not prompt.<br/>If more than one method is mentioned, circle each one.</i></p> | <p>Female sterilization .....A</p> <p>Male sterilization .....B</p> <p>IUD .....C</p> <p>Injectables .....D</p> <p>Implants.....E</p> <p>Pill .....F</p> <p>Male condom.....G</p> <p>Female condom .....H</p> <p>Diaphragm.....I</p> <p>Foam/ Jelly.....J</p> <p>Lactational amenorrhoea method (LAM) ....K</p> <p>Periodic abstinence/Rhythm .....L</p> <p>Withdrawal .....M</p> <p>Transdermal patch.....N</p> <p>Other (<i>specify</i>).....X</p> |  |
|--|--|--|

| UNMET NEED   |  | UN                              |
|--|--|---------------------------------|
| <b>UN1. Check CP1: Currently pregnant?</b><br><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2.<br><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5.                        |  |                                 |
| <b>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?</b>  | Yes..... 1<br>No ..... 2   | 1 ⇒ UN4                         |
| <b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</b>  | Later ..... 1<br>No more ..... 2   |                                 |
| <b>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?</b> | Have another child ..... 1<br>No more / None ..... 2<br>Undecided / DK ..... 8   | 1 ⇒ UN7<br>2 ⇒ UN13<br>8 ⇒ UN13 |
| <b>UN5. Check CP3: Currently using "Female sterilization"?</b><br><input type="checkbox"/> Yes ⇒ Go to UN13.<br><input type="checkbox"/> No ⇒ Continue with UN6.                                     |  |                                 |
| <b>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?</b>                              | Have (a/another) child ..... 1<br>No more / None ..... 2<br>Says she cannot get pregnant ..... 3<br>Undecided / DK ..... 8   | 2 ⇒ UN9<br>3 ⇒ UN11<br>8 ⇒ UN9  |
| <b>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</b><br><br><i>Record the answer as stated by respondent.</i>  | Months ..... 1 ____<br>Years ..... 2 ____<br>Does not want to wait (soon/how) ..... 993<br>Says she cannot get pregnant ..... 994<br>After marriage ..... 995<br>Other ..... 996<br>DK ..... 998 | 994 ⇒ UN11                      |
| <b>UN8. Check CP1: Currently pregnant?</b><br><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13.<br><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9.                       |  |                                 |
| <b>UN9. Check CP2: Currently using a method?</b><br><input type="checkbox"/> Yes ⇒ Go to UN13.<br><input type="checkbox"/> No ⇒ Continue with UN10.  |  |                                 |
| <b>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</b>  | Yes ..... 1<br>No ..... 2<br>DK ..... 8  | 1 ⇒ UN13<br>8 ⇒ UN13            |

|   |   |  |
|---|---|--|
| <p><b>UN11.</b> WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>   | <p>Infrequent sex / No sex ..... A<br/> Menopausal ..... B<br/> Never menstruated ..... C<br/> Hysterectomy (surgical removal of uterus) ..... D<br/> Has been trying to get pregnant for 2 years or more without result ..... E<br/> Postpartum amenorrheic ..... F<br/> Breastfeeding ..... G<br/> Too old ..... H<br/> Fatalistic mood ..... I<br/> Other (<i>specify</i>) ..... X<br/> DK ..... Z</p> |  |
| <p><b>UN12.</b> Check UN11: “Never menstruated” mentioned?</p> <p><input type="checkbox"/> <i>Mentioned</i> ⇒ Go to Next Module.</p> <p><input type="checkbox"/> <i>Not mentioned</i> ⇒ Continue with UN13.</p> |   |  |
| <p><b>UN13.</b> WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p>  | <p>Days ago ..... 1 ____</p> <p>Weeks ago ..... 2 ____</p> <p>Months ago ..... 3 ____</p> <p>Years ago ..... 4 ____</p> <p>In menopause / Has had hysterectomy .. 994<br/> Before last birth ..... 995<br/> Never menstruated ..... 996</p>   |  |

| ATTITUDES TOWARD DOMESTIC VIOLENCE  |                                |     |    | DV |
|---|--------------------------------|-----|----|----|
| <b>DV1.</b> SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS: |                                | Yes | No | DK |
| [A] IF SHE GOES OUT WITHOUT TELLING HIM?  | Goes out without telling ..... | 1   | 2  | 8  |
| [B] IF SHE NEGLECTS THE CHILDREN?   | Neglects children .....        | 1   | 2  | 8  |
| [C] IF SHE ARGUES WITH HIM?   | Argues with him .....          | 1   | 2  | 8  |
| [D] IF SHE REFUSES TO HAVE SEX WITH HIM?  | Refuses sex.....               | 1   | 2  | 8  |
| [E] IF SHE BURNS THE FOOD?  | Burns food .....               | 1   | 2  | 8  |
| [F] IF SHE NEGLECTS HOUSEWORK?  | Neglects housework .....       | 1   | 2  | 8  |

| MARRIAGE/UNION  |   | MA               |
|---|---|------------------|
| <b>MA1.</b> ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?  | Yes, currently married .....1<br>Yes, living with a man.....2<br>No, not in union .....3                      | 3⇒MA5            |
| <b>MA2.</b> HOW OLD IS YOUR HUSBAND/PARTNER?<br><br><i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?  | Age in years..... _ _<br><br>DK..... 98   | ⇒MA7<br>⇒MA7     |
| <b>MA5.</b> HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?  | Yes, formerly married .....1<br>Yes, formerly lived with a man .....2<br>No .....3                            | 3⇒Next Module    |
| <b>MA6.</b> WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?  | Widowed.....1<br>Divorced .....2<br>Separated .....3  |                  |
| <b>MA7.</b> HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?  | Only once .....1<br>More than once.....2  | 1⇒MA8A<br>2⇒MA8B |
| <b>MA8A.</b> IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?<br><br><b>MA8B.</b> IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED? | Date of (first) marriage<br>Month..... _ _<br>DK month..... 98<br><br>Year ..... _ _ _ _<br>DK year..... 9998 | ⇒Next Module     |
| <b>MA9.</b> HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR ( <u>FIRST</u> ) HUSBAND/PARTNER?  | Age in years..... _ _   |                  |

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

|  |   |                                |
|--|---|--------------------------------|
| <b>SB9.</b> THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?  | Yes.....1<br>No .....2  |                                |
| <b>SB10.</b> WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?<br><br><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i><br><br><i>If “boyfriend” then ask:</i><br>WERE YOU LIVING TOGETHER AS IF MARRIED?<br><i>If “yes”, circle “2”.If “no”, circle “3”.</i> | Husband .....1<br>Cohabiting partner .....2<br>Boyfriend.....3<br>Casual acquaintance .....4<br><br>Other ( <i>specify</i> ) .....6 | 3⇒SB12<br>4⇒SB12<br><br>6⇒SB12 |
| <b>SB11.</b> Check MA1 and MA7:<br><br><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2)<br>AND<br>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13.<br><br><input type="checkbox"/> Else ⇒ Continue with SB12.   |   |                                |
| <b>SB12.</b> HOW OLD IS THIS PERSON?<br><br><i>If response is DK, probe:</i><br>ABOUT HOW OLD IS THIS PERSON?  | Age of sexual partner..... __ __<br><br>DK..... 98  |                                |
| <b>SB13.</b> OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?  | Yes.....1<br>No .....2  | 2⇒SB15                         |
| <b>SB14.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?   | Number of partners..... __ __   |                                |
| <b>SB15.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?<br><br><i>If a non-numeric answer is given, probe to get an estimate.</i><br><br><i>If number of partners is 95 or more, write “95”.</i>   | Number of lifetime partners ..... __ __<br><br>DK..... 98   |                                |

| HIV/AIDS   |   | HA            |
|--|---|---------------|
| <b>HA1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.<br><br>HAVE YOU EVER HEARD OF AN ILLNESS CALLED HIV/AIDS?  | Yes ..... 1   | 2⇒Next Module |
|  | No ..... 2  |               |
| <b>HA2.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?                      | Yes ..... 1<br>No ..... 2<br>DK ..... 8   |               |
| <b>HA3.</b> CAN PEOPLE GET THE HIV/AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?   | Yes ..... 1<br>No ..... 2<br>DK ..... 8   |               |
| <b>HA3A.</b> CAN PEOPLE GET THE HIV/AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH THE HIV/AIDS VIRUS?                                      | Yes ..... 1<br>No ..... 2<br>DK ..... 8   |               |
| <b>HA3B.</b> CAN PEOPLE GET THE HIV/AIDS VIRUS THROUGH SALIVA BY KISSING SOMEONE WHO IS INFECTED WITH THE HIV/AIDS VIRUS?  | Yes ..... 1<br>No ..... 2<br>DK ..... 8   |               |
| <b>HA4.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?   | Yes ..... 1<br>No ..... 2<br>DK ..... 8   |               |
| <b>HA5.</b> CAN PEOPLE GET THE HIV/AIDS VIRUS THROUGH MOSQUITO BITES?  | Yes ..... 1<br>No ..... 2<br>DK ..... 8   |               |
| <b>HA6.</b> CAN PEOPLE GET THE HIV/AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE HIV/AIDS VIRUS?  | Yes ..... 1<br>No ..... 2<br>DK ..... 8   |               |
| <b>HA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV/AIDS VIRUS?  | Yes ..... 1<br>No ..... 2<br>DK ..... 8   |               |
| <b>HA8.</b> CAN THE VIRUS THAT CAUSES HIV/AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:<br><br>[A] DURING PREGNANCY?<br>[B] DURING DELIVERY?<br>[C] BY BREASTFEEDING? | <div style="text-align: right; margin-bottom: 5px;">Yes   No   DK</div> During pregnancy ..... 1   2   8<br>During delivery ..... 1   2   8<br>By breastfeeding ..... 1   2   8 |               |
| <b>HA9.</b> IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV/AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?                         | Yes ..... 1<br>No ..... 2<br>DK/Not sure/Depends ..... 8  |               |
| <b>HA10.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV/AIDS VIRUS?   | Yes ..... 1<br>No ..... 2<br>DK/Not sure/Depends ..... 8  |               |



| <b>HA11.</b> IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?   | Yes ..... 1<br>No ..... 2<br>DK/Not sure/Depends ..... 8  |                            |    |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
|---|---|----------------------------|----|---|----|-----------------------|---|---|---|-------------------|---|---|---|----------------------|---|---|---|---------------------|---|---|---|--|
| <b>HA12.</b> IF A MEMBER OF YOUR FAMILY BECAME SICK WITH HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?   | Yes ..... 1<br>No ..... 2<br>DK/Not sure/Depends ..... 8  |                            |    |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| <b>HA12A.</b> DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?   | Yes ..... 1<br>No ..... 2<br>DK/Not sure/Depends ..... 8  |                            |    |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| <b>HA13.</b> Check CM13: Any live birth in last 2 years?<br><input type="checkbox"/> No live birth in last 2 years (CM13= "No" or blank) ⇒ Go to HA24.<br><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14.  |   |                            |    |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| <b>HA14.</b> Check MN1: Received antenatal care?<br><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15.<br><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24.   |   |                            |    |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| <b>HA15.</b> DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),<br><br>WERE YOU GIVEN ANY INFORMATION ABOUT:<br><br>[A] BABIES GETTING THE HIV/ AIDS VIRUS FROM THEIR MOTHER?<br><br>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE HIV/AIDS VIRUS?<br><br>[C] GETTING TESTED FOR THE HIV/AIDS VIRUS?<br><br>WERE YOU:<br><br>[D] OFFERED A TEST FOR THE HIV/AIDS VIRUS? | <table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> |                            | Y  | N | DK | AIDS from mother..... | 1 | 2 | 8 | Things to do..... | 1 | 2 | 8 | Tested for AIDS..... | 1 | 2 | 8 | Offered a test..... | 1 | 2 | 8 |  |
|   | Y   | N                          | DK |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| AIDS from mother.....   | 1   | 2                          | 8  |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| Things to do.....   | 1   | 2                          | 8  |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| Tested for AIDS.....  | 1   | 2                          | 8  |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| Offered a test.....   | 1   | 2                          | 8  |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| <b>HA16.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?   | Yes ..... 1<br>No ..... 2<br>DK..... 8  | 2⇒HA19<br>8⇒HA19           |    |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| <b>HA17.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?   | Yes ..... 1<br>No ..... 2<br>DK..... 8  | 2⇒HA22<br>8⇒HA22           |    |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |
| <b>HA18.</b> REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.<br><br>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?  | Yes ..... 1<br>No ..... 2<br>DK..... 8  | 1⇒HA22<br>2⇒HA22<br>8⇒HA22 |    |   |    |                       |   |   |   |                   |   |   |   |                      |   |   |   |                     |   |   |   |  |

|  |  |   |
|--|--|---|
| <b>HA19. Check MN17: Birth delivered by health professional (A, B or D)?</b><br><br><input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or D) ⇒ Continue with HA20.<br><br><input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24. |  |   |
| <b>HA20.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV/AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?   | Yes ..... 1<br>No ..... 2  | 2⇒HA24  |
| <b>HA21.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?  | Yes ..... 1<br>No ..... 2  |   |
| <b>HA22.</b> HAVE YOU BEEN TESTED FOR THE HIV/AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?  | Yes ..... 1<br>No ..... 2  | 1⇒HA25  |
| <b>HA23.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE HIV/AIDS VIRUS?   | Less than 12 months ago ..... 1<br>12-23 months ago ..... 2<br>2 or more years ago ..... 3 | 1⇒Next Module<br>2⇒Next Module<br>3⇒Next Module |
| <b>HA24.</b> I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE HIV/AIDS VIRUS?  | Yes ..... 1<br>No ..... 2  | 2⇒HA27  |
| <b>HA25.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?  | Less than 12 months ago ..... 1<br>12-23 months ago ..... 2<br>2 or more years ago ..... 3 |   |
| <b>HA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?  | Yes ..... 1<br>No ..... 2<br>DK ..... 8  | 1⇒Next Module<br>2⇒Next Module<br>8⇒Next Module |
| <b>HA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE HIV/AIDS VIRUS?  | Yes ..... 1<br>No ..... 2  |   |

| TOBACCO AND ALCOHOL USE  |  | TA     |
|--|--|--------|
| <b>TA1.</b> HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?  | Yes ..... 1<br>No ..... 2  | 2⇒TA6  |
| <b>TA2.</b> HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?   | Never smoked a whole cigarette ..... 00<br>Age ..... ____ ____   | 00⇒TA6 |
| <b>TA3.</b> DO YOU CURRENTLY SMOKE CIGARETTES?   | Yes ..... 1<br>No ..... 2  | 2⇒TA6  |
| <b>TA4.</b> IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?   | Number of cigarettes ..... ____ ____   |        |
| <b>TA5.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?<br><br><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 ____<br><br>10 days or more but less than a month.... 10<br><br>Everyday / Almost every day..... 30 |        |
| <b>TA6.</b> HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?   | Yes ..... 1<br>No ..... 2  | 2⇒TA10 |
| <b>TA7.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?  | Yes ..... 1<br>No ..... 2  | 2⇒TA10 |
| <b>TA8.</b> WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?<br><br><i>Circle all mentioned.</i>  | Cigars ..... A<br>Water pipe ..... B<br>Cigarillos..... C<br>Pipe ..... D<br><br>Other (specify) ..... X                   |        |
| <b>TA9.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?<br><br><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 ____<br><br>10 days or more but less than a month.... 10<br><br>Everyday / Almost every day..... 30 |        |
| <b>TA10.</b> HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP OR NASWAR?   | Yes ..... 1<br>No ..... 2  | 2⇒TA14 |
| <b>TA11.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?  | Yes ..... 1<br>No ..... 2  | 2⇒TA14 |
| <b>TA12.</b> WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?<br><br><i>Circle all mentioned.</i>   | Chewing tobacco..... A<br>Snuff ..... B<br>Dip/naswar ..... C<br><br>Other (specify) ..... X                               |        |

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

| LIFE SATISFACTION  |   | LS    |
|--|---|-------|
| <b>LS1.</b> Check WB2: Age of respondent is between 15 and 24?<br><br><input type="checkbox"/> Age 25-49 ⇒ Go to WM11.<br><br><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2.  |   |       |
| <b>LS2.</b> I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.<br><br>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?<br><br>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.<br><br><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<br>Somewhat happy .....2<br>Neither happy nor unhappy.....3<br>Somewhat unhappy .....4<br>Very unhappy .....5                         |       |
| <b>LS3.</b> NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.<br><br>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.<br><br>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.<br><br><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><br><br>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE? | Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied.....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5 |       |
| <b>LS4.</b> HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?   | Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied.....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5 |       |
| <b>LS5.</b> DURING THE CURRENT SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?   | Yes .....1<br>No.....2  | 2⇒LS7 |
| <b>LS6.</b> HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?   | Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied.....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5 |       |

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|--|---|--|
| <b>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</b><br><br><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>               | Does not have a job .....0<br><br>Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied .....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5      |  |
| <b>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</b>  | Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied .....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5  |  |
| <b>LS9. HOW SATISFIED ARE YOU WITH THE PLACE WHERE YOU LIVE?</b><br><br><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>   | Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied .....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5  |  |
| <b>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</b>   | Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied .....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5  |  |
| <b>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</b>  | Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied .....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5  |  |
| <b>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</b>  | Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied .....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5  |  |
| <b>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</b><br><br><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> | Does not have any income .....0<br><br>Very satisfied .....1<br>Somewhat satisfied .....2<br>Neither satisfied nor unsatisfied .....3<br>Somewhat unsatisfied .....4<br>Very unsatisfied .....5 |  |
| <b>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENE, OVERALL?</b>  | Improved .....1<br>More or less the same .....2<br>Worsened .....3  |  |
| <b>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?</b>  | Better .....1<br>More or less the same .....2<br>Worse .....3   |  |

|                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <b>WM11.</b> <i>Record the time.</i> | Hour and minutes .....__ __ : __ __ |  |
|--------------------------------------|-------------------------------------|--|

|  |
|--|
| <p><b>WM12.</b> <i>Check List of Household Members, columns HL7B and HL15:</i><br/> <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 ⇒ 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 ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.</i></p> |
|--|

**Interviewer’s Observations**






**Field Editor’s Observations**

**Supervisor’s Observations**








**RESPONSE CARD:**

**SIDE 1**

|   |   |   |  |   |
|---|---|---|--|---|
| <b>Very<br/>happy</b>   | <b>Somewhat<br/>happy</b>   | <b>Neither<br/>happy, nor<br/>unhappy</b>   | <b>Somewhat<br/>unhappy</b>  | <b>Very<br/>unhappy</b>   |
|  |  |  |  |  |

**SIDE 2**

|  |  |  |   |  |
|--|--|--|---|--|
| <b>Very<br/>satisfied</b>  | <b>Somewhat<br/>satisfied</b>  | <b>Neither<br/>satisfied, nor<br/>unsatisfied</b>                                  | <b>Somewhat<br/>unsatisfied</b>   | <b>Very<br/>unsatisfied</b>  |
|  |  |  |  |  |

### F3. Questionnaire for Children Under Five



## QUESTIONNAIRE FOR CHILDREN UNDER FIVE Multiple Indicator Cluster 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> |   |    |
| <b>UF1. Cluster number:</b><br><br>____ ____ ____   | <b>UF2. Household number:</b><br><br>____ ____                                      |    |
| <b>UF3. Child's name:</b><br>Name _____   | <b>UF4. Child's line number:</b><br><br>____ ____                                   |    |
| <b>UF5. Mother's/Caretaker's name:</b><br>Name _____  | <b>UF6. Mother's/Caretaker's line number:</b><br><br>____ ____                      |    |
| <b>UF7. Interviewer's name and number:</b><br>Name _____  | <b>UF8. Day/Month/Year of interview:</b><br><br>____ ____ / ____ ____ / <b>2015</b> |    |

|  |  |
|--|--|
| <p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE STATISTICS COMMITTEE OF THE MINISTRY OF NATIONAL ECONOMY OF THE REPUBLIC OF KAZAKHSTAN.</p> <p>WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (child's name from UF3)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 25 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 (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 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>   |  |

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

|  |   |
|--|---|
| <b>UF10. Field editor's name and number:</b><br>Name _____ | <b>UF11. Main data entry clerk's name and number:</b><br>Name _____ |
|--|---|

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

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

| BIRTH REGISTRATION   |                      | BR                                   |
|--|----------------------|--------------------------------------|
| <b>BR1.</b> DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?<br><br><i>If yes, ask:</i><br>MAY I SEE IT? | Yes, seen..... 1     | 1⇒Next<br>Module<br>2⇒Next<br>Module |
|  | Yes, not seen..... 2 |                                      |
|  | No ..... 3           |                                      |
|  | DK..... 8            |                                      |
| <b>BR2.</b> HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH<br>THE CIVIL AUTHORITIES?                | Yes ..... 1          | 1⇒Next<br>Module                     |
|  | No ..... 2           |                                      |
|  | DK..... 8            |                                      |
| <b>BR3.</b> DO YOU KNOW HOW TO REGISTER <i>(name)</i> 'S<br>BIRTH?                                   | Yes ..... 1          |                                      |
|  | No ..... 2           |                                      |

| EARLY CHILDHOOD DEVELOPMENT  |  | EC |    |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |
|--|--|----|----|---|----|--|----------------------|---|---|--|--------------------------|---|---|--|---|---|---|--|
| <b>EC1.</b> HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?   | None ..... 00<br>Number of children's books ..... 0 ____<br>Ten or more books ..... 10   |    |    |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |
| <b>EC2.</b> I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.<br><br>DOES HE/SHE PLAY WITH:   | <table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</td> <td>Homemade toys..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</td> <td>Toys from a shop ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</td> <td>Household objects or outside objects..... 1</td> <td>2</td> <td>8</td> </tr> </table> <p><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></p> |    | Y  | N | DK | [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? | Homemade toys..... 1 | 2 | 8 | [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? | Toys from a shop ..... 1 | 2 | 8 | [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? | Household objects or outside objects..... 1 | 2 | 8 |  |
|  | Y  | N  | DK |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |
| [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?   | Homemade toys..... 1   | 2  | 8  |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |
| [B] TOYS FROM A SHOP OR MANUFACTURED TOYS?   | Toys from a shop ..... 1   | 2  | 8  |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |
| [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?   | Household objects or outside objects..... 1  | 2  | 8  |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |
| <b>EC3.</b> 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.<br><br>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i> : | [A] LEFT ALONE FOR MORE THAN AN HOUR?<br>Number of days left alone for more than an hour ..... ____<br><br>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?<br>Number of days left with other child for more than an hour ..... ____<br><br><p><i>If 'none' enter '0'. If 'don't know' enter '8'.</i></p>  |    |    |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |
| <b>EC4.</b> Check AG2: Age of child.   |  |    |    |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |
| <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module.<br><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5.  |  |    |    |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |
| <b>EC5.</b> 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?                                 | Yes..... 1<br>No ..... 2<br>DK..... 8  |    |    |   |    |  |                      |   |   |  |                          |   |   |  |   |   |   |  |

| <p><b>EC7.</b> IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i><br/>WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</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 |  |
|--|--|--------|--------|--------|-------|--------|------------|---|---|---|---|--------------|---|---|---|---|------------|---|---|---|---|--------------|---|---|---|---|-------------|---|---|---|---|---------------|---|---|---|---|--|
|  | 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      |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p><b>EC8.</b> I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. 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 <i>(name)</i>'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>  | <p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p><b>EC9.</b> CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>   | <p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p><b>EC10.</b> DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>   | <p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p><b>EC11.</b> CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>   | <p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p><b>EC12.</b> IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>   | <p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p><b>EC13.</b> DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>  | <p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |
| <p><b>EC14.</b> WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?</p>  | <p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>  |        |        |        |       |        |            |   |   |   |   |              |   |   |   |   |            |   |   |   |   |              |   |   |   |   |             |   |   |   |   |               |   |   |   |   |  |

|  |  |  |
|--|--|--|
| <b>EC15.</b> DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?          | Yes.....1<br>No .....2<br><br>DK.....8 |  |
| <b>EC16.</b> DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS? | Yes.....1<br>No .....2<br><br>DK.....8 |  |
| <b>EC17.</b> DOES <i>(name)</i> GET DISTRACTED EASILY?                       | Yes.....1<br>No .....2<br><br>DK.....8 |  |

| BREASTFEEDING AND DIETARY INTAKE  |  | BD             |
|---|--|----------------|
| <b>BD1. Check AG2: Age of child</b><br><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2.<br><input type="checkbox"/> Child age 3 or 4 ⇒ UF13.   |  |                |
| <b>BD2. HAS (name) EVER BEEN BREASTFED?</b>   | Yes.....1<br>No .....2<br>DK.....8                     | 2⇒BD4<br>8⇒BD4 |
| <b>BD3. IS (name) STILL BEING BREASTFED?</b>  | Yes.....1<br>No .....2<br>DK.....8                     |                |
| <b>BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</b>  | Yes.....1<br>No .....2<br>DK.....8                     |                |
| <b>BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?</b>  | Yes.....1<br>No .....2<br>DK.....8                     |                |
| <b>BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?</b>   | Yes.....1<br>No .....2<br>DK.....8                     |                |
| <b>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.</b><br><br>PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.<br><br>DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT: | <div style="text-align: right;">Yes   No   DK</div>    |                |
| [A] PLAIN WATER?  | Plain water                      1    2    8           |                |
| [B] JUICE OR JUICE DRINKS?  | Juice or juice drinks                      1    2    8 |                |
| [C] CLEAR SOUP OR BROTH?  | Clear soup or broth                      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?</i><br><i>If 7 or more times, record '7'.</i><br><i>If unknown, record '8'.</i>  | Number of times drank milk .....                       |                |
| [E] INFANT FORMULA SUCH AS MALYUTKA, NAN, NESTLE, NUTRILON, SIMILAC, MALYSH, HUMANA?  | Infant formula                      1    2    8        |                |
| <i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA?</i><br><i>If 7 or more times, record '7'.</i><br><i>If unknown, record '8'.</i>  | Number of times drank infant formula.....              |                |
| [F] ANY OTHER LIQUIDS?<br>(Specify)_____  | Other liquids                      1    2    8         |                |



|   |   |   |    |    |   |
|---|---|---|----|----|---|
| <b>BD8.</b> NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER <i>(name)</i> HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. |   |   |    |    |   |
| PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.   |   |   |    |    |   |
| DID <i>(name)</i> EAT/DRINK ( <i>Name of food</i> ) YESTERDAY DURING THE DAY OR THE NIGHT:  |   | Yes   | No | DK |   |
| [A]   | YOGURT, KEFIR, AIRAN OR KATYK?  | Yogurt, kefir, airan or katyk                                       | 1  | 2  | 8 |
|   | <i>If yes:</i> HOW MANY TIMES DID <i>(name)</i> DRINK OR EAT YOGURT, KEFIR, AIRAN OR KATYK?<br><i>If 7 or more times, record '7'. If unknown, record '8'.</i>   |   |    |    |   |
| [B]   | BABY FOOD, SUCH AS GERBER, FRUTONYANYA, HEINZ, AGUSHA, HIPPI, NESTLE OR OTHER <u>GRAIN CONTAINING</u> AND <u>FORTIFIED</u> BABY FOOD?<br><br><i>If yes, probe:</i> WAS THERE ANYTHING OTHER THAN GRAIN IN THAT FOOD?<br><i>If yes, probe:</i> WHAT OTHER ITEMS? and circle other appropriate items on the list. | Baby food, such as Gerber, Frutonyanya, Heinz, Agusha, Hipp, Nestle | 1  | 2  | 8 |
| [C]   | BREAD, RICE, BUCKWHEAT, BARLEY, NOODLES, PORRIDGE OR OTHER FOODS MADE FROM GRAINS?  | Foods made from grains  | 1  | 2  | 8 |
| [D]   | PUMPKIN OR CARROTS?   | Pumpkin or carrots  | 1  | 2  | 8 |
| [E]   | ANY FOODS MADE FROM POTATOES, OR ANY OTHER FOODS MADE FROM ROOTS?   | Foods made from roots   | 1  | 2  | 8 |
| [F]   | ANY DARK GREEN, LEAFY VEGETABLES, SUCH AS SORREL OR SPINACH?  | Dark green, leafy vegetables  | 1  | 2  | 8 |
| [G]   | FRESH OR DRIED APRICOTS OR RIPE PERSIMMON?  | Fresh or dried apricots or ripe persimmon                           | 1  | 2  | 8 |
| [H]   | ANY OTHER FRUITS OR VEGETABLES SUCH AS FRESH OR DRIED APPLES, PEARS, BANANAS, PEACHES, FRESH OR PICKLED TOMATOES, CUCUMBERS, CABBAGE, BEETROOT OR ONION?  | 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]   | MEAT, FOR EXAMPLE BEEF, HORSE MEAT, PORK, LAMB, GOAT, POULTRY, OR PROCESSED MEAT SUCH AS SAUSAGE AND CANNED MEAT PRODUCTS?  | Meat or meat products   | 1  | 2  | 8 |
| [K]   | EGGS?   | Eggs  | 1  | 2  | 8 |
| [L]   | FRESH OR DRIED FISH?  | Fresh or dried fish   | 1  | 2  | 8 |
| [M]   | ANY FOODS MADE FROM BEANS, PEAS, MUNG BEANS, LENTILS, OR NUTS?  | Foods made from beans, peas, etc.                                   | 1  | 2  | 8 |
| [N]   | CHEESE, COTTAGE CHEESE OR OTHER FOOD MADE FROM MILK?  | Cheese, cottage cheese or other food made from milk                 | 1  | 2  | 8 |
| [P]   | ANY SUGARY FOODS SUCH AS CHOCOLATES, SWEETS, CANDIES, COOKIES, CAKES OR BISCUITS?   | Sugary foods  | 1  | 2  | 8 |
| [Q]   | ANY FRIED, SALTY SNACKS SUCH AS POTATO CHIPS?   | Fried salty snacks  | 1  | 2  | 8 |
| [O]   | ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?<br><br>( <i>Specify</i> )_____   | Other solid, semi-solid, or soft food                               | 1  | 2  | 8 |

**BD9.** Check BD8 (Categories “A” through “O”).

- ☐ At least one “Yes” or all “DK” ⇒ Go to BD11.
- ☐ Else (in all other cases) ⇒ Continue with BD10.

**BD10.** Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night.

- ☐ The child did not eat or the respondent does not know ⇒ Go to Next Module.
- ☐ 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?

*If 7 or more times, record '7'.*

Number of times .....\_\_

DK.....8

| IMMUNIZATION  |             |  |  |  |  |  |  |  |  | IM             |
|---|-------------|--|--|--|--|--|--|--|--|----------------|
| <i>If an immunization passport or card is available at home, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16B will only be asked if a passport or card is not available.</i> |             |  |  |  |  |  |  |  |  |                |
| <b>IM1.</b> DO YOU HAVE AT HOME A PASSPORT OR CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?<br><br><i>If yes: MAY I SEE IT PLEASE?</i>   |             |  |  |  | Yes, seen ..... 1<br>Yes, not seen ..... 2<br>No passport/card ..... 3               |  |  |  |  | 1⇒IM3<br>2⇒IM6 |
| <b>IM2.</b> DID YOU EVER HAVE A VACCINATION PASSPORT OR CARD FOR (name)?  |             |  |  |  | Yes ..... 1<br>No ..... 2  |  |  |  |  | 1⇒IM6<br>2⇒IM6 |
| <b>IM3.</b><br>(a) Copy dates for each vaccination from the passport / card.<br>(b) Write '44' in day column if card shows that vaccination was given but no date recorded.                                     |             |  |  |  | Date of Immunization<br><div> <div>Day</div> <div>Month</div> <div>Year</div> </div> |  |  |  |  |                |
| BCG   | BCG         |  |  |  |  |  |  |  |  |                |
| POLIO1  | OPV/IPV1    |  |  |  |  |  |  |  |  |                |
| POLIO2  | OPV/IPV2    |  |  |  |  |  |  |  |  |                |
| POLIO3  | OPV/IPV3    |  |  |  |  |  |  |  |  |                |
| POLIO4  | OPV         |  |  |  |  |  |  |  |  |                |
| POLIO5  | OPV/IPV5    |  |  |  |  |  |  |  |  |                |
| DPT1  | DPT / DTaP1 |  |  |  |  |  |  |  |  |                |
| DPT 2   | DPT / DTaP2 |  |  |  |  |  |  |  |  |                |
| DPT 3   | DPT / DTaP3 |  |  |  |  |  |  |  |  |                |
| DPT 4   | DPT / DTaP4 |  |  |  |  |  |  |  |  |                |
| HepB1 at birth  | HEP / HBV1  |  |  |  |  |  |  |  |  |                |
| HepB2   | HEP / HBV2  |  |  |  |  |  |  |  |  |                |
| HepB3   | HEP / HBV3  |  |  |  |  |  |  |  |  |                |
| HIB1  | HIB1        |  |  |  |  |  |  |  |  |                |
| HIB2  | HIB2        |  |  |  |  |  |  |  |  |                |
| HIB3  | HIB3        |  |  |  |  |  |  |  |  |                |
| HIB4  | HIB4        |  |  |  |  |  |  |  |  |                |
| MEASLES (MEASLES, MUMPS AND RUBELLA)  | MMR         |  |  |  |  |  |  |  |  |                |
| PNEUMOCOCCAL1   | PCV1        |  |  |  |  |  |  |  |  |                |
| PNEUMOCOCCAL2   | PCV2        |  |  |  |  |  |  |  |  |                |
| PNEUMOCOCCAL3   | PCV3        |  |  |  |  |  |  |  |  |                |
| <b>IM4.</b> Check IM3. Are all vaccines (BCG to PCV) recorded?<br><br><input type="checkbox"/> Yes ⇒ Go to IM20.<br><br><input type="checkbox"/> No ⇒ Continue with IM5.  |             |  |  |  |  |  |  |  |  |                |

|  |  |                    |
|--|--|--------------------|
| <b>IM5.</b> 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?<br><br><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 IM20.<br><br><input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM20. |  |                    |
| <b>IM6.</b> 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<br>No ..... 2<br>DK ..... 8 | 2⇒IM20<br>8⇒IM20   |
| <b>IM7.</b> 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<br>No ..... 2<br>DK ..... 8 |                    |
| <b>IM8.</b> HAS <i>(name)</i> EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?  | Yes..... 1<br>No ..... 2<br>DK ..... 8 | 2⇒IM11<br>8⇒IM11   |
| <b>IM10.</b> HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?  | Number of times.....                   |                    |
| <b>IM11.</b> 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?<br><br><i>Probe by indicating that DPT vaccination is sometimes given combined with HIB, Hepatitis B and Polio (as Hexavalent vaccine) or combined with Polio and Hib (as Pentavalent vaccine).</i>   | Yes..... 1<br>No ..... 2<br>DK ..... 8 | 2⇒IM13<br>8⇒IM13   |
| <b>IM12.</b> HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?  | Number of times.....                   |                    |
| <b>IM13.</b> 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?<br><br><i>Probe by indicating that the Hepatitis B vaccine is sometimes given combined with DPT, Polio and HIB (as Hexavalent vaccine).</i>   | Yes..... 1<br>No ..... 2<br>DK ..... 8 | 2⇒IM15A<br>8⇒IM15A |
| <b>IM14.</b> WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?   | Yes..... 1<br>No ..... 2<br>DK ..... 8 |                    |
| <b>IM15.</b> HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?  | Number of times.....                   |                    |
| <b>IM15A.</b> HAS <i>(name)</i> EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZA TYPE B?<br><br><i>Probe by indicating that the Hib vaccine is sometimes given combined with DPT, Polio and Hepatitis B (as Hexavalent vaccine) or combined with DPT and Polio (as Pentavalent vaccine).</i>   | Yes..... 1<br>No ..... 2<br>DK ..... 8 | 2⇒IM16<br>8⇒IM16   |
| <b>IM15B.</b> HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?   | Number of times.....                   |                    |
| <b>IM16.</b> 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 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?   | Yes..... 1<br>No ..... 2<br>DK ..... 8 |                    |

|   |                      |                  |
|---|----------------------|------------------|
| <b>IM16A.</b> HAS ( <i>name</i> ) EVER RECEIVED A PNEUMOCOCCAL VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR SHOULDER TO PREVENT HIM/HER FROM GETTING PNEUMONIA?                | Yes.....1            | 2⇒IM20<br>8⇒IM20 |
|   | No .....2            |                  |
|   | DK .....8            |                  |
| <b>IM16B.</b> HOW MANY TIMES WAS THE PNEUMOCOCCAL VACCINE RECEIVED?   | Number of times..... |                  |
| <b>IM20.</b> <i>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> |                      |                  |

|                                      |                              |  |
|--------------------------------------|------------------------------|--|
| <b>UF13.</b> <i>Record the time.</i> | Hour and minutes..... : ____ |  |
|--------------------------------------|------------------------------|--|

|  |
|--|
| <p><b>UF14.</b> <i>Check List of Household Members, columns HL7B and HL15.</i></p> <p><i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>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.</i></p> <p><input type="checkbox"/> <i>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.</i></p> <p><i>Check to see if there are other woman's or under-5 questionnaires to be administered in this household.</i></p> |
|--|

| ANTHROPOMETRY   |   | AN                      |
|---|---|-------------------------|
| <p>After questionnaires for all children are complete, the measurer measures both the weight and height/length of each child.</p> <p>Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child.</p> <p>Check the child's name and line number in the List of Household Members before recording measurements.</p> |   |                         |
| AN1. Measurer's name and number:  | Name _____  |                         |
| AN2. Result of height/length and weight measurement:  | Either or both measured .....1<br>Child not present .....2<br>Child or mother/caretaker refused .....3<br>Other (specify) ..... 6 | 2⇒AN6<br>3⇒AN6<br>6⇒AN6 |
| AN3. Child's weight:  | Kilograms (kg) .....<br>Weight not measured .....99.9   |                         |
| AN3A. Was the child undressed to the minimum?<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> No, the child could not be undressed to the minimum.   |   |                         |
| AN3B. Check age of child in AG2:<br><input type="checkbox"/> Child under 2 years old ⇒ Measure length (lying down).<br><input type="checkbox"/> Child age 2 or more years ⇒ Measure height (standing up).   |   |                         |
| AN4. Child's length or height:  | Length / Height (cm) .....<br>Length/ Height not measured .....999.9  | ⇒AN6                    |
| AN4A. How was the child actually measured? Lying down or standing up?   | Lying down .....1<br>Standing up .....2   |                         |
| AN6. Is there another child in the household who is eligible for measurement?<br><input type="checkbox"/> Yes ⇒ Record measurements for next child.<br><input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.   |   |                         |

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

**Measurer's Observations**



## APPENDIX FOR DATA COLLECTION AT HEALTH FACILITY ABOUT IMMUNIZATION TO THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE

| UNDER-THREE CHILD INFORMATION PANEL  |  | HF |
|--|--|----|
| <p><i>This appendix is to be used at health facilities to record information on the immunization for children age 0-2 years. A separate appendix form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This appendix form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child</i></p> |  |    |
| <b>HF1.</b> Cluster number:<br><div style="text-align: right;">_ _ _</div>   | <b>HF2.</b> Household number:<br><div style="text-align: right;">_ _</div>                       |    |
| <b>HF3.</b> Child's name:<br>Name _____  | <b>HF4.</b> Child's line number:<br><div style="text-align: right;">_ _</div>                    |    |
| <b>HF3A.</b> Child's surname:<br>Surname _____   |  |    |
| <b>HF5.</b> Mother's / Caretaker's name:<br>Name _____   | <b>HF6.</b> Mother's / Caretaker's line number:<br><div style="text-align: right;">_ _</div>     |    |
| <b>HF9.</b> Day, month and year of birth<br><i>(From AG1 in Questionnaire for Children Under-5)</i><br><div style="text-align: center;">_ _ / _ _ / _ _</div>  | <b>HF10.</b> Name of health facility:<br><div style="text-align: right;">_____</div>             |    |
| <b>HF10A.</b> Address of health facility:<br><div style="text-align: right;">_____</div>   | <b>HF10B.</b> District number in health facility:<br><div style="text-align: right;">_ _ _</div> |    |

|  |   |
|--|---|
| <b>HF7.</b> Interviewer's name and number:<br>Name _____ | <b>HF8.</b> Day / Month / Year of facility visit:<br><div style="text-align: right;">_ _ / _ _ / 2015</div>       |
| <b>HF11.</b> Result of health facility visit             | Vaccination record seen ..... 01<br>Vaccination record not seen ..... 02<br><br>Other ( <i>specify</i> ) _____ 96 |

|   |  |
|---|--|
| <b>HF11A.</b> Field editor's name and number:<br>Name _____ | <b>HF11B.</b> Main data entry clerk's name and number:<br>Name _____ |
|---|--|



| IMMUNIZATION  |             |  |  |                      |  |       |  |      |  | HF |
|---|-------------|--|--|----------------------|--|-------|--|------|--|----|
| HF12. Record day, month and year of birth as written on vaccination record  |             |  |  | ____ / ____ / ____   |  |       |  |      |  |    |
| <b>HF13.</b><br>(a) Copy dates for each vaccination from the card.<br>(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 1   | OPV/IPV1    |  |  |                      |  |       |  |      |  |    |
| POLIO 2   | OPV/IPV2    |  |  |                      |  |       |  |      |  |    |
| POLIO 3   | OPV/IPV3    |  |  |                      |  |       |  |      |  |    |
| POLIO 4   | OPV         |  |  |                      |  |       |  |      |  |    |
| POLIO 5   | OPV/IPV5    |  |  |                      |  |       |  |      |  |    |
| DPT 1   | DPT / DTAP1 |  |  |                      |  |       |  |      |  |    |
| DPT 2   | DPT / DTAP2 |  |  |                      |  |       |  |      |  |    |
| DPT 3   | DPT / DTAP3 |  |  |                      |  |       |  |      |  |    |
| DPT 4   | DPT / DTAP4 |  |  |                      |  |       |  |      |  |    |
| HEPB 1 AT BIRTH   | HEP / HBV 1 |  |  |                      |  |       |  |      |  |    |
| HEPB 2  | HEP / HBV 2 |  |  |                      |  |       |  |      |  |    |
| HEPB 3  | HEP / HBV 3 |  |  |                      |  |       |  |      |  |    |
| HIB 1   | HIB1        |  |  |                      |  |       |  |      |  |    |
| HIB 2   | HIB2        |  |  |                      |  |       |  |      |  |    |
| HIB 3   | HIB3        |  |  |                      |  |       |  |      |  |    |
| HIB 4   | HIB4        |  |  |                      |  |       |  |      |  |    |
| MEASLES (MEASLES, MUMPS AND RUBELLA)  | MMR         |  |  |                      |  |       |  |      |  |    |
| PNEUMOCOCCAL1   | PCV1        |  |  |                      |  |       |  |      |  |    |
| PNEUMOCOCCAL2   | PCV2        |  |  |                      |  |       |  |      |  |    |
| PNEUMOCOCCAL3   | PCV3        |  |  |                      |  |       |  |      |  |    |