



# QUESTIONNAIRE

## ASSESSMENT OF GOALS ON VIETNAM'S CHILDREN AND WOMEN (MICS III)

Province/City: \_\_\_\_\_

District: \_\_\_\_\_

Commune/ward: \_\_\_\_\_

Location: Urban: 1, Rural: 2.....

Cluster: \_\_\_\_\_

Full name of household head: \_\_\_\_\_


Interviewer: \_\_\_\_\_ Number 

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Date of interview: \_\_\_ \_\_\_/\_\_\_ \_\_\_/ 2006

Supervisor \_\_\_\_\_ Number 

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Date of checking: \_\_\_ \_\_\_/\_\_\_ \_\_\_/ 2006

## RELATIONSHIP TO HEAD OF HOUSEHOLD (CODES FOR HL3)

01. Head of household
02. Spouse of the household head
03. Son or Daughter of the household head and his/her spouse
04. Adopted/Foster/Step child
05. Son or Daughter in law
06. Grand child
07. Natural parent
08. Parent in law
09. Brother or Sister
10. Brother or Sister in law
11. Aunt/Uncle
12. Niece/Nephew By Blood
13. Niece/Nephew By Marriage
14. Other Relative
15. Not related
98. Don't know (DK)

### CODES FOR ETHNIC GROUPS

KINH	01	KHƠ MÚ	29
TÀY	02	CO	30
THÁI	03	TÀ - ÔI	31
HOA (Chinese)	04	CHƠ - RO	32
KHƠ ME	05	KHÁNG	33
MƯỜNG	06	XINH - MUN	34
NÙNG	07	HÀ NHÌ	35
H' MÔNG	08	CHU - RU	36
DAO	09	LÀO	37
GIA-RAI	10	LA CHÍ	38
NGÁI	11	LA HA	39
Ê-ĐÊ	12	PHỦ LÁ	40
BA-NA	13	LA HỦ	41
XƠ-ĐĂNG	14	LỰ	42
SÁN CHAY (Cao lan - Sán chỉ)	15	LÔ LÔ	43
CƠ HO	16	CHÚT	44
CHĂM (Chàm)	17	MẶNG	45
SÁN DÌU	18	PÀ THẾN	46
HRÊ	19	CƠ LAO	47
MNÔNG	20	CỔNG	48
RA-GLAI	21	BỐ Y	49
XTIÊNG	22	SI LA	50
BRU - Vân Kiều	23	PU PÉO	51
THỔ	24	BRĂU	52
GIÁY	25	Ơ ĐU	53
CƠ TU	26	RƠ - MĂM	54
GIẾ - TRIÊNG	27	FOREIGNER	55
MẠ	28	UNDEFINED	56

# PART 1: HOUSEHOLD QUESTIONNAIRE

PART 1, SECTION A: GENERAL INFORMATION OF THE HOUSEHOLD		HH
<b>HC1A. What is the religion of the household head?</b>		
- Buddhism.....	1	<input style="width: 50px; height: 30px;" type="text"/>
- Catholic.....	2	
- Protestant.....	3	
- Cao Dai.....	4	
- HoaHao Buddhism.....	5	
- Other religions.....	6	
- No religion.....	8	
<b>HC1B. What is the mother tongue of the household head?</b> <i>(Interviewer record the code for mother tongue of household head in accordance with the respective code in the previous side page)</i>		
<b>HC1C. What ethnic group does the household head belong to?</b> <i>(Refer to the table of ethnic groups)</i>		<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
<b>HH10.</b> Respondent of household questionnaire?		<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
<b>HH11.</b> Total number of household members:		<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
<b>HH12.</b> Total number of women 15-49: <input style="width: 40px; height: 20px;" type="text"/>	<b>HH13.</b> Total number of women 15-49 completed interview(s): <input style="width: 40px; height: 20px;" type="text"/>	
<b>HH14.</b> Total number of children under 5: <input style="width: 40px; height: 20px;" type="text"/>	<b>HH15.</b> Total number of questionnaires for children under 5 completed: <input style="width: 40px; height: 20px;" type="text"/>	
<b>HH9. Result of interview</b>		<input style="width: 50px; height: 30px;" type="text"/>
Completed ..... 1		
Refuse ..... 2		
Not at home..... 3		
Other (specify) _____ 6		
<i>Notes:</i> _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

NEXT SECTION ⇒

TABLE FOR CONVERTING AGE IN LUNAR YEAR INTO CALENDAR YEAR (FOR YEAR 2006)

Prefix/Under the auspice of	Rat	Buffalo	Tiger	Cat	Dragon	Snake	Horse	Goat	Monkey	Rooster	Dog	Pig
<b>Giáp</b>	1924 (82) 1984 (22)		1914 (92) 1974 (32)		1904 (102) 1964 (42)		1894 (112) 1954 (52)		1944 (62) 2004 (2)		1934 (72) 1994 (12)	
<b>Ất</b>		1925 (81) 1985 (21)		1915 (91) 1975 (31)		1905 (101) 1965 (41)		1895 (111) 1955 (51)		1945 (61) 2005 (1)		1935 (71) 1995 (11)
<b>Bính</b>	1936 (70) 1996 (10)		1926 (80) 1986 (20)		1916 (90) 1976 (30)		1906 (100) 1966 (40)		1896 (110) 1956 (50)		1946 (60) 2006 (0)	
<b>Đinh</b>		1937 (69) 1997 (9)		1927 (79) 1987 (19)		1917 (89) 1977 (29)		1907 (99) 1967 (39)		1897 (109) 1957 (49)		1947 (59)
<b>Mậu</b>	1948 (58)		1938 (68) 1998 (8)		1928 (78) 1988 (18)		1918 (88) 1978 (28)		1908 (98) 1968 (38)		1898 (108) 1958 (48)	
<b>Kỷ</b>		1949 (57)		1939 (67) 1999 (7)		1929 (77) 1989 (17)		1919 (87) 1979 (27)		1909 (97) 1969 (37)		1899 (107) 1959 (47)
<b>Canh</b>	1900 (106) 1960 (46)		1950 (56)		1940 (66) 2000 (6)		1930 (76) 1990 (16)		1920 (86) 1980 (26)		1910 (96) 1970 (36)	
<b>Tân</b>		1901 (105) 1961 (45)		1951 (55)		1941 (65) 2001 (5)		1931 (75) 1991 (15)		1921 (85) 1981 (25)		1911 (95) 1971 (35)
<b>Nhâm</b>	1912 (94) 1972 (34)		1902 (104) 1962 (44)		1952 (54)		1942 (64) 2002 (4)		1932 (74) 1992 (14)		1922 (84) 1982 (24)	
<b>Quý</b>		1913 (93) 1973 (33)		1903 (103) 1963 (43)		1953 (53)		1943 (63) 2003 (3)		1933 (73) 1993 (13)		1923 (83) 1983 (23)

**PART 1 SECTION B: HOUSEHOLD LISTING**

**HL**

**First, please tell me the name of each household members, starting with the household head**

*(Use the given definition of member of household). List the head of the household in line 01 and record the listing in the sequence of each nuclear family. If there is not enough space for recording all household members in this sheet, add a continuation sheet, paste to this sheet and tick here*

						Eligible for selected modules						
						Women 15-49	Children 5-14	Children under 5	For children 0-17			
HL1. <i>Line number</i>	HL 2. <b>Name</b>	HL3. <b>Relations hip with household head</b>  <i>Refer to the table of codes in previous page</i>	HL4. <b>Sex?</b>  Male...1 Female2	HL5A. <b>Date of birth?</b>  <i>In calendar year, month and day</i>  <i>(Record year in 4 digits). If do not know day, month and year, record 98/98/9998</i>	HL5B. <b>How old is [NAME]?</b>  <i>Age in complete d years</i>  98= DK*	H L6. <i>Circle line number of women 15- 49</i>	HL7. <i>Regarding children 5-14</i> <b>Who is mother or primary caretaker of this child?</b>  <i>Record line number of mother or primary care-taker.</i>	HL8. <i>Regarding children under 5</i> <b>Who is mother or primary caretaker of this child?</b>  <i>Record line number of mother or primary care-taker.</i>	HL9. <b>Is the natural mother of [NAME] alive?</b>  Yes .....1 No.....2 ⇒HL11 DK.....8 ⇒HL11	HL10. <b>Who is natural mother of [NAME]?</b>  <i>Record line number of corresponding natural mother</i>  <i>If natural mother does not live in this household, record 00</i>	HL11. <b>Is the natural father of [NAME] alive?</b> Yes ..... 1 No..... 2 ⇒ Next person DK ..... 8 ⇒ Next person	HL12. <b>Who is natural father of [NAME]?</b>  <i>Record line number of corresponding father</i>  <i>If natural father does not live in this household, record 00</i>
01				/ /		01						
02				/ /		02						
03				/ /		03						
04				/ /		04						
05				/ /		05						
06				/ /		06						
07				/ /		07						
08				/ /		08						
09				/ /		09						
10				/ /		10						
11				/ /		11						
12				/ /		12						
13				/ /		13						
14				/ /		14						
15				/ /		15						

**Is there any other child living in this household, including who is not member of your household or who is working far from home or is at school? If yes, Interviewer checks whether this child is member of this household and add to the household listing (if any)**

NEXT SECTION ⇒

**TABLE FOR CONVERTING LEVEL AND GRADE OF SCHOOL USED IN DIFFERENT TIME PERIODS INTO THOSE USED IN CURRENT EDUCATIONAL SYSTEM**

Hệ thống giáo dục phổ thông để chuyển đổi		CÁC TRÌNH ĐỘ GIÁO DỤC PHỔ THÔNG TƯƠNG ỨNG								
		Hệ thống thời Pháp thuộc	Từ năm 1945 đến 1954			Hệ thống bổ túc văn hoá	Hệ thống giáo dục Miền Bắc			Hệ thống giáo dục cả nước hiện nay
			Vùng tự do		Vùng tạm chiếm		Trước 1981	Từ Quảng Bình trở ra		
			1945-1950	1950-1954				1981-1986	1986-1989	
Cấp	Lớp									
Tiểu học	1	Lớp 5 đồng ấu (Cours enfantin)			Lớp năm tiểu học		Võ lòng	Lớp 1 phổ thông	Lớp 1 phổ thông	Lớp 1 phổ thông
	2	Lớp 4 (Cours préparatoire)	Lớp tư	Lớp 1	Lớp tư tiểu học	Lớp 1 BTVH	Lớp 1 PT	Lớp 2 phổ thông	Lớp 2 phổ thông	Lớp 2 phổ thông
	3	Lớp 3 (Cours elementaire) Đâu sơ học yếu lược	Lớp ba	Lớp 2	Lớp ba tiểu học	Lớp 2 BTVH	Lớp 2 PT	Lớp 3 phổ thông	Lớp 3 phổ thông	Lớp 3 phổ thông
	4	Lớp nhì năm thứ nhất (Moyen1) Lớp nhì năm thứ hai (Moyen2)	Lớp nhì	Lớp 3	Lớp nhì tiểu học	Lớp 3 BTVH	Lớp 3 PT	Lớp 4 phổ thông	Lớp 4 phổ thông	Lớp 4 phổ thông
	5	Lớp nhất (Supérieur) Đâu tiểu học (Certificat)	Lớp nhất	Lớp 4	Lớp nhất tiểu học	Lớp 4 BTVH	Lớp 4 PT	Lớp 5 phổ thông	Lớp 5 phổ thông	Lớp 5 phổ thông
Trung học cơ sở	6	Đệ nhất niên trung học (Première année)	Đệ nhất niên		Đệ thất trung học	Lớp 5 BTVH			Lớp 6 phổ thông	Lớp 6 phổ thông
	7	Đệ nhị niên trung học (Deuxième année)	Đệ nhị niên	Lớp 5	Đệ lục trung học	Lớp 6 BTVH	Lớp 5 PT	Lớp 6 phổ thông	Lớp 7 phổ thông	Lớp 7 phổ thông
	8	Đệ tam niên trung học (Troisième année)	Đệ tam niên	Lớp 6	Đệ ngũ trung học	Lớp 7 BTVH	Lớp 6 PT	Lớp 7 phổ thông	Lớp 8 phổ thông	Lớp 8 phổ thông
	9	Đệ tứ niên trung học (Quatrième année - Diplôme)	Đệ tứ niên	Lớp 7	Đệ tứ trung học	Lớp 7B BTVH	Lớp 7 PT			Lớp 9 phổ thông
Trung học phổ thông	10	Đệ nhất niên	Đệ nhất niên chuyên khoa	Lớp 8	Đệ tam	Lớp 8 BTVH	Lớp 8 PT	Lớp 10 phổ thông	Lớp 10 phổ thông	Lớp 10 phổ thông
	11	Đệ nhị niên, tú tài phần thứ nhất (Baccalauréat première partie)	Đệ nhị niên chuyên khoa	Lớp 9	Đệ nhị Tú tài I	Lớp 9 BTVH Lớp 10A BTVH	Lớp 9 PT	Lớp 11 phổ thông	Lớp 11 phổ thông	Lớp 11 phổ thông
	12	Đệ tam niên, thi tú tài toàn phần (Baccalauréat deuxième partie)	Đệ tam niên chuyên khoa		Đệ nhất Tú tài II	Lớp 10B BTVH	Lớp 10 PT	Lớp 12 phổ thông	Lớp 12 phổ thông	Lớp 12 phổ thông

PART 1, SECTION C: EDUCATION					ED						
For household member(s) aged 5 and above					For household member aged 5 to 24						
ED1. <i>Line no.</i>	ED1A. Name	ED2 Has [Name] ever attended school (including pre-school)?	ED3A . What is the level of school that [Name] has or is attending?	ED3B. What is the highest grade that [NAME] completed?  <i>Record Grade</i>  <i>If has not completed Grade 1, record 00.</i>  <i>Don't Know, record 98</i>	ED 4. During school-year 2006-2007, Did [Name] attend school (including pre-school)?	ED5. During the last 7 days, how many days did [Name] attend school?  <i>Record number of days</i>  <i>If in summer holiday, record 88</i>	ED6A. During school year 2006-2007, which level of school was or is [Name] attending?  Pre-school.....0 ⇒ ED7 Primary.....1 Lower secondary 2 Upper secondary 3 Non-standard..4 ⇒ ED7 ST vocational..5 ⇒ ED7 Post secondary, Long-term vocational 6 ⇒ ED7 College, University 7...7 ⇒ ED7 Don't Know..... 8	ED6B. During school year 2006-2007, which grade was or is [Name] attending ?  <i>Record the Grade</i>  <i>If don't know, record 98</i>	ED7. During school year 2005-2006, did [NAME] attend school (including pre-school)?	ED8A. During school year 2005-2006, which level of school was [NAME] attending? Pre-school .....0 ⇒ Next person Primary ..... 1 Lower secondary .... 2 Upper secondary .... 3 Non-standard..... 4 ⇒ Next person ST vocational ..... 5 ⇒ Next person Post secondary, long term vocational. .... 6 ⇒ Next person College, University 7 ..... 7 ⇒ Next person Don't Know ..... 8	ED8B. During school year 2005-2006, which grade was [NAME] attending?  <i>Record Grade</i>  <i>If don't know, record 98</i>
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

Non-standard: non-standard curriculum includes illiteracy eradication classes, charity classes or other classes for primary school age children but the main purpose of such classes is to teach basic reading, writing and simple maths.

**NOTE FOR INTERVIEWER: IF FIELDWORK IS IN AUGUST 2006, INFORMATION FOR SUCH QUESTIONS AS ED4, ED6A AND ED6B IS OF SCHOOL YEAR 2005-2006 AND INFORMATION FOR SUCH QUESTIONS ED7, ED8A AND ED8B IS OF SCHOOL YEAR 2004-2005.**

NEXT SECTION ⇨

**PART 1 SECTION D. CHILD LABOUR**

**CL**

*Respondent of this section is mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.*

**Now I would like to ask about any work children in this household have done.**

<p><b>CL1.</b> <i>Line no.</i></p>	<p><b>CL2.</b> <b>Name</b></p>	<p><b>CL3.</b> During the past 7 days, did <i>[NAME]</i> do any kind of work for someone who is not a member of your household? <b>If yes: Was paid in cash or in kind?</b></p> <p>Yes, paid (in cash or in kind) ..... 1 Yes, unpaid..... 2 No..... 3 ⇒ CL 5</p>	<p><b>CL 4.</b> During the past 7 days, how many hours did <i>[NAME]</i> do this work for someone who is not a member of your household?</p> <p><i>If more than one job, include all hours at all jobs.</i></p> <p>Hours</p>	<p><b>CL5 .</b> During the past 12 months, did <i>[NAME]</i> do any kind of work for someone who is not a member of your household? <b>If yes: Was paid in cash or in kind?</b></p> <p>Yes, paid (in cash or in kind) .....1 Yes, unpaid .....2 No.....3 ⇒ CL 6</p>	<p><b>CL5A.</b> During the past 12 months, how many months did <i>[NAME]</i> do this work?</p> <p>Months</p>	<p><b>CL5B.</b> On average, how many days per month did <i>[NAME]</i> do this work?</p> <p>Days</p>	<p><b>CL5C.</b> On average, how many hours per day did <i>[NAME]</i> do this work?</p> <p>Hours</p>	<p><b>CL6.</b> During the past 7 days, did <i>[NAME]</i> help with household chores such as: cooking, washing clothes, fetching water, going to the market or looking after children, etc.?</p> <p>Yes..... 1 No..... 2 ⇒ CL8</p>
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

**PART 1 SECTION D. CHILD LABOUR (CONT.)**

**CL**

*Respondent of this section is mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.*

**Now I would like to ask about any work children in this household have done.**

Line No.	<b>CL7.</b> During the past 7 days, how many hours did [NAME] spend doing these chores?  Hours	<b>CL8.</b> During the last 7 days, did [NAME] do any other family work (on the rice field or in a business or peddling in the street)?  Yes ..... 1 No ..... 2 ⇒ CL9A	<b>CL9.</b> During the past 7 days, how many hours did [NAME] do this work?  Hours	<b>CL9A.</b> During the last 7 days, did [NAME] do any other family work (on the rice field or in a business or peddling in the street)?  <i>If yes, record months</i> <i>If no, ask about next child</i>  Months	<b>CL9B.</b> On average, how many days per month did [NAME] do this work?  Days	<b>CL9C.</b> On average, how many hours per day did [NAME] do this work?  Hours
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

**NEXT SECTION ⇒**

**WS1. What is the main source of drinking water of your household?**

Private piped water into house ..... 11	} ⇒WS5	Rain water ..... 51	} <input type="text"/> <input type="text"/>
Private piped water into house's yard..... 12		Water from tanker-truck ..... 61	
Public piped water stand..... 13	} ⇒WS3	Water from water carrying carts, ... 71	} ⇒WS3
Tube well..... 21		Surface water from rivers, ponds,	
Protected dug well ..... 31		lakes, canals ..... 81	
Unprotected dug well ..... 32		Bottled water ..... 91	
Protected spring water ..... 41		Other ( <i>specify</i> ) ..... .	
Unprotected spring water ..... 42	..... 96	⇒WS3	

**WS2. What is the main source of water for other living purpose?**

Private piped water into house ..... 11	⇒WS7	Rain water ..... 51	} <input type="text"/> <input type="text"/>
Private piped water into house's yard..... 12	⇒WS7	Water from tanker-truck ..... 61	
Public piped water stand..... 13		Water from water carrying carts ..... 71	
Tube well..... 21		Surface water from rivers, ponds,	
Protected dug well ..... 31		lakes, canals ..... 81	
Unprotected dug well ..... 32		Other ( <i>specify</i> ) ..... 96	
Protected spring water ..... 41			
Unprotected spring water..... 42			

**WS3. How many minutes does it take to go to this water source, wait, get water and return home? (record with 3 digits)**

Water on premises..... 995	⇒WS5	} <input type="text"/> <input type="text"/> <input type="text"/>
Don't Know..... 998		

**WS4. Who usually go to this water source to get the water?**

*Probe:*

**Is this person under 15 years old? Is boy or girl?**

Adult female ..... 1
Adult male ..... 2
Girl (under 15)..... 3
Boy (under 15) ..... 4
Don't know ..... 8

**WS5. Do you have any treatment of the water before drinking (including boiling water)?**

Yes..... 1	} <input type="text"/>
No ..... 2	
Don't know ..... 8	

**WS6. Which treatment method have you used?****Any other method?***Circle all methods that have been used for water treatment*

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| Boil .....   | A | Put under sunshine.....              | E |
| Use chemicals: chlorine, alum .....                | B | Let the water stand and settle ..... | F |
| Use filtering cloth .....                          | C | Other (specify) .....                | X |
| Use water filter system (sand, ceramic, coal...).. | D | Don't know.....                      | Z |

**WS7. What kind of latrine do member of your household use?***If "flush" or "pour flush", probe:*

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**Where do you flush/pour flush to?** *Interviewer can ask to observe the latrine, if necessary .*

- |   |  |              |
|---|--|--------------|
| Flush/ Pour flush   | Composting latrine/2-compartment latrine | 31           |
| into piped sewage system .....  | Bucket.....                              | 41           |
| into septic tank .....  | Hanging toilet .....                     | 51           |
| into pit (pit latrine) .....  | No latrine, .....                        | 95           |
| into other place .....  |  | ⇒ Section 1F |
| into unknown place/not sure/DK .....                                  | Other (specify) .....                    | 96           |
| Ventilated Improved pit latrine .....                                 |  | 21           |
| Pit latrine with slab, with no flush/pour flush                       |  | 22           |
| Pit latrine without slab, with no flush/pour flush,<br>open hole..... |  | 23           |

**WS8. Do your household share this latrine with other household(s)?**

- Yes..... 1
- No .....2 ⇒ Mục 1F

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**WS9. How many households share this latrine?**

- 10 households and more ..... 10
- Don't know ..... 98

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**NEXT SECTION** ⇒

**PART 1, SECTION F: DWELLING AND ASSETS OF THE HOUSEHOLD**

**HC**

**HC2. How many rooms in your house/apartment can be used for sleeping?**

Number of rooms .....

**HC2A. How many square meters in total is this house/apartment?**

Total area (record 3 digits) .....

**HC3. What is the main material of the floor:**

*Observe and interview*

Earth..... 11	Ceramic tile ..... 33	<input type="text"/> <input type="text"/>
Simple bamboo, palm, wood plank..... 21	Cement ..... 34	
Polished wood board ..... 31	Carpet ..... 35	
Enamelled tile ..... 32	Other (specify).....	
	..... 96	

**HC4. What is the main material of the roof :**

*Observe and interview*

Thatch/straw/palm leaf..... 11	Cement fiber ..... 33	<input type="text"/> <input type="text"/>
Bamboo/tree-trunk ..... 21	Ceramic tile ..... 34	
Asphalt sheet ..... 23	Reinforced concrete (flat roof) ..... 35	
Metal/Corrugated iron sheet ..... 31	Other (specify).....	
Wood..... 32	..... 96	

**HC5. What is the main material of the wall:**

*Observe and interview.*

No wall ..... 11	Cement/Reinforced concrete ..... 31	<input type="text"/> <input type="text"/>
Reed/Palm, tree-trunk..... 12	Stone/Laterite ..... 32	
Earth..... 13	Plastered and burnt brick..... 33	
Bamboo with mud ..... 21	Brick made from coal residues ..... 34	
Stone with mud ..... 22	Plastered unburnt brick ..... 35	
Carton, plywood ..... 23	Wood plank/board ..... 36	
Reused wood (packing wood) ..... 26	Other (specify).....	
	..... 96	

**HC6. What is the main cooking fuel of your household?**

Electricity..... 01 ⇨HC8	Charcoal..... 07	<input type="text"/> <input type="text"/>
Liquid Propane Gas ..... 02 ⇨HC8	Wood..... 08	
Natural gas..... 03 ⇨HC8	Thatch/dried grass ..... 09	
Biogas ..... 04 ⇨HC8	Animal dung..... 10	
Kerosene..... 05	Other agricultural crop residues ..... 11	
Pit-coal/light coal..... 06	Other (specify).....	
	..... 96	

**HC7. What kind is the stove/cooker usually used by your household for cooking?**

*Probe for the kind of stove/cooker.*

Three-legged stove..... 1

Open stove without cover ..... 2

Closed stove with cover. .... 3 ⇨HC8

Other (specify) ..... 6 ⇨HC8

**HC7A. Does this stove have chimney?**

Yes..... 1

No ..... 2

**HC8. Is the cooking often conducted in house, in a separate area or in the open air?**

- In house ..... 1
- In a separate area..... 2
- In the open air..... 3
- Other (specify) ..... .
- ..... 6

**HC9. Does your household have [...] ?**

- Yes..... 1
- No..... 2

- Electricity .....
- Black and white TV .....
- Color TV .....
- VCR, VCD/DVD player .....
- Digital signal receiver .....
- Satellite signal receiver .....
- Music player system .....
- Radio cassette .....
- Mobilephone .....
- Non-mobile phone .....

- Computer .....
- Refridgerator .....
- Air conditioner .....
- Washing machine .....
- Water heater .....
- Bicycle .....
- Motobike .....
- Ship/boat .....
- Automobile .....

**HC10. At present, does your household have land area, water surface area used for agricultural, forestry, aqua-cultural purposes ?**

- Yes..... 1
- No ..... 2 ⇒HC12

**HC11. How many meters of land area, water surface area used for agricultural, forestry, aqua-cultural purposes are under the management and use of your household?**

*If don't know, record '9998'.*

**HC12. At present does your household raise any cattle and/or poultry ?**

- Yes..... 1
- No..... 2 ⇒SECTION 1G

**HC13. How many of [...] are there in your household?**

Number

- Pig (exclude piglet less than 2 months of age)?** .....
- Cow, buffalo (exclude new-borns)?** .....
- Horse?(include horse of 1 day of age)** .....
- Goat, sheep?(include goat/sheep of 1 day of age)**.....
- Poultry (include farm chicken, duck of 7 days and above of age; for back-yard chicken, only include baby chicken already separated from mother chicken?.....**

*If none, record '00'.*

*If more than 97, record '97'.*

*If don't know record '98'.*

**NEXT SECTION** ⇨

PART 1, SECTION G: TREATED NET	TN
<p><b>TN1. Does your household have any mosquito net?</b></p> <p>Yes ..... 1</p> <p>No ..... 2 ⇒ SECTION 1H</p>	<input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>
<p><b>TN2. How many mosquito nets does your household have?</b></p> <p><i>If No record 00</i></p> <p><i>1-6 nets record the exact number</i></p> <p><i>7 and more nets, record 7</i></p> <p><i>Don't know, record 98 ⇒ SECTION 1H</i></p>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
<p><b>TN2A. How many mosquito nets of your household has been treated with insecticide?</b></p> <p><i>If no, record 00,</i></p> <p><i>Don't know record 98 ⇒ SECTION 1H</i></p>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
<p><b>TN6. How many months ago was the (most recent) net treated with insecticide?</b></p> <p><i>Below 1 , record 00</i></p> <p><i>From 1-23 months record the number of months</i></p> <p><i>24 months and more record 95</i></p> <p><i>Do not remember record 98</i></p>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
<p><b>TN6A. Last night, how many members of your household sleep under the mosquito nets?</b></p> <p><i>If No, record 00 ⇒ SECTION 1H</i></p>	<input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>
<p><b>TN6B. Among those household members sleeping under mosquito nets, how many members sleep under insecticide treated nets?</b></p>	<input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>

NEXT SECTION ⇒

**PART 1, SECTION H: MATERNAL MORTALITY**

**MM**

*This section is for all household members aged 15 and above (both male and female). Record name and line number of household members aged 15 and above. If anyone is not at home, other eligible adult household member can give proxy answer and record 2 in the answer box for MM3 and the line number of the person giving proxy answer in the answer box of MM4.*

MM1. Line no.	MM 2. Name	MM 3. Is [NAME] directly answering or other member giving proxy answer?	MM4. Line number of person giving proxy answer	MM 5. How many sisters born to the same mother has [NAME] have? (including those have died)  <i>If none, record 00 ⇒ Next person</i>  <i>Don't know, record 98</i>	MM6. How many of these sisters have survive at the age of 15 and above (including those died after their 15 <sup>th</sup> birthday)?  <i>If none, record 00 ⇒ Next person</i>  <i>Don't know, record 98</i>	MM7. How many of these sisters (who are 15 years old or above) are alive now?  <i>Don't know, record 98</i>	MM 8. How many of these sisters (who reached the age of 15 years old or above) have died?  <i>If none, record 00 ⇒ Next person</i>  <i>Don't know, record 98</i>	MM 9. How many of these sisters have died during pregnancy, birth delivery or within 6 weeks after delivery?  <i>Don't know, record 98</i>	MM 10. Trong đó có bao nhiêu người chết do tai nạn hoặc chết vì lý do không thể nói ra được?  <i>Don't know, record 98</i>
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

*Notes for interviewer: If the answer to question MM9 is other than "0", it is required to ask for exact number of deaths due to accidents or suicide (refer to the manual for interviewers for further guide)*

**NEXT SECTION ⇒**

## PART 1 SECTION I: FORMS OF CHILD PUNISHMENT AND DISCIPLINE

**TABLE 1: LIST OF CHILDREN 2-14 YEARS OLD.**

*INTERVIEWER* to record the number of children 2-14 years old in the following table. Do not record household members who are not in the this age group.

<b>CD1.</b> <i>Ordering number</i>	<b>CD 2.</b> <i>Line number of HH member Taken from HL1.</i>	<b>CD 3.</b> <i>Name Take from HL2.</i>	<b>CD 4.</b> <i>Gender Taken from HL4. Male..... 1 Female..... 2</i>	<b>CD 5.</b> <i>Age Taken from HL5b.</i>	<b>CD 6.</b> <i>Line number of mother/primary caretaker Taken from HL7 or HL8</i>
01					
02					
03					
04					
05					
06					
07					
08					
<b>CD7.</b>	Total children aged 2-14 years old..... <input type="text"/>				

If there is only one child aged 2-14 in the household, skip Table 2 and record name, line number of this child and continue with question CD11.

**TABLE 2 : RANDOM SELECTION OF A CHILD FOR QUESTIONS ON FORMS OF CHILD PUNISHMENT AND DISCIPLINE.**

The first column on the left indicates the last digit of the household number and the first row shows the total of eligible children (aged 2-14) of each household. Below are steps to randomly select a child for this section.

Step 1: Record necessary information of every eligible children in the household in the table 1,

Step 2: Use table 2 to select a child as follows:

- Look for household number and its last digit and circle the number in column CD8 corresponding to this last digit
- Identify the column showing the total number of eligible children in the household and circle the identified number
- From the row showing the last digit of household number (column CD8), the interviewer finds the box where this row meets the column showing the total number of eligible children in the household and the number in such box is the ordering number of the selected child.

<b>CD8.</b> <b>Last digit of household number</b>	<b>Total number of children aged 2-14 years old</b>						
	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
<b>CD9.</b>	Record the line number of selected child ..... <input type="text"/>						

**PART 1 SECTION I: FORMS OF CHILD PUNISHMENT AND DISCIPLINE (CONT.) CD**

Identify the selected child aged 2-14 in the household using the tables in previous pages in accordance with the accompanying guideline. Interview the mother or primary caretaker of this child (record the line number of this mother/caretaker in column CD6).

**CD11. Write name and line number of the selected child from row CD 9.**

Name \_\_\_\_\_ Line number:

**CD11A. During the last 4 weeks, has [NAME] made any error or had any wrong behaviour?**

Yes ..... 1

No ..... 2 ⇒ CD 13

**CD 12. During the last 4 weeks, when [NAME] made the error or had wrong behavior, did you or any adult in the household use the following methods with [NAME]**

**CD 12A. Did not allow the child to do or enjoy the thing he/she like or did not allow him/her to leave home.**

Yes ..... 1

No ..... 2

**CD 12B. Explained the reason why the behaviour is wrong.**

Yes ..... 1

No ..... 2

**CD 12C. Grabbed the child angrily**

Yes ..... 1

No ..... 2

**CD 12D. Shouted at, scolded the child**

Yes ..... 1

No ..... 2

**CD 12E. Asked the child to do something that he/she did not like**

Yes ..... 1

No ..... 2

**CD 12F. Spanked on the bottom of the child with bare hand**

Yes ..... 1

No ..... 2

**CD 12G. Spanked, hit on the bottom of the child with belt, rod or other hard object**

Yes ..... 1

No ..... 2

**CD 12H. Called the child with such words as silly, lazy**

Yes ..... 1

No ..... 2

**CD 12I. Hit or slapped on the face, head or ear of the child with bare hand**

Yes ..... 1

No ..... 2

**CD 12J. Hit or spanked on the hand, arm or leg of the child with bare hand**

Yes ..... 1

No ..... 2

**CD 12K. Hit the child continuously with rod**

Yes ..... 1

No ..... 2

**CD 13. Do you think that, in order to raise the child properly, physical punishment is necessary?**

Yes ..... 1

No ..... 2

Don't Know/No opinion ..... 8

## PART 2: QUESTIONNAIRE FOR WOMAN OF REPRODUCTIVE AGE

*This part is to be administered to all women age 15 through 49 (see column HL6 of Section 1B).  
Fill in one column for each eligible woman. The name and line number of the woman is taken from Section 1B*

### PART 2, SECTION A: WOMAN INFORMATION AND EDUCATION WM

	Woman No.: ... Name: .....			
<b>WM8. In what day, month and year were [NAME] born?</b> <i>Interviewer checks with question HL5A. Don't know day or month .....98 Don't know year..... 9998.</i>	_ / _ / _ _	_ / _ / _ _	_ / _ / _ _	_ / _ / _ _
<b>WM9. How old were [NAME] at the last birthday? (Age in completed years)</b>	█	█	█	█
<b>WM10. Have [NAME] ever attended school?</b> Yes ..... 1 No ..... 2 ⇒ WM14	█	█	█	█
<b>WM11. What is the highest level of school [NAME] attended?</b>  Pre-school .....0 ⇒ WM13 Primary ..... 1 Lower secondary.....2 Upper secondary.....3 Non-standard curriculum.....4 ⇒ WM13 Short-term vocational.....5 Long term vocational.....6 Higher.....7 ⇒ WM13 DK .....8 ⇒ WM13	█	█	█	█
<b>WM12. What is the highest grade that [T&amp;N] completed? (record school grade)</b>	█	█	█	█
<b>WM13. Check the response of question WM11, if the response code is: 2, 3, 6, 7 ⇒ Section 2B</b> <i>If the response code of WM11 =5 (Short-term vocational) and response code of WM12 &gt;4 (completed grade 5 or higher grade) ⇒ section 2B</i>				
<b>WM14. Now I would like you to read the following sentence to me.</b> <i>Interviewer show the respondent the relevant sentences.</i>  <i>If respondent can not read the whole sentence, probe: Can you read part of the sentence to me?</i>	█  <i>Language</i>  -----	█  <i>Language</i>  -----	█  <i>Language</i>  -----	█  <i>Language</i>  -----
Cannot read at all ..... 1 Able to read only parts of sentence..... 2 Able to read whole sentence..... 3 No sentence in required language (specify language) ..... 4 Blind/mute, visually/speech impaired .... 5				

**NEXT SECTION ⇒**

**PART 2, SECTION B: CHILD MORTALITY**

**(CM)**

*This section is administered to all women age 15-49.  
All questions refer to live births only. Interviewer speak the introduction printed in the sided paper*

	Woman No.: ... Name: .....	Woman No.: ... Name: .....	Woman No.: .... Name: .....	Woman No.: ... Name: .....
<p><b>CM1. Now I would like to ask about all the births you have had in your life. Have you ever given birth?</b> <i>If "No", probe by asking:</i> <b>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?</b> Yes ..... 1 No.....2⇒ Section 2E</p>				
<p><b>CM2A. What was the date of your first birth?</b> <b>I mean the very first time you gave birth, even if the child is no longer living, or whose father is not your current partner.</b> <i>If month and year of first birth is given ⇒ CM3 If don't know day/month/year, record 98/98/9998</i></p>	__/__/____	__/__/____	__/__/____	__/__/____
<p><b>CM2B. How many years ago did you have your first birth?</b> <i>(completed years).</i></p>				
<p><b>CM3. Do you have any children to whom you have given birth who are now living with you? ?</b> Yes ..... 1 No..... 2 ⇒ CM5</p>				
<p><b>CM4A. Out of these, how many sons live with you?</b></p>				
<p><b>CM4B. Out of these, how many daughters live with you?</b></p>				
<p><b>CM5. Do you have any children to whom you have given birth who are alive but do not live with you??</b> Yes ..... 1 No..... 2 ⇒ CM7</p>				
<p><b>CM6A. Out of these, how many sons who are alive but do not live with you?</b></p>				
<p><b>CM6B. Out of these, how many daughters who are alive but do not live with you?</b></p>				
<p><b>CM7. Have you ever given birth to a child who was born alive but later died?</b> Yes ..... 1 No..... 2 ⇒ CM9</p>				
<p><b>CM8A. How many boys have died?</b></p>				

PART 2, SECTION B: CHILD MORTALITY		CM			
	Woman No.: ... Name: .....	Woman No.: ... Name: .....	Woman No.: .... Name: .....	Woman No.: ... Name: .....	
<b>CM8B. How many daughters have died?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>CM9. Sum answers from CM4A, CM4B, CM6A, CM6B, CM8A vµ CM8B</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>CM10. Is this correct that you have had in total [TOTAL NUMBER] births during your life?</b>					
<i>If "No" ⇒ Check responses and make corrections</i>					
<b>CM11. Of these [TOTAL NUMBER] births you have had, when did you deliver the last one (even if he or she has died)?</b> <i>if day is not known, record 98</i>	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	
<b>CM12. Interviewer check CM11: Did this woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)??</b> <i>If child has died, take special care when referring to this child by name in the next sections</i> Yes ..... 1 No..... 2⇒ Section 2E	<input type="text"/> Name _____	<input type="text"/> Name _____	<input type="text"/> Name _____	<input type="text"/> Name _____	
<b>CM13. At the time you became pregnant with [NAME], did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?</b> Then ..... 1 Later ..... 2 No more ..... 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**NEXT SECTION ⇒**

**PART 2, SECTION C: TETANUS TOXOID**

**tt**

*This section is to be administered to all women age 15- 49 who had live births during 2 years before the interview.*

	Woman No.: ... Name: .....	Woman No.: ... Name: .....	Woman No.: .... Name: .....	Woman No.: ... Name: .....
<b>TT1. Do you have a card or other document with your own immunizations listed?</b> Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK ..... 8 <i>(If card is seen, use it to check the answers to the following questions)</i>				
<b>TT2. When you were pregnant with your last child, did you receive any injection to prevent tetanus (an injection at the top of the arm or shoulder)?</b> Yes ..... 1 No ..... 2 ⇒ <b>TT5</b> DK ..... 8 ⇒ <b>TT5</b>				
<b>TT3. How many times did you receive this anti-tetanus injection during your last pregnancy?</b>  <i>(If donot know, enter 98 ⇒ <b>TT5</b>)</i>				
<b>TT4. Interviewer check How many anti-tetanus doses during last pregnancy were reported in TT3?</b> 2 doses and above ⇒ SECTION 2D Under 2 doses ⇒ <b>TT5</b>				
<b>TT5. Did you receive any anti-tetanus injection at any time before your last pregnancy?</b> Yes..... 1 No..... 2 ⇒ Section 2D DK ..... 8 ⇒ Section 2D				
<b>TT6. During this period, how many times did you receive anti-tetanus injection?</b> <i>(If number of times is not known, enter 98)</i>				
<b>TT7. In what month and year did you receive the last anti-tetanus injection before that last pregnancy?</b> <i>If do not know month, enter 98</i> <i>If do not know year, enter 9998</i> <i>If year is given .....⇒ Môm 2D</i>	/ _ _ _	/ _ _ _	/ _ _ _	/ _ _ _
<b>TT8. How many years ago did you receive the last anti-tetanus injection before that last pregnancy?</b>				

**NEXT SECTION ⇒**

**PART 2, SECTION D: MATERNAL AND NEWBORN HEALTH MN**

*This section is to be administrated to all women age 15-49 who had live births during the last 2 years before the interview date*

*Check answer of CM12 in SECTION 2B and enter the name of the last born child*

*Use the name of this child in the following questions*

	Woman No.: ... Name: ..... Child No.: ..... Name: .....	Woman No.: ... Name: ..... Child No.: ..... Name: .....	Woman No.: .... Name: ..... Child No.: ..... Name: .....	Woman No.: ... Name: ..... Child No.: ..... Name: .....
<b>MN1. In the first two months after your last birth [the birth of NAME], did you receive a Vitamin A dose like this?</b> <i>(show 200,000 IU capsule)</i> Yes ..... 1 No ..... 2 DK..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MN2. Did you see anyone for antenatal care for this pregnancy?</b> <i>If "Yes": Whom did you see? Anyone else?</i> <i>Probe and circle answer(s) given</i>				
Doctor.... A	A	A	A	A
Nurse, midwife ..... B	B	B	B	B
Health personnel with unknown qualification ..... C	C	C	C	C
Traditional birth attendant..... D	D	D	D	D
Relative, friend..... E	E	E	E	E
Other (specify) ..... F	F	F	F	F
No one ..... G⇒MN6A	G	G	G	G
<b>MN3. During the antenatal visits for the pregnancy, did you have [...] done at least once?</b> Yes ..... 1 No..... 2 DK..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MN3A. Weight</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MN3B. Blood pressure</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MN3C. Urine sample</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MN3D. Blood sample</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MN3E. Ultra-sound scan</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MN4. During any of the antenatal visits for the pregnancy, were you given any information or counseled about HIV/AIDS?</b> Yes ..... 1 No..... 2 DK ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2, SECTION D: MATERNAL AND NEWBORN HEALTH (CONT.)				MN
	Woman No.: ... Name: .....	Woman No.: ... Name: .....	Woman No.: .... Name: .....	Woman No.: ... Name: .....
<b>MN5. I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care? ?</b> Yes ..... 1 No..... 2⇒MN6A DK ..... 8⇒MN6A				
<b>MN6. I don't want to know the results, but did you get the results of the test?</b> Yes ..... 1 No..... 2 DK ..... 8				
<b>MN6A. During this pregnancy, did you take any medicine in order to prevent you from getting malaria??</b> Yes ..... 1 No..... 2⇒MN7 DK ..... 8⇒MN7				
<b>MN6B. Which medicines did you take to prevent malaria?</b> <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent</i> SP/Fansidar .....A Chloroquine.....B Other .....X DK .....Z	A B X Z	A B X Z	A B X Z	A B X Z
<b>MN6C. Interviewer check MN6B for medicine taken. If SP/Fansidar has not been taken ⇒MN7</b>				
<b>MN6D. During this pregnancy, how many times did you take SP/fansidar to prevent malaria?</b>				
<b>MN7. Who assisted with the delivery of your last born child [NAME]?</b> <i>Probe and circle all answers given</i>				
Doctor.....A	A	A	A	A
Nurse, midwife .....B	B	B	B	B
Health personnel with unknown qualification. .... C	C	C	C	C
Traditional birth attendant ..... D	D	D	D	D
Relative, friend .....E	E	E	E	E
Other (specify) .....X	X	X	X	X
None one .....Y	Y	Y	Y	Y

PART 2, SECTION D: MATERNAL AND NEWBORN HEALTH (CONT.)			MN	
	Woman No.: ... Name: .....			
<b>MN8. Where did you give birth to [NAME] ?</b> Your home..... 11 Other home ..... 12  Govt. hospital .....21 Govt. health center/policlinic .22 Govt.maternal hospital .....23 Commune health center.....24 Other public (specify) ..... 25  Private hospital .....31 Private clinic .....32 Private maternal hospital .....33 Other private .....34  Other (specify) ..... 96				
<b>MN9. When your last child [NAME] was born, was he/she very large, larger than average, average, smaller than average, or very small??</b> Very large..... 1 Larger than average.....2 Average.....3 Smaller than average.....4 Very small .....5 DK ..... 8				
<b>MN10. Was [NAME] weighed at birth?</b> Yes ..... 1 No..... 2 ⇒ MN12 DK ..... 8 ⇒ MN12				
<b>MN11. How many grams did [NAME] weigh at birth?</b> <i>Record from health card or birth certificate, if available</i> <i>If do not know, enter 9998 ⇒MN12)</i>				
<b>MN11A. Record from health card or recall?</b> Health card..... 1 Recall ..... 2				
<b>MN12. Did you ever breastfeed [NAME]?</b> Yes ..... 1 No..... 2⇒Section 2E				
<b>MN13. How long after birth did you first put [NAME] to the breast? (minute, hour, day)</b> - Immediately: ..... 0⇒Section 2E - No breastfeeding: ..... 997⇒Section 2E - DK:..... 998⇒Section 2E  <b>MN13A. Time unit has been used?</b> - Minute ..... 1 - Hour ..... 2 - Day ..... 3				

NEXT SECTION ⇒

**PART 2, SECTION E: MARRIAGE/IN UNION MA**

*This section is to be administrated to all women age 15-49*

	Woman No.: ... Name: .....	Woman No.: ... Name: .....	Woman No.: .... Name: .....	Woman No.: ... Name: .....
<b>MA1. Are you currently married or in union?</b> Yes, currently married/in union.. 1 No.....2 ⇒ <b>MA3</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>MA2. How old was your husband/partner on his last birthday?</b> (age in completed years)  If don't know, enter 98 ⇒ <b>MA5</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>MA3. Have you ever been married or in union?</b> Yes, formerly married/in union..... 1 No..... 2 ⇒SECTION 2G	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>MA4. What is your marital status now?</b> Widowed ..... 1 Divorced..... 2 Separated..... 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>MA5. Have you been married or in union only once or more than once?</b> Only once ..... 1 More than once ..... 2⇒ <b>MA6B</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>MA6A. In what month and year were you married/in union?</b>  <i>Do not know month, enter 98</i> <i>Do not know year, enter 9998</i> <i>Know both month and year⇒SECTION 2F</i> <i>Do not know either month or year ⇒ MA8</i>	/ _ _ _ _ <input type="text"/>			
<b>MA6B. In what month and year were you <u>first</u> married or in union?</b>  <i>Do not know month, enter 98</i> <i>Do not know year, enter 9998</i> <i>Know both month and year⇒SECTION 2F</i> <i>Do not know either month or year ⇒ MA8</i>	/ _ _ _ _ <input type="text"/>			
<b>MA8. How old were you when you started living with your first husband/partner?</b> (age in completed years)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NEXT SECTION ⇒**



**PART 2, SECTION G: HIV/AIDS KNOWLEDGE**

**HA**

*This section is to be administrated to all women age 15-49*

	Woman No.: ... Name: .....			
<p><b>HA1. Now I would like to talk with you about disease, particularly HIV virus and AIDS disease. Have you ever heard of the virus HIV or an illness called AIDS?</b></p> <p>Yes..... 1 No ..... 2 ⇒SECTION 2H</p>				
<p><b>Now I would like to ask some questions about how to protect yourself from having HIV/AIDS that including sensitive questions related to sexual matters. However, these questions are just raised in order to understand the attitude and knowledge of Vietnamese women on HIV/AIDS. Please give Yes or No answers to the following questions:</b></p>				
<p><b>HA2. Can people protect themselves from getting HIV/AIDS by having one sexual partner who is not infected and also does not have sex with other partners?</b></p> <p>Yes ..... 1 No.....2 DK or unsure..... 8</p>				
<p><b>HA3. Can people get infected with the AIDS virus because of witchcraft or other supernatural means?</b></p> <p>Yes ..... 1 No.....2 DK..... 8</p>				
<p><b>HA4. Can people reduce their chance of getting HIV/AIDS by using a condom every time they have sex?</b></p> <p>Yes..... 1 No.....2 DK ..... 8</p>				
<p><b>HA5. Can people get HIV/AIDS from mosquito bites?</b></p> <p>Yes..... 1 No.....2 DK..... 8</p>				
<p><b>HA6. Can people reduce their chance of getting HIV/AIDS by not having sex at all?</b></p> <p>Yes..... 1 No.....2 DK ..... 8</p>				
<p><b>HA7. Can people get HIV/AIDS by sharing food with a person who has HIV/AIDS?</b></p> <p>Yes..... 1 No.....2 DK ..... 8</p>				

PART 2, SECTION G: HIV/AIDS KNOWLEDGE			HA (CONT.)	
	Woman No.: ... Name: .....			
<b>HA7A. Can people get HIV/AIDS by getting injections with a needle that was already used by someone else?</b> Yes..... 1 No.....2 DK.....8				
<b>HA8. Is it possible for a healthy-looking person to have HIV/AIDS?</b> Yes..... 1 No.....2 DK.....8				
<b>HA9A. Can the HIV virus be transmitted from a mother to a baby during pregnancy?</b> Yes..... 1 No.....2 DK.....8				
<b>HA9B. Can the HIV virus be transmitted from a mother to a baby during delivery?</b> Yes..... 1 No.....2 DK.....8				
<b>HA9c. Can the HIV virus be transmitted from a mother to a baby by breast feeding?</b> Yes..... 1 No.....2 DK.....8				
<b>HA10. In your opinion, if a female teacher has HIV/AIDS still looking healthy, should she be allowed to continue teaching in school?</b> Yes..... 1 No.....2 DK/ Not sure/Depend.....8				
<b>HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person is living with HIV/AIDS?</b> Yes..... 1 No.....2 DK/ Not sure/Depend.....8				
<b>HA12. If a member of a family became infected with HIV/AIDS, would this family remain such information a secret?</b> Yes..... 1 No.....2 DK/ Not sure/Depend.....8				

<p><b>HA13</b> If you were living in a family whose member has become sick with the AIDS virus, would you be willing to care for him or her in your household? Ví dụ chị sống trong một gia đình có người bị bệnh do nhiễm HIV/AIDS, chị có sẵn lòng chăm sóc người đó tại nhà không?</p> <p>Yes ..... 1  No.....2  DK/ Not sure/Depend.....8</p>	█	█	█	█
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<b>PART 2, SECTION G: HIV/AIDS KNOWLEDGE</b>				<b>HA (CONT.)</b>
	Woman No.: ... Name: .....	Woman No.: ... Name: .....	Woman No.: .... Name: .....	Woman No.: ... Name: .....
<p><b>HA14.</b> Interviewer check MN5 to see whether this woman has been tested for HIV during antenatal care.</p> <p>Yes..... 1⇒HA18A  No .....2</p>	█	█	█	█
<p><b>HA15.</b> I do not want to know the results, but have you ever been tested to see if you have HIV virus?</p> <p>Yes ..... 1  No .....2 ⇒ HA18</p>	█	█	█	█
<p><b>HA16.</b> I do not want you to tell me the results of the test, but have you been told the results?</p> <p>Yes ..... 1  No.....2</p>	█	█	█	█
<p><b>HA17.</b> Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?</p> <p>Ask for..... 1⇒SECTION 2H  Offered and accepted ...2⇒SECTION2H  Required .....3⇒SECTION 2H</p>	█	█	█	█
<p><b>HA18.</b> At this time, do you know of a place where you can go to get such a test to see if you have the HIV virus?</p> <p>Yes ..... 1 ⇒Section 2H  No .....2 ⇒Section 2H</p>	█	█	█	█
<p><b>HA18a.</b> Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have HIV virus? ?</p> <p>Yes ..... 1  No.....2</p>	█	█	█	█

NEXT SECTION ⇒

**PART 2, SECTION H: ATTITUDE TOWARD DOMESTIC VIOLENCE DV**

*This section is to be administrated to all women age 15-49*

	Woman No.: ... Name: .....	Woman No.: ... Name: .....	Woman No.: .... Name: .....	Woman No.: ... Name: .....
<b>DV1. In your opinion, do you find acceptable for the husband to hit or beat his wife in the following situations [...]?</b> Yes ..... 1 No ..... 2 DK ..... 8				
<b>1A. If she goes out with out telling him?</b>				
<b>1B. If she neglects the children?</b>				
<b>1C. If she argues with him?</b>				
<b>1D. If she refuses sex with him?</b>				
<b>1E. If she burns the food?</b>				

**WHEN COMPLETING INTERVIEWS WITH ALL WOMEN AGE 15-49 IN THE HOUSEHOLD, MOVE TO PART 3 ⇒**

## PART 3: QUESTIONNAIRE FOR CHILDREN UNDER FIVE

The information of each under 5 child is to be filled in each following column  
 This part is to be administered to all mothers or caretakers who care for the child. Fill in the names and line numbers of the child and the respective mother/caretaker as indicated in the household listing.

PART 3, SECTION A: BIRTH REGISTRATION AND EARLY LEARNING				BR
	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
	Mother/PCT No.: .....	Mother/PCT No.: .....	Mother/PCT No.: .....	Mother/PCT No.: .....
	Mother/PCT name: .....	Mother/PCT name: .....	Mother/PCT name: .....	Mother/PCT name: .....
<b>UF10. What is the birthday of [NAME]?</b> <i>Record 98 if day is not known. Month and year of birth need to be entered</i>	_ / _ / _ _	_ / _ / _ _	_ / _ / _ _	_ / _ / _ _
<b>UF11. How old was [NAME] at his/her last birthday?</b> <i>(record age in completed years)</i>	█	█	█	█
<b>BR1. Does [NAME] have a birth certificate? May I see it?</b> Yes, seen..... 1 ⇒ BR5 Yes, not seen..... 2 No ..... 3 DK..... 8 <i>If birth certificate is given, check the birthdate If birth certificate is not given, refer to other documents (e.g. health card, etc. Correct the given birthdate, if necessary</i>	█	█	█	█
<b>BR2. Has [NAME'S] birth been registered with the concerned authorities?</b> Yes..... 1 ⇒ BR5 No ..... 2 DK..... 8 ⇒ BR4	█	█	█	█
<b>BR3. Why has [NAME'S] birth not been registered?</b> <i>Record one main reason</i> Costs too much ..... 1 Travel too far ..... 2 Did not know it needs to be registered ..... 3 Late and did not want to pay fine..... 4 Does not know where to register ..... 5 Too busy and did not have time ..... 6 Other (specify) _____ 7 DK ..... 8	█	█	█	█
<b>BR4. Do you know how to register [NAME's] birth?</b> Yes..... 1 No ..... 2 Do not answer..... 8	█	█	█	█
<b>BR5. Interviewer check the age recorded in UF11, if the child is under 3 years old ⇒ BR8</b>				

	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>BR6. Does [NAME] attend any private or public kindergarten or community child care?</b> Yes..... 1 No ..... 2 ⇒ BR8 Summer vacation..... 6 ⇒ BR8 DK..... 8 ⇒ BR8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BR7. Within the last seven days, about how many hours has [NAME] attended?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BR8. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with [NAME]?</b>  <i>If Yes, ask: Who who engaged in this activity with [NAME]?</i> <i>Circle all answers given</i>				
<b>BR8A. Read books or look at picture books with [NAME]?</b>	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father ..... B Other ..... X None ..... Y
<b>BR8B. Tell stories to [NAME]?</b>	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father ..... B Other ..... X None ..... Y
<b>BR8C. Sing songs with [NAME] ?</b>	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father ..... B Other ..... X None ..... Y
<b>BR8D. Take [NAME] outside the home, compound, yard, park, garden, etc.?</b>	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father ..... B Other ..... X None ..... Y
<b>BR8E. Play with [NAME] ?</b>	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father ..... B Other ..... X None ..... Y
<b>BR8F. Spend time with [NAME] naming, counting, and/or drawing things?</b>	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father.....B Other .....X None.....Y	Mother ..... A Father ..... B Other ..... X None ..... Y	Mother .....A Father ..... B Other ..... X None ..... Y

PART 3, SECTION B: CHILD DEVELOPMENT		CE		
	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<p><b>CE1. How many books are there in your household? Please include school textbooks, but exclude other children books such as picture books</b></p> <p><i>If „None”, enter “00”</i> <i>If have 10 or more books, enter“10”</i></p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>CE2. How many children’s books or picture books do you have for [NAME]?</b></p> <p><i>If „None”, enter “00”</i> <i>If 10 or more books, enter“10”</i></p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>CE3. I am interested in learning about the things that [NAME] plays with when he/she is at home?</b></p> <p><i>If the respondent says “YES” to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response</i></p> <p>Household objects such as bowls, plates, cups, pots .....A</p> <p>Sticks, stone, animal, brick, shell, leaves.....B</p> <p>Homemade toys .....C</p> <p>Toys bought from shops.....D</p> <p>None of the above .....Y</p>	A B C D Y	A B C D Y	A B C D Y	A B C D Y
<p><b>CE4. Within the last 7 days, how many times was [NAME] left in the care of another child who is less than 10 years old?</b></p> <p><i>If “None”, enter 00</i></p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p><b>CE5. Within the last 7 days, how many times was [NAME] left alone?</b></p> <p><i>If “None”, enter 00</i></p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 3, SECTION C: VITAMIN A			VA	
	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>VA1. Has [NAME] ever received a vitamin A capsule (supplement) like this one?</b>  <i>Show the capsule</i> Yes ..... 1 No ..... 2 ⇒ MỤC 3D DK..... 8 ⇒ MỤC 3D				
<b>VA2. How many months ago did [NAME] take the last vitamin A dose?</b> <i>(record completed months)</i>  <i>If do not know, enter 98</i>				
<b>VA3. Where did [NAME] get this last vitamin A dose?</b> Routine visit in health facility .... 1 Sick child's visit to health facility 2 National immunization day.....3 Other (specify) .....6 DK .....8				

NEXT SECTION ⇒

PART 3, SECTION D: BREASTFEEDING			BF	
	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>BF1. Has [NAME] ever been breastfed?</b> Yes ..... 1 No ..... 2 ⇒ BF3 DK ..... 8 ⇒ BF3				
<b>BF2. Is [NAME] still being breastfed?</b> Yes ..... 1 No ..... 2 DK ..... 8				
<b>BF3. Since this time yesterday, did [NAME] receive any of the following:</b> <i>Read aloud each item from 3A to 3H and record response before proceeding to the next item.</i> Yes ..... 1 No ..... 2 DK ..... 8				
<b>BF3A. Vitamin, mineral supplements</b>				
<b>BF3B. Plain water</b>				
<b>BF3C. Sweetened, flavoured water or fruit juice or tea</b>				
<b>BF3D. Oral rehydration solution (ORS)</b>				
<b>BF3E. Infant formula milk</b>				
<b>BF3F. Milk (canned, powdered or fresh milk)</b>				
<b>BF3G. Other (specify) _____</b>				
<b>BF3H. Solid or semi-solid food such as soft rice, congee, noodle, ect.</b>				
<b>BF4. Check BF3H: Did [NAME] received solid or semi-solid food?</b> <i>If "No" or "Don't know" ⇒ SECTION 3E</i>				
<b>BF5. Since this time yesterday, how many times did [NAME] eat solid, semisolid foods?</b>  <b>Record number of times</b> <i>If 7 or more, enter 7</i> <i>If do not know, enter 8</i>				

NEXT SECTION ⇒

PART 3, SECTION E: CARE OF CHILDREN'S ILLNESS			CA	
	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>CA1. Has [NAME] had diarrhoea in the last two weeks?</b> <i>Trẻ bị xem là tiêu chảy nếu trẻ đi đại tiện phân lỏng, nhiều nước từ 3 lần trở lên trong 1 ngày hoặc trong phân có máu.</i> Yes ..... 1 No ..... 2 ⇒CA5 DK..... 8 ⇒CA5				
<b>CA2. During this last episode of diarrhoea, did [NAME] drink any of the following?</b> <i>Read aloud each item and record the response before moving to next item</i> Yes ..... 1 No ..... 2 DK..... 8				
CA2A. Breast milk				
CA2B. Water from rice, porridge, soup				
CA2C. Oral rehydration solution (ORS)				
CA2D. Recommended homemade rehydration fluid such as salt-sugar solution				
CA2E. Other milks				
CA2F. Soup water in meals such as water from boiled vegetable				
CA2G. Only plain water				
CA2H. Fluids that do not have rehydration effect such as Coke, ...				
CA2I. Nothing ⇒ CA4				
<b>CA3. During [NAME'S] illness, did [NAME] drink less, about the same, or more food than usual?</b> Much less or none ..... 1 About the same..... 2 More..... 3 DK..... 8				

	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>CA4. During [NAME'S] illness, did [NAME] eat less, about the same, or more food than usual?</b> <i>If "less", probe by asking</i> <b>Much less or a little less?</b> None..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 DK ..... 8				
<b>CA5. In the last two weeks, has [NAME] had an illness with a cough at any time?</b> Yes ..... 1 No ..... 2 ⇒ CA12				
<b>CA6. When [NAME] had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?</b> Yes..... 1 No ..... 2 ⇒ CA12 DK ..... 8 ⇒ CA12				
<b>CA7. Were the symptoms due to problem in the chest or blocked nose?</b> Problem in chest.....1 Blocked nose.....2 ⇒ CA2 Both .....3 Other (specify).....6 ⇒ CA12 DK .....8				
<b>CA8. Did you seek advice or treatment for the illness outside the home?</b> Yes ..... 1 No ..... 2 ⇒ CA10 DK ..... 8 ⇒ CA10				
<b>CA9. From where did you seek advice or treatment for the illness</b> <i>(No suggestion by interviewer is allowed)</i> <i>Circle all items given</i>				
Government hospital ..... A	A	A	A	A
Government health facility ..... B	B	B	B	B
Government infirmary ..... C	C	C	C	C
Village health worker ..... D	D	D	D	D
Mobile clinic..... E	E	E	E	E
Other govt. facility (specify) ..... H	H	H	H	H
Private hospital/clinic.....I	I	I	I	I
Private doctor .....J	J	J	J	J
Private pharmacy .....L	L	L	L	L
Other private facility (specify) ..... O	O	O	O	O
Relative/friend ..... P	P	P	P	P
Traditional doctor .....Q	Q	Q	Q	Q
Other (specify).....X	X	X	X	X

	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>CA10. Was [NAME] given medicine to treat this illness?</b> Yes..... 1 No ..... 2 ⇒ CA12 DK ..... 8 ⇒ CA12				
<b>CA11. What medicine was [NAME] given?</b> <i>(Circle all items given)</i>				
Anti-biotic .....A	A	A	A	A
Paracetamol/Panadol/AcetaminophenP	P	P	P	P
Aspirin ..... Q	Q	Q	Q	Q
Other (specify) .....X	X	X	X	X
DK .....Z	Z	Z	Z	Z
<b>CA12. Check UF11: [NAME] aged under 3?</b> Yes..... ⇒ CA13 No ..... ⇒ CA14				
<b>CA13. In the last time when [NAME] passed stools, what was done to dispose of the stools?</b> Child used toilet/latrine .....01 Put/rinsed into toilet or latrine .....02 Put/rinsed into drain or ditch .....03 Thrown into garbage (solid waste) .....04 Buried .....05 Left in the open .....06 Other(specify).....96 DK .....98				
Ask the following question only once to each mother/primary caretaker: <b>CA14. Sometimes children have severe illnesses and need to be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?</b> Keep asking for more signs or symptoms until the mother/primary caretaker cannot recall any additional symptoms.				
Child not able to drink or breastfeed .....A	A	A	A	A
Child becomes sicker .....B	B	B	B	B
Child develops a fever..... C	C	C	C	C
Child has fast breathing..... D	D	D	D	D
Child has difficult breathing .....E	E	E	E	E
Child has blood in stool .....F	F	F	F	F
Child is drinking poorly ..... G	G	G	G	G
Other (specify).....X	X	X	X	X

PART 3, SECTION F: MALARIA OF CHILDREN UNDER 5				ML
	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>ML1. In the last two weeks, has [NAME] been ill with a fever?</b> Yes ..... 1 No.....2 ⇒ ML10 DK ..... 8 ⇒ ML10				
<b>ML2. Was [NAME] taken to a health facility during this illness??</b> Yes ..... 1 No.....2 ⇒ ML6 DK ..... 8 ⇒ ML6				
<b>ML3. Did [NAME] take a medicine for treatment of fever or malaria that was provided or prescribed at this health facility?</b> Yes ..... 1 No.....2 ⇒ ML5 DK ..... 8 ⇒ ML5				
<b>ML4. What medicine that was provided or prescribed at this health facility did [NAME] take?</b> <i>Circle all medicines mentioned</i>  Anti-malaria medicine : SP/Fansidar .....A Chloroquine .....B Amodiaquine .....C Quinine .....D Combination based on Artemisinin ...E Other anti-malaria medicine (specify) H  Other medicine : Paracetamol/Panadol/AcetaminophenP Aspirin ..... Q Ibuprofen .....R Other (specify) _____X DK.....Z				
<b>ML5. Was [NAME] given medicine for treatment of fever or malaria before being taken to the health facility?Cháu [NAME] có được uống thuốc chữa sốt hoặc sốt rét trước khi mang tới cơ sở y tế đó không?</b> Có ..... 1 ⇒ ML7				

	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>ML6. Was (NAME) given medicine for treatment of fever or malaria during this illness?</b> Yes ..... 1 No ..... 2 ⇒ ML8 DK ..... 8 ⇒ ML8				
<b>ML7. What medicine was [NAME] taken?</b> <i>Circle all medicines given</i> Anti-malaria medicine: SP/Fansidar ..... A	A	A	A	A
Chloroquine ..... B	B	B	B	B
Amodiaquine ..... C	C	C	C	C
Quinine ..... D	D	D	D	D
Combination based on Artemisinin ... E	E	E	E	E
Other anti-malaria ( <i>specify</i> ) ___ H	H	H	H	H
Other medicines: Paracetamol/Panadol/Acetaminophen P	P	P	P	P
Aspirin ..... Q	Q	Q	Q	Q
Ibuprofen ..... R	R	R	R	R
Other ( <i>specify</i> ) _____ X	X	X	X	X
DK ..... Z	Z	Z	Z	Z
<b>ML8. Check ML4 and ML7: Were anti-malaria medicine mentioned (item A to H) ?</b> Yes. ⇒ ML9 No. ⇒ ML10				
<b>ML9. How long after the fever started did [NAME] first take (name of anti-malarial from ML4 or ML7)?</b> The same day ..... 0 The next day ..... 1 2 days after fever started ..... 2 3 days after fever started ..... 3 4 days or more ..... 4 DK ..... 8 <i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i> <i>Record the code for the day on which the first anti-malarial was given.</i>				
<b>ML10. Last night, did [NAME] sleep under mosquito net?</b> Yes ..... 1 No ..... 2 DK ..... 8				

NEXT SECTIONS ⇒

PART 3, SECTION G: IMMUNIZATION			IM	
<p>If vaccination card is available and the interviewer can see it, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.</p>				
	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>IM1. Is there a vaccination card recording vaccination injected and medicine received for [NAME]?</b> Yes, seen ..... 1 Yes, not seen ..... 2 ⇒ IM10 No ..... 8 ⇒ IM10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Copy dates for each vaccination from the card. Write '44' in day column if card shows that vaccination was given but no date recorded.</p>				
<b>IM2. BCG (Tuberculosis)</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM3B. Polio 1</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM3C. Polio 2</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM3D. Polio 3</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM4A. DPT 1</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM4B. DPT 2</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM4C. DPT 3</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM5A. HepB1</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM5B. HepB2</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM5C. HepB3</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM6. Measle</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM8A. Vitamin A 1</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM8B. Vitamin A 2</b>	__/__/__	__/__/__	__/__/__	__/__/__
<b>IM9. In addition to the vaccinations and vitamin A shown on this card, did [NAME] receive any other vaccinations?</b> Yes ..... 1 ⇒ IM19 No ..... 2 ⇒ IM19 DK ..... 8 ⇒ IM19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If yes:</b> Probe about other vaccinations and record '66' in the respective day column of questions from IM2 to IM8. Record the code 1 (code for "Yes") only for such vaccinations as BCG, Polio 1-3, DPT-3, HepB 1-3, measles and Vitamin A.</p>				
<b>IM10. Has [NAME] ever received any vaccinations, including vaccinations received in a campaign or immunization day?</b> Yes ..... 1 No ..... 2 ⇒ IM19 DK ..... 8 ⇒ IM19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Child No.: .....	Child No.: .....	Child No.: .....	Child No.: .....
	Child name: .....	Child name: .....	Child name: .....	Child name: .....
<b>IM11. Has [NAME] ever been given a BCG vaccination against tuberculosis – that is, an injection often in the left shoulder that caused a scar?</b> Yes ..... 1 No..... 2 DK ..... 8				
<b>IM12. Has [NAME] ever been given any “vaccination drops in the mouth” to protect him/her from getting polio disease?</b> Yes ..... 1 No..... 2 ⇒ IM15 DK ..... 8 ⇒ IM15				
<b>IM14. How many times was [NAME] given this vaccination ? (number of times)</b>				
<b>IM15. Has [NAME] ever been given DPT vaccination? (sometimes given at the same time of anti-polio vaccination)</b> Yes ..... 1 No..... 2 ⇒ IM17 DK ..... 8 ⇒ IM17				
<b>IM16. How many times was [NAME] given vaccination? (Number of times)</b>				
<b>IM17. Has [NAME] ever been given measles vaccination? (this vaccination injection is a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles)</b> Yes ..... 1 No..... 2 DK ..... 8				
<b>IM19. Please tell me if [NAME] has participated in any of the following immunization campaign, immunization day of Vitamin A day?</b> Yes ..... 1 No..... 2 DK ..... 8				
<b>IM19A. Monthly immunization day</b>				
<b>IM19B. Periodic immunization day</b>				
<b>IM19C. Immunization Campaign day</b>				

INTERVIEWER CHECK AND INTERVIEW THE NEXT MOTHER/PRIMARY CARETAKER FOR THE NEXT U5 CHILDREN (IF ANY)

IF INFORMATION OF ALL U5 CHILDREN HAVE BEEN COLLECTED, INTERVIEWER FILL IN THE QUESTION 1A.

⇒ CHECK ALL QUESTIONNAIRES, THANK THE HOUSEHOLD AND CONCLUDE THE INTERVIEW