

Interviewer Name _____ ID Number _____ Date (DD/MM/YY) _____ Time (HH.MM) _____ Supervisor Checked (Y) (N)

START A NEW SHEET FOR EACH MOTHER ON YOUR LIST: COPY COMPOUND ID, HOUSEHOLD ID AND MOTHER ID INTO BOX 1

BOX 1	
Compound ID Number	____ _
Household ID Number	____ _
Mother ID Number	____ _

For each child, associated with this mother on your sheet, identify the child's current main caretaker in the household.
This might be the child's mother, or a grandmother, aunt, sister, etc.
The caretaker may be different from last year.

If different children of the mother from your sheet are being looked after by different caretakers, use a new sheet for each caretaker

Read consent form to caretaker.

Did the caretaker give consent?	1- Yes	2 - No	If no: end the interview.
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Is the Mother/Caretaker the same as on your list?

1- Yes	2 - No
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If no, enter the current caretaker/ mother's name into Box 2 below

BOX 2	
Current Caretaker's/Mother's First Name _____	Last Name _____

Is this household in the same concession as on your list?

1- Yes	2 - No
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if no: enter new location GPS _____

Copy HH and Compound ID numbers into all following pages. Confirm names, ID of all children being looked after by this caretaker, and copy them into the top of pages 2-5
Cross out unused columns in sheets 2-5

Comments

Start with first child, ask all questions 1 - 2G, then go to second child, ask all questions 1-2G for that child, etc.

Compound ID					Household ID									
A	Enter each child's first and last name													
B	Copy child's ID from your list.													
	ID					ID								
1	Is {first name} currently present? Circle one answer.				1 yes 4 no, child is dead > next child 5 no, child is temporarily absent > next child 6 no, child left permanently > next child				1 yes 4 no, child is dead > next child 5 no, child is temporarily absent > next child 6 no, child left permanently > next child					
2A	Has {first name} been enrolled in a health program at any point in the past year?				1 yes > 2B 2 no > 2D				1 yes > 2B 2 no > 2D					
Only if yes to 2A: 2B What is the name of the program?					1 Sigida Keneyali (Mali Health) 2 Other: _____ 9 Don't know					1 Sigida Keneyali (Mali Health) 2 Other: _____ 9 Don't know				
Only if yes to 2A: 2C What services did (first name) receive?					1 Free/reduced care at local clinic 2 Visits from a health worker > 2E 3 Free/reduced care at local clinic and visits from a healthworker > 2E 4 Did not receive any services 9 Other: _____					1 Free/reduced care at local clinic 2 Visits from a health worker > 2E 3 Free/reduced care at local clinic and visits from a healthworker > 2E 4 Did not receive any services 9 Other: _____				
Only if 2 in 2A or 1, 4 or 9 in 2C: 2D In the last two months, did you receive regular visits from a local health organization who measured {name's} weight and temperature?					1 yes >2E 2 no >2G					1 yes >2E 2 no >2G				
Only if 2 or 3 in 2C, or 1 in 2D: 2E Did (the health worker/the organization) check on the health of {first name} in the last 2 weeks?					1 yes 2 no					1 yes 2 no				
Only if 2 or 3 in 2C, or 1 in 2D: 2F Did you receive any health products from the health worker/the organization in the last year? (circle all that apply)					2 no 3 yes: aquatabs 4 yes: a mosquito net 5 yes: other _____					2 no 3 yes: aquatabs 4 yes: a mosquito net 5 yes: other _____				
Only if 2 in 2A or 2, 4 or 9 in 2C 2G Do you have a health card that allows {name} to get free care at the local clinic?					1 yes 2 no					1 yes 2 no				

Compound ID Household ID

A Enter each child's first and last name																		
B Copy child's ID from your list.				ID				ID				ID						
3A: Surveyor: enter today's date				Day:		Month:		Day:		Month:		Day:		Month:				
3B: Surveyor: Was the child born before today's date in 2012? Use the date of birth from the information sheet or ask mother				1 - Yes - over 2 years old >4 2 - No - under 2 years old >5				1 - Yes - over 2 years old >4 2 - No - under 2 years old >5				1 - Yes - over 2 years old >4 2 - No - under 2 years old >5						
4: If 1 in 3B and child can stand by themselves. Ask question for each child separately.																		
4A: Measure child's weight						.		KG			.		KG			.		KG
4B: Confirm that you have moved the scale				1 - Yes				1 - Yes				1 - Yes						
4C: Measure child's weight						.		KG			.		KG			.		KG
4D: Calculate 4A minus 4C						.		KG			.		KG			.		KG
IF 4D > 0,1kg or <-0,1kg, continue with 4E. Otherwise next child or Q6																		
4E: Confirm that you have moved the scale				1 - Yes				1 - Yes				1 - Yes						
4F: Measure child's weight						.		KG			.		KG			.		KG
4G: Calculate 4F minus 4A						.		KG			.		KG			.		KG
4H: Calculate 4F minus 4C						.		KG			.		KG			.		KG
If 4G > 0,1kg or <-0,1kg, AND 4H > 0,1kg or <-0,1kg, inform supervisor.																		
4I // CROSS OUT QUESTION 5 and go to Q 6.																		

5: If 2 in 3B or child cannot stand by themselves. Ask question for each child separately.																		
5A: Measure mother's weight						.		KG			.		KG			.		KG
5B: Measure weight of mother and child						.		KG			.		KG			.		KG
5C: calculate child's weight as 5B minus 5A						.		KG			.		KG			.		KG
5D: Confirm that you have moved the scale				1 - Yes				1 - Yes				1 - Yes						
5E: Measure mother's weight						.		KG			.		KG			.		KG
5F: Measure weight of mother and child						.		KG			.		KG			.		KG
5G: calculate child's weight as 5F minus 5E						.		KG			.		KG			.		KG
5H: Calculate 5C minus 5G						.		KG			.		KG			.		KG
IF 5H > 0,1kg or <-0,1kg, continue with 5I. Otherwise next child or Q6																		
5I Confirm that you have moved the scale				1 - Yes				1 - Yes				1 - Yes						
5J: Measure mother's weight						.		KG			.		KG			.		KG
5K: Measure weight of mother and child						.		KG			.		KG			.		KG
5L: calculate child's weight as 5K minus 5J						.		KG			.		KG			.		KG
5M: Calculate 5L minus 5C						.		KG			.		KG			.		KG
5N: Calculate 5L minus 5G						.		KG			.		KG			.		KG
If 5M > 0,1kg or <-0,1kg, AND 5N > 0,1kg or <-0,1kg, inform supervisor.																		
5O // CROSS OUT QUESTION 4 and go to Q 6.																		

6: Measure Child's Arm Circumference								MM					MM					MM
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Compound ID Household ID

A	Enter each child's first and last name													
B	Copy child's ID from your list.				ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ask Q7 and the following in the most suitable order														
7:	Do you have a vaccine card for {first name} ?			0 - Does not have vaccine card >7B	1 - Yes, is available to show >7A	2 - Yes, is not currently available >7J	0 - Does not have vaccine card >7B	1 - Yes, is available to show >7A	2 - Yes, is not currently available >7J	0 - Does not have vaccine card >7B	1 - Yes, is available to show >7A	2 - Yes, is not currently available >7J	0	
7A: If 1 is selected in Q7: Use the vaccine card to fill in whether the child has had any of the following vaccines then go to Q8 TICK HERE IF THIS IS A RETURN VISIT														
BCG/tuberculosis	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Polio 0	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Polio 1	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Polio 2	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Polio 3	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
DTCoq 1	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
DTCoq 2	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
DTCoq 3	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Hepatitis B 1	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Hepatitis B 2	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Hepatitis B 3	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
H Flu (Hib) 1	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
H flu (Hib) 2	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
H flu (Hib) 3	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Measles	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Yellow Fever	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
Vitamin A	1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no		1 - yes	2 - no			
{if 0 in Q7} 7B: (Name) he / she had any vaccines to prevent it from getting diseases , including vaccinations the day of a national vaccination campaign ?	1 yes >7C	2 no > next child or 8		1 yes >7C	2 no > next child or 8		1 yes >7C	2 no > next child or 8		1 yes >7C	2 no > next child or 8			
7C: The BCG vaccine against tuberculosis, that is to say an injection in the arm or shoulder , which usually leaves a scar ?	1 yes	2 no		1 yes	2 no		1 yes	2 no		1 yes	2 no			
7D: The polio vaccine , that is to say (the drops in the mouth of the child) he was given in the first 2 weeks after birth or later or later?	1 yes >7E	2 No >7F		1 yes >7E	2 No >7F		1 yes >7E	2 No >7F		1 yes >7E	2 No >7F			
[7D yes] 7E: How often does the polio vaccine has he been given	Fois (1-4)			Fois (1-4)			Fois (1-4)			Fois (1-4)				
7F: The DPT vaccine , that is to say an injection given in the thigh or buttock, sometimes given along with polio drops ?	1 yes >7G	2 No >7H		1 yes >7G	2 No >7H		1 yes >7G	2 No >7H		1 yes >7G	2 No >7H			
[7F yes] 7G: How many times has the DPT vaccine he was given	Fois (1-3)			Fois (1-3)			Fois (1-3)			Fois (1-3)				
7H:The vaccine against measles or MMR , that is, an injection in the arm à age 9 months or later , to protect it from measles?	1 yes	2 no		1 yes	2 no		1 yes	2 no		1 yes	2 no			
7I:The race the last six months, do you gave NAME a dose of vitamin A as it. [note : show sample]	1 yes	2 no		1 yes	2 no		1 yes	2 no		1 yes	2 no			
7J: If 2 in Q7, schedule a return visit for the mother to see the vaccine card. ENTER RETURN VISIT DATE __DD __MM: Record results on the above sheet.														

Compound ID		Household ID		Mother ID	
12A: What is the main source of drinking water for the members of your household? <i>[Tick one]</i>		12B: Did you change the source of your drinking water in the last two years?		1 <i>yes > 12C</i> 2 <i>no > 13</i>	
Indoor plumbing		Indoor plumbing		1	
Protected indoor well		Protected indoor well		2	
Non-protected indoor well		Non-protected indoor well		3	
Internal drilling		Internal drilling		4	
Water tank/water service		Water tank/water service		5	
Water seller		Water seller		6	
Bags/bottles of water		Bags/bottles of water		7	
Public drilling		Public drilling		8	
Protected outdoor well		Protected outdoor well		10	
Unprotected outdoor well		Unprotected outdoor well		11	
River/stream/lake		River/stream/lake		12	
Rain water/spring water		Rain water/spring water		13	
Dam/canal		Dam/canal		14	
water tower		water tower		15	
Other		Other		99	
12C: What was the previous main source of drinking water for the members of your household before you changed? <i>[Tick one]</i>		12C: What was the previous main source of drinking water for the members of your household before you changed? <i>[Tick one]</i>		1 <i>yes > 12C</i> 2 <i>no > 13</i>	
Indoor plumbing		Indoor plumbing		1	
Protected indoor well		Protected indoor well		2	
Non-protected indoor well		Non-protected indoor well		3	
Internal drilling		Internal drilling		4	
Water tank/water service		Water tank/water service		5	
Water seller		Water seller		6	
Bags/bottles of water		Bags/bottles of water		7	
Public drilling		Public drilling		8	
Protected outdoor well		Protected outdoor well		10	
Unprotected outdoor well		Unprotected outdoor well		11	
River/stream/lake		River/stream/lake		12	
Rain water/spring water		Rain water/spring water		13	
Dam/canal		Dam/canal		14	
water tower		water tower		15	
Other		Other		99	

13: Enter current day of week and backfill last week							
13A: Did you use water disinfectant for your drinking water in the last 7 days?	1 Yes > 13B 2 No > 13C						
13B: On which days did you use disinfectant?	1 Yes 2 No						
13C: Have you replaced the household's drinking water in the last 7 days?	1 Yes > 13D 2 No > 14						
13D: On which days did you change water?	1 Yes 2 No						

Q14: Surveyor: you are now going to test the family's drinking water.

- 1) Ask them for a small amount of the water they use for drinking.*
- 2) Put 50cc (2ml) of the water into the testing cup.*
- 3) Move the testing strip (with the testing window in the water) gently back and forth through the water for 20 seconds (about 40 strokes back and forth)*
- 4) Remove the testing strip, shake it once to remove the excess water, and fold the strip in half so that the handle is under the testing window (for a solid white background)*
- 5) Wait 20 seconds then match the color of the testing window to the color chart within 1 minute.*

ENTER APPROPRIATE NUMBER FROM COLOR CHART (BETWEEN 0 and 6)

15: Do you know how to make ORS?	1: Yes >15A 2: No >16		
15A: What are the ingredients? (Circle all that are mentioned)	1: Water 2: Sugar 3: Salt 4: Other		
16: For how many months after a child is born should a mother practice exclusive breast feeding?	Months		

END OF SURVEY