

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.

<b>Did the caretaker give consent?</b>	<b>1- Yes</b>	<b>2 - No</b>	<b>If no: end the interview.</b>
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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
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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	
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	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	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	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: _____	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	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	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 _____	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	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							
<b>4: If 1 in 3B and child can stand by themselves. Ask question for each child separately.</b>																						
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
<b>IF 4D &gt; 0,1kg or &lt;-0,1kg, continue with 4E. Otherwise next child or Q6</b>																						
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
<b>If 4G &gt; 0,1kg or &lt;-0,1kg, AND 4H &gt; 0,1kg or &lt;-0,1kg, inform supervisor.</b>																						
<b>4I // CROSS OUT QUESTION 5 and go to Q 6.</b>																						

<b>5: If 2 in 3B or child cannot stand by themselves. Ask question for each child separately.</b>																						
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
<b>IF 5H &gt; 0,1kg or &lt;-0,1kg, continue with 5I. Otherwise next child or Q6</b>																						
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
<b>If 5M &gt; 0,1kg or &lt;-0,1kg, AND 5N &gt; 0,1kg or &lt;-0,1kg, inform supervisor.</b>																						
<b>5O // CROSS OUT QUESTION 4 and go to Q 6.</b>																						

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				ID				ID			
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			0 - Does not have vaccine card >7B			0 - Does not have vaccine card >7B					
						1 - Yes, is available to show >7A			1 - Yes, is available to show >7A			1 - Yes, is available to show >7A					
						2 - Yes, is not currently available >7J			2 - Yes, is not currently available >7J			2 - Yes, is not currently available >7J					
<b>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 0</b>																	
BCG/tuberculosis						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					
Polio 1						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					
Polio 3						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					
DTCoq 2						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					
Hepatitis B 1						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					
Hepatitis B 3						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					
H flu (Hib) 2						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					
Measles						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					
Vitamin A						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					
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					
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					
[7D yes] 7E: How often does the polio vaccine has he been given						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					
[7F yes] 7G: How many times has the DPT vaccine he was given						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					
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					
<b>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.</b>																	

Compound ID				Household ID																											
A Enter each child's first and last name																															
B Copy child's ID from your list.								ID						ID						ID											
8: Has {name} had diarrhea in last 7 days?								1 Yes >8A 2 No > Next child or Q9								1 Yes >8A 2 No > Next child or Q9								1 Yes >8A 2 No > Next child or Q9							
8A: Enter current day of week and backfill last week																															
8B: What days did {name} have diarrhea?																															
8C: Were there any days when there was blood in the stool) (1 if yes 2 if no for each day)																															
8D: Were there any days with more than three loose stools? (1 if yes 2 if no for each day)																															
8E: Were there any days when you gave {name} ORT? (1 if yes 2 if no for each day)																															
9: Were you concerned about the health of {name} in the last 7 days?								1 Yes >9A 2 No > Next child or Q10								1 Yes >9A 2 No > Next child or Q10								1 Yes >9A 2 No > Next child or Q10							
9A: Enter current day of week and backfill last week																															
9B: For each day this week, fill in whether the mother was not concerned (4) somewhat concerned (5) or very concerned (6)																															
10: In the last week, have you or someone else in the household consulted or visited anyone about this child's health?								1 Yes >10A 2 No > Next child or Q11								1 Yes >10A 2 No > Next child or Q11								1 Yes >10A 2 No > Next child or Q11							
10A: Enter current day of week and backfill last week. For each of the health care providers below, put 1 for each day when provider saw the child:																															
10B: Médecin/infirmière au CSCOM																															
10C: Médecin/infirmière à l'hôpital (CSREF)																															
10D: Médecin/infirmière privé																															
10E Guérisseur traditionnel																															
10F: Pharmacie/pharmacien																															
10G: Pharmacie parterre/furatigi/marché/ boutique																															
10H: agent de santé /relais communautaire																															
10I: Autre																															
11: Did {Name} sleep under a mosquito net in the past 7 days?								1 Yes >11A 2 No > Next child or Q12								1 Yes >11A 2 No > Next child or Q12								1 Yes >11A 2 No > Next child or Q12							
11A: Ask to see the net, and circle what you saw								0 net was shown and is currently attached 1 Net was shown, but is not attached, could see how it would be attached 2 the net was found but was not attached, could not see how it would be attached 3 Respondent could not show net 4 Other								0 net was shown and is currently attached 1 Net was shown, but is not attached, could see how it would be attached 2 the net was found but was not attached, could not see how it would be attached 3 Respondent could not show net 4 Other								0 net was shown and is currently attached 1 Net was shown, but is not attached, could see how it would be attached 2 the net was found but was not attached, could not see how it would be attached 3 Respondent could not show net 4 Other							

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

<p><i>Q14: Surveyor: you are now going to test the family's drinking water.</i></p> <p><i>1) Ask them for a small amount of the water they use for drinking.</i></p> <p><i>2) Put 50cc (2ml) of the water into the testing cup.</i></p> <p><i>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)</i></p> <p><i>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)</i></p> <p><i>5) Wait 20 seconds then match the color of the testing window to the color chart within 1 minute.</i></p>		
<b>ENTER APPROPRIATE NUMBER FROM COLOR CHART (BETWEEN 0 and 6)</b>		

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		
<b>END OF SURVEY</b>			