

Appendix E. Thailand MICS Questionnaires



HOUSEHOLD QUESTIONNAIRE

Situation of women and children in Thailand, 2558

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___	
HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: ___ ___ / ___ ___ / 2 0 1 ___	HH7. REGION: BANGKOK..... 1 CENTRAL..... 2 NORTH..... 3 NORTHEAST 4 SOUTH 5	
HH6. AREA: Urban 1 Rural 2		
HH7A. PROVINCE..... ___ ___		
<p>WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20. MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit..... 02 Entire household absent for extended period of time 03 Refused..... 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (specify) 96		

<i>After the household questionnaire has been completed, fill in the following information:</i>	
HH10. Respondent to Household Questionnaire: Name _____	
HH11. Total number of household members: ___ ___	
HH12. Number of women age 15-49 years: ___ ___	
HH13A. Number of men age 15-49 years: ___ ___	
HH14. Number of children under age 5: ___ ___	

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH13. Number of women's questionnaires completed: ___ ___	
HH13B. Number of men's questionnaires completed: ___ ___	
HH15. Number of under-5 questionnaires completed: ___ ___	

HH18. Record the time.

Hour — —

Minutes — —

LIST OF HOUSEHOLD MEMBERS

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
Use an additional questionnaire if all rows in the List of Household Members have been used.

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 9998 DK DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	For women age 15-49 HL7. Circle line no. if woman age 15-49	For men age 15-49 HL7A. Circle line no. if man age 15-49	For children age 0-4 HL7B. Circle line no. if age 0-4
Line	Name	Relation*	M F	Month Year	Age	15-49	15-49	0-4
01		01	1 2	— — — —	— —	01	01	01
02		— —	1 2	— —	— —	02	02	02
03		— —	1 2	— —	— —	03	03	03
04		— —	1 2	— —	— —	04	04	04
05		— —	1 2	— —	— —	05	05	05
06		— —	1 2	— —	— —	06	06	06
07		— —	1 2	— —	— —	07	07	07
08		— —	1 2	— —	— —	08	08	08
09		— —	1 2	— —	— —	09	09	09
10		— —	1 2	— —	— —	10	10	10

Tick here if additional questionnaire used ☐

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

		For children age 0-17 years							For children age 0-14	
HL1. Line no.	HL2. NAME	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL11. Is (name)'s NATURAL MOTHER ALIVE? 1 Yes 2 No ³ 8 DK ³ HL13	HL12. DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? If "Yes", record line no. of mother and go to HL13. If "No", record 00.	HL12A. WHERE DOES (name)'s NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. Is (name)'s NATURAL FATHER ALIVE? 1 Yes 2 No ³ 8 DK ³ HL15	HL14. DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSE-HOLD? If "Yes", record line no. of father and go to HL15. If "No", record 00.	HL14A. WHERE DOES (name)'s NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)? Record line no. of primary caretaker	
Line	Name	Age	Y N DK	Mother		Y N DK	Father		Mother	
01		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	
02		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	
03		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	
04		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	
05		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	
06		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	
07		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	
08		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	
09		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	
10		— —	1 2 8	— — —	1 2 3 8	1 2 8	— — —	1 2 3 8	— — —	

Tick here if additional questionnaire used
☐

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

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

EDUCATION				For household members age 5 and above				For household members age 5-24 years				ED
ED1. Line number	ED2. Name and age Copy from HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE 2015-16 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2014-15, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?				
		Level: If level=00, skip to ED5	Grade: 98 DK	Level: If level=00, skip to ED7	Grade: 98 DK	Level: See codes below	Grade: 98 DK	Yes	No	DK	Level*	Grade
01		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		
02		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		
03		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		
04		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		
05		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		
06		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		
07		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		
08		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		
09		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		
10		1 Yes 2 No [↘] Next Line			1 Yes 2 No [↘] ED7			1	2	8		

* Codes for ED4A, ED6, ED8: Level of education	00 Pre-school 01 Primary 02 Secondary	03 Associate / Commercial college degree 04 Diploma 05 Bachelor degree	06 Master degree 07 Doctoral degree 98 DK
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SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

SL

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

Total number —

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

☐ Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.

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

☐ Two or more ⇒ Continue with SL2A.

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

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6
Rank	Line	Name	M	F	Age
1	— —		1	2	— —
2	— —		1	2	— —
3	— —		1	2	— —
4	— —		1	2	— —
5	— —		1	2	— —
6	— —		1	2	— —
7	— —		1	2	— —
8	— —		1	2	— —

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

Check the total number of children age 1-14 years in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.

Rank number —

Line number — —

Name

Age — —

CHILD DISCIPLINE		CD																																				
CD2. Write the line number and name of the child from SL9.	Line number Name																																					
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name)</u> IN THE PAST MONTH.	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>Took away privileges..... 1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY <u>(name)</u>'S BEHAVIOUR WAS WRONG.</td> <td>Explained wrong behaviour..... 1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>Shook him/her 1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>Shouted, yelled, screamed 1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>Gave something else to do 1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>Spanked, hit, slapped on bottom with bare hand 1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td>Hit with belt, hairbrush, stick, or other hard object 1</td> <td>2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>Called dumb, lazy, or another name 1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>Hit / slapped on the face, head or ears 1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>Hit / slapped on hand, arm or leg 1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td>Beat up, hit over and over as hard as one could 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	Took away privileges..... 1	2	[B] EXPLAINED WHY <u>(name)</u> 'S BEHAVIOUR WAS WRONG.	Explained wrong behaviour..... 1	2	[C] SHOOK HIM/HER.	Shook him/her 1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Shouted, yelled, screamed 1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	Gave something else to do 1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Spanked, hit, slapped on bottom with bare hand 1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Hit with belt, hairbrush, stick, or other hard object 1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Called dumb, lazy, or another name 1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Hit / slapped on the face, head or ears 1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Hit / slapped on hand, arm or leg 1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Beat up, hit over and over as hard as one could 1	2	
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CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No 2 DK / No opinion 8																																					

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Buddhism.....1 Islam2 Christianity3 Other religion (<i>specify</i>) 6 No religion7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Thai (including local dialect).....01 Chinese.....02 Burmese.....03 Khmer/Kuy.....04 Malaysian/Yawee05 Lao.....06 English.....07 Other language (<i>specify</i>) 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand.....11 Rudimentary floor Wood planks.....21 Palm / Bamboo22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips32 Ceramic tiles.....33 Cement.....34 Carpet.....35 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing Thatch / Palm leaf.....12 Rudimentary roofing Wood planks.....23 Finished roofing Metal / Tin / Alloy31 Ceramic tiles.....34 Cement.....35 Other (<i>specify</i>) 96	

HC5. Main material of the exterior walls. <i>Record observation.</i>	Natural walls Cane / Palm / Trunks 12 Rudimentary walls Bamboo with mud 21 Plywood 24 Reused wood 26 Finished walls Cement 31 Stone with lime / cement 32 Bricks 33 Cement blocks 34 Wood planks / shingles 36 Other (<i>specify</i>) 96																																																				
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity 01 Liquefied Petroleum Gas (LPG) 02 Charcoal 07 Wood 08 No food cooked in household 95 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 95⇒HC8																																																			
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? <i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>	In the house In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4 Other (<i>specify</i>) 6																																																				
HC8. DOES YOUR HOUSEHOLD HAVE: [A] ELECTRICITY? [B] A RADIO? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR? [F] AN ELECTRIC FAN? [G] A WASHING MACHINE? [H] AN OVEN/MICROWAVE OVEN? [I] A COMPUTER? [J] A TABLET? [K] A VCD/DVD PLAYER? [L] A BLU-RAY PLAYER? [M] AN AIR CONDITIONER? [N] A TELEVISION (PLAIN MONITOR)? [O] A TELEVISION (LCD/LED/PLASMA MONITOR)? [P] A CHARCOAL STOVE? [Q] A WATER COOLER?	<table> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr><td>Electricity</td><td>1</td><td>2</td></tr> <tr><td>Radio</td><td>1</td><td>2</td></tr> <tr><td>Non-mobile telephone</td><td>1</td><td>2</td></tr> <tr><td>Refrigerator.....</td><td>1</td><td>2</td></tr> <tr><td>Electric fan.....</td><td>1</td><td>2</td></tr> <tr><td>Washing machine</td><td>1</td><td>2</td></tr> <tr><td>Oven/Microwave oven</td><td>1</td><td>2</td></tr> <tr><td>Computer</td><td>1</td><td>2</td></tr> <tr><td>Tablet.....</td><td>1</td><td>2</td></tr> <tr><td>VCD/DVD player.....</td><td>1</td><td>2</td></tr> <tr><td>BLU-RAY player</td><td>1</td><td>2</td></tr> <tr><td>Air conditioner.....</td><td>1</td><td>2</td></tr> <tr><td>Television (Plain).....</td><td>1</td><td>2</td></tr> <tr><td>Television (LCD/LED/Plasma).....</td><td>1</td><td>2</td></tr> <tr><td>Charcoal stove.....</td><td>1</td><td>2</td></tr> <tr><td>Water cooler</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Non-mobile telephone	1	2	Refrigerator.....	1	2	Electric fan.....	1	2	Washing machine	1	2	Oven/Microwave oven	1	2	Computer	1	2	Tablet.....	1	2	VCD/DVD player.....	1	2	BLU-RAY player	1	2	Air conditioner.....	1	2	Television (Plain).....	1	2	Television (LCD/LED/Plasma).....	1	2	Charcoal stove.....	1	2	Water cooler	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[C] A BICYCLE?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p> <p>[H] TWO-WHEELED TRACTOR?</p> <p>[I] FOUR-WHEELED TRACTOR?</p> <p>[J] A TRADITIONAL MOBILE PHONE?</p> <p>[K] A SMART PHONE?</p> <p>[L] A MOTORCYCLE OR SCOOTER?</p> <p>[M] A SPORT MOTORCYCLE (BIG BIKE)?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Two-wheeled tractor</td> <td>1</td> <td>2</td> </tr> <tr> <td>Four-wheeled tractor</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile phone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Smart phone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sport motorcycle.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch	1	2	Bicycle	1	2	Car / Truck.....	1	2	Boat with motor.....	1	2	Two-wheeled tractor	1	2	Four-wheeled tractor	1	2	Mobile phone	1	2	Smart phone	1	2	Motorcycle / Scooter.....	1	2	Sport motorcycle.....	1	2	
	Yes	No																																	
Watch	1	2																																	
Bicycle	1	2																																	
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Motorcycle / Scooter.....	1	2																																	
Sport motorcycle.....	1	2																																	
<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i></p>	<p>Own1</p> <p>Rent2</p> <p>Other (<i>specify</i>) 6</p>																																		
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes1</p> <p>No2</p>	2⇒HC13																																	
<p>HC12. HOW MANY RAIS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record “00”. If 95 or more, record “95”. If unknown, record “98”.</i></p>	<p>Rais _ _</p>																																		
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes1</p> <p>No2</p>	2⇒HC15																																	
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] DUCKS OR GEESE?</p> <p><i>If none, record “00”. If 95 or more, record “95”. If unknown, record “98”.</i></p>	<p>Cattle, milk cows, or bulls _ _</p> <p>Horses, donkeys, or mules _ _</p> <p>Goats _ _</p> <p>Sheep _ _</p> <p>Chickens..... _ _</p> <p>Pigs..... _ _</p> <p>Ducks or geese..... _ _</p>																																		

HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes1 No2	
HC16. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A CREDIT CARD?	Yes1 No2	

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

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

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

HH19. <i>Record the time.</i>	Hour and minutes : ..	
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SALT IODIZATION		SI
<p>WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>		
SI1. Result of the test using iodate reagent	<p>Not iodized - 0 PPM 1</p> <p>More than 0 PPM & less than 15 PPM..... 2</p> <p>15 PPM or more 3</p> <p>No salt in the house..... 4</p> <p>Salt not tested (specify reason) 5</p>	<p>2⇒HH20</p> <p>3⇒HH20</p> <p>4⇒HH20</p> <p>5⇒HH20</p>
SI2. Result of the test using iodide reagent	<p>Not iodized - 0 PPM 1</p> <p>More than 0 PPM & less than 15 PPM..... 2</p> <p>15 PPM or more 3</p>	

HH20. *Thank the respondent for his/her cooperation and check the List of Household Members:*

- ☐ *A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7).*
- ☐ *A separate Questionnaire for Individual Men has been issued for each man age 15-49 years in the List of Household Members (HL7A).*
- ☐ *A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B).*

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Supervisor's Observations



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

SITUATION OF WOMEN AND CHILDREN IN THAILAND, 2558

Thailand

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

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in WM7. Discuss this result with your supervisor.</p>	

WM7. Result of woman's interview	Completed..... 01 Not at home..... 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify)_____ 96
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WM10. <i>Record the time.</i>	Hour and minutes : ..	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent.</i>	Date of birth Month..... DK month.....98 Year DK year.....9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent.</i>	Age (in completed years)	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 00 Primary 01 Secondary 02 Associate / Commercial college degree 03 Diploma 04 Bachelor degree 05 Master degree 06 Doctoral degree 07	00⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00".</i>	Grade	
WB6. Check WB4: <input type="checkbox"/> Secondary through doctoral degree (WB4=02 to 07) ⇒ Go to Next Module. <input type="checkbox"/> Primary (WB4=01) ⇒ Continue with WB7.		

<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all 1</p> <p>Able to read only parts of sentence 2</p> <p>Able to read whole sentence 3</p> <p>No sentence in required language _____ 4 <i>(specify language)</i></p> <p>Blind / visually impaired 5</p>	
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FERTILITY		CM
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR THE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM4 only if year of first birth is given.</i> <i>Otherwise, continue with CM3.</i>	Date of first birth Month..... __ __ DK month..... 98 Year __ __ __ __ DK year..... 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth..... __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record "00".</i>	Sons at home __ __ Daughters at home..... __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record "00".</i>	Sons elsewhere..... __ __ Daughters elsewhere __ __	

<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If “No” probe by asking:</i> 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?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒CM10</p>
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record “00”.</i></p>	<p>Boys dead _ _</p> <p>Girls dead _ _</p>	
<p>CM10. Sum answers to CM5, CM7, and CM9.</p>	<p>Sum _ _</p>	
<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p><input type="checkbox"/> No live births ⇒ Go to CONTRACEPTION Module.</p> <p><input type="checkbox"/> One or more live births ⇒ Continue with CM12.</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12.</p>		
<p>CM12. OF THESE (<i>total number in CM10</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>Month and year must be recorded.</p>	<p>Date of last birth</p> <p>Month _ _</p> <p>Year _ _ _ _</p>	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (month of interview) in 2013 (if the month of interview and the month of birth are the same, and the year of birth is 2013, consider this as a birth within the last 2 years).</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to CONTRACEPTION Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the last-born child-</p> <p style="text-align: center;">Name of last-born child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with Next Module.</i></p>		

DESIRE FOR LAST BIRTH
DB

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i>	Months..... 1 __ __ Years 2 __ __ DK..... 998	

MATERNAL AND NEWBORN HEALTH
MN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Health centre staff/nurse's aide D Other person Community health worker G Other (specify) X													
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? <i>Record the answer as stated by respondent.</i>	Weeks..... 1 ____ Months 2 0 ____ DK..... 998													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	Number of times ____ DK..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Blood pressure</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample.....	1	2												

MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK..... 8	2⇒MN6 3⇒MN6 8⇒MN6																																							
MN5A. Check card and record the details for blood test below. [A] STIs (VDRL) 1 st time, test taken [B] STIs (VDRL) 2 nd time test taken [C] Screening of Thalassemia (Wife) [D] Screening of Thalassemia (Husband)	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1st VDRL test taken</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>↓</td> <td></td> </tr> <tr> <td></td> <td><u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u></td> <td></td> </tr> <tr> <td>2nd VDRL test taken</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>↓</td> <td></td> </tr> <tr> <td></td> <td><u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u></td> <td></td> </tr> <tr> <td>Thalassemia test OF/DCIP/MCV.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>↓</td> <td></td> </tr> <tr> <td></td> <td><u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u></td> <td></td> </tr> <tr> <td>Thalassemia test OF/DCIP/MCV.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>↓</td> <td></td> </tr> <tr> <td></td> <td><u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u></td> <td></td> </tr> </tbody> </table>		Yes	No	1 st VDRL test taken	1	2		↓			<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		2 nd VDRL test taken	1	2		↓			<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		Thalassemia test OF/DCIP/MCV.....	1	2		↓			<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		Thalassemia test OF/DCIP/MCV.....	1	2		↓			<u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		
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MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes 1 No 2 DK..... 8	2⇒MN9 8⇒MN9																																							
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?	Number of times DK..... 8	8⇒MN9																																							
MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN17. <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9.																																									
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes 1 No 2 DK..... 8	2⇒MN17 8⇒MN17																																							
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times DK..... 8	8⇒MN17																																							
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If less than 1 year, record '00'.</i>	Years ago																																								

<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Nurse / Midwife B</p> <p>Health centre staff/nurse's aide D</p> <p>Other person</p> <p>Community health worker G</p> <p>Relative / Friend H</p> <p>Other (specify) X</p> <p>No one Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government clinic / health centre 22</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Other private medical (specify) 36</p> <p>Other (specify) 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒MN20</p>
<p>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before 1</p> <p>After 2</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>DK 8</p>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>

MN22. HOW MUCH DID (<i>name</i>) WEIGH? <i>If a card is available, record weight from card.</i>	From card 1 (kg) ____ . ____ From recall..... 2 (kg) ____ . ____ DK.....99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes 1 No 2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2⇒ MN28
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record “00” hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately000 Hours 1 ____ Days 2 ____ DK / Don’t remember998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒MN28
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) A Plain water B Sugar or glucose water C Gripe water D Sugar-salt-water solution..... E Fruit juice F Infant formula..... G Tea / Infusions H Honey I Other (<i>specify</i>) _____ X	
MN28. IN THE FIRST 42 DAYS AFTER THE DELIVERY OF (<i>name</i>), DID YOU RECEIVE ANY POST-NATAL HEALTH CHECKS?	Yes 1 No 2	2⇒ Next module
MN29. HOW MANY TIMES DID YOU RECEIVE THESE CHECKS WITHIN 42 DAYS OF DELIVERY? <i>If 7 or more times, record ‘7’ If Unsure or DK, record ‘8’</i>	Number of times	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK..... 8	1⇒CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU OR YOUR PARTNER CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	1⇒CP3
CP2A1. WHAT IS THE REASON THAT YOU OR YOUR PARTNER CURRENTLY NOT DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Not married 01 Fertility-related reasons Not having sex 02 Infrequent sex 03 Menopausal/hysterectomy 04 Can't get pregnant 05 Not menstruated since last birth 06 Breast feeding 07 Up to God/Fatalistic 08 Wanted to have child 09 Opposition to Use Respondent opposed 10 Husband/Partner opposed 11 Others opposed 12 Religious prohibition 13 Lack of knowledge Knows no method 14 Knows no source 15 Method-related reasons Side effects/Health concerns 16 Lack of access/Too far 17 Cost too much 18 Preferred method not available 19 No method available 20 Inconvenient to use 21 Interferes with body's normal processes 22 Un-anticipated sex 23 Other (<i>specify</i>) 96 DK 98	

<p>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒ Next Module</p> <p>2⇒ Next Module</p>
<p>CP3. WHAT ARE YOU OR YOUR PARTNER DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam / Jelly J</p> <p>Periodic abstinence / Rhythm L</p> <p>Withdrawal M</p> <p>Contraceptive patch N</p> <p>Other (<i>specify</i>) X</p>	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2. <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5.		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None..... 2 Undecided / DK..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3: Currently using “Female sterilization”? <input type="checkbox"/> Yes ⇒ Go to UN13. <input type="checkbox"/> No ⇒ Continue with UN6.		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None..... 2 Says she cannot get pregnant 3 Undecided / DK..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i>	Months 1 ____ Years..... 2 ____ Does not want to wait (soon/now)..... 993 Says she cannot get pregnant 994 After marriage 995 Other 996 DK 998	994⇒UN11
UN8. Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13. <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9.		

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

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

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

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO ASK ABOUT THE KNOWLEDGE AND UNDERSTANDING OF HIV/AIDS HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1 No 2	2⇒HA28
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No 2 DK..... 8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No 2 DK..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No 2 DK..... 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:	<div> <div>YesNoDK</div> <div> [A] DURING PREGNANCY? During pregnancy 128 [B] DURING DELIVERY? During delivery 128 [C] BY BREASTFEEDING? By breastfeeding 128 </div> </div>	

HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																					
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																					
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8																					
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8																					
HA12A. DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?	Yes 1 No 2 DK / Not sure / Depends 8																					
HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13= "No" or blank) ⇒ Go to HA24. <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14.																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15. <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24.																						
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother	1	2	8	Things to do	1	2	8	Tested for AIDS	1	2	8	Offered a test	1	2	8	
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HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No 2 DK..... 8	2⇒HA19 8⇒HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2 DK..... 8	2⇒HA22 8⇒HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes..... 1 No 2 DK..... 8	1⇒HA22 2⇒HA22 8⇒HA22
HA19. Check MN17: Birth delivered by health professional (A, B or D)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or D) ⇒ Continue with HA20. <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24.		
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes..... 1 No 2	2⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago..... 3	1⇒HA28 2⇒ HA28 3⇒ HA28
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No 2	2⇒HA27

HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	1⇒ HA28 2⇒ HA28 8⇒ HA28
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	
HA28. CHECK AGE IS BETWEEN 15-24 (WB2= 15-24) AND EVER ATTENDED SCHOOL (WB3=1) <input type="checkbox"/> YES => CONTINUE WITH HA29 <input type="checkbox"/> NO => SKIP TO WM11		
HA29. "DID YOU STUDY SEXUALITY EDUCATION IN SCHOOL?" "SEXUALITY EDUCATION ON TOPICS SUCH AS BIRTH CONTROL, SAFE SEX, TEEN PREGNANCY, REPRODUCTIVE TRACT INFECTIONS AND GOOD HEALTH"	Yes 1 No 2	2⇒WM11
HA30. "WHAT LEVEL DID YOU FIRST HAVE SEXUALITY EDUCATION?"	Primary 1 Lower Secondary 2 Upper Secondary 3 Vocational 4 Diploma 5 DK/Unsure 8	

WM11. <i>Record the time.</i>	Hour and minutes ____ : ____	
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<p>WM12. <i>Check List of Household Members, columns HL7B and HL15:</i></p> <p><i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.</i></p>
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Interviewer's Observations

Supervisor's Observations



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

SITUATION OF WOMEN AND CHILDREN IN THAILAND, 2558

Thailand

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / 201__	
<p>Repeat greeting if not already read to this respondent:</p> <p>WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>		
<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>		
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</p>		
<p>UF9. Result of interview for children under 5</p> <p>Codes refer to mother/caretaker.</p>	<p>Completed01</p> <p>Not at home02</p> <p>Refused03</p> <p>Partly completed04</p> <p>Incapacitated05</p> <p>Other (<i>specify</i>)96</p>	

UF12. <i>Record the time.</i>	Hour and minutes..... __ __ : __ __	
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AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day __ __</p> <p>DK day 98</p> <p>Month..... __ __</p> <p>Year 2 5 5 _</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) __</p>	

BIRTH REGISTRATION		BR
<p><i>"THE BIRTH CERTIFICATE IS ISSUED BY THE REGISTRAR AFTER A REPORT OF BIRTH IS MADE AT THE DISTRICT OR MUNICIPAL OFFICE. IF THE PARENT/GUARDIAN ONLY HAS A "CERTIFICATE OF REPORT OF BIRTH" ISSUED BY THE DELIVERING HOSPITAL THEN THAT INDICATES THAT A BIRTH CERTIFICATE HAS NOT BEEN ISSUED."</i></p>		
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen.....1 Yes, not seen.....2 No3 DK.....8	1⇒Next Module
BR2. HAS (name)'S BIRTH CERTIFICATE BEEN ISSUED BY THE REGISTRAR AT THE DISTRICT OR MUNICIPALITY?	Yes1 No2 DK.....8	1⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes1 No2	1⇒BR5
BR4. DO YOU KNOW THAT YOU HAVE TO REPORT THE BIRTH AND OBTAIN A BIRTH CERTIFICATE FOR (name)?	Yes1 No2	2⇒Next Module
BR5. WHAT IS THE MAIN REASON FOR NOT REPORTING THE BIRTH AND OBTAIN A BIRTH CERTIFICATE FOR (name)?	High cost.....1 Too far to travel2 Did not want to be fined.....3 Did go to the district/municipality, but the registrar did not register the birth4 Do not know the location of registrar's office5 Other (specify)6 DK.....8	

EARLY CHILDHOOD DEVELOPMENT		EC																
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None00 Number of children's books0 ____ Ten or more books 10																	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
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Homemade toys	1	2	8															
Toys from a shop.....	1	2	8															
Household objects or outside objects	1	2	8															
EC2D. DOES HE/SHE PLAY WITH ELECTRONIC DEVICES (SUCH AS MOBILE PHONE, TABLET OR GAME PLAYER)?	Yes 1 No2 DK.....8																	
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i> : [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? If 'none' enter '0'. If 'don't know' enter '8'.	Number of days left alone for more than an hour ____ Number of days left with other child for more than an hour ____																	

<p>EC4. Check AG2: Age of child.</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5.</p>																																							
<p>EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>		<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																					
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p>		<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[B] TOLD STORIES TO (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[E] PLAYED WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>				Mother	Father	Other	No one	[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	A	B	X	Y	[B] TOLD STORIES TO (name)?	A	B	X	Y	[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	A	B	X	Y	[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A	B	X	Y	[E] PLAYED WITH (name)?	A	B	X	Y	[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A	B	X	Y
	Mother	Father	Other	No one																																			
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[E] PLAYED WITH (name)?	A	B	X	Y																																			
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A	B	X	Y																																			
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (name)'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>		<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																					
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>		<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																					
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>		<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																																					

EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes 1 No 2 DK..... 8	
EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes 1 No 2 DK..... 8	
EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes 1 No 2 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes 1 No 2 DK..... 8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes 1 No 2 DK..... 8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes 1 No 2 DK..... 8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes 1 No 2 DK..... 8	

BREASTFEEDING AND DIETARY INTAKE
BD

 BD1. *Check AG2: Age of child*

- ☐ *Child age 0, 1 or 2 ⇒ Continue with BD2.*
- ☐ *Child age 3 or 4 ⇒ Go to IMMUNIZATION Module*

BD2. HAS <i>(name)</i> EVER BEEN BREASTFED?	Yes..... 1 No 2 DK..... 8	2⇒BD4 8⇒BD4
BD3. IS <i>(name)</i> STILL BEING BREASTFED?	Yes..... 1 No 2 DK..... 8	2⇒BD4 8⇒BD4
BD3A. HOW MANY TIMES WAS <i>(name)</i> BREASTFED YESTERDAY, DURING THE DAY OR NIGHT?	Number of times breastfeed.....__ __	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID <i>(name)</i> <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes..... 1 No 2 DK..... 8	
BD5. DID <i>(name)</i> <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BD6. DID <i>(name)</i> <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	

<p>BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:</p>				
<p>[A] PLAIN WATER?</p> <p>IF THE RESPONDENT SAYS "YES", THEN PROBE TO LEARN SPECIFICALLY THAT THE CHILD WAS GIVEN WATER ONLY FOR DRINKING AND NOT FOR MOUTH WASH OR CLEANING TO ASCERTAIN THE RESPONSE.</p>	<p>Plain water</p>	<p>Yes No DK</p>		
<p>[B] JUICE OR JUICE DRINKS?</p>	<p>Juice or juice drinks</p>	<p>1 2 8</p>		
<p>[C] NAMSOU?</p>	<p>Namsoup</p>	<p>1 2 8</p>		
<p>[D] MILK SUCH AS FRESH MILK, TINNED, PACKED, BOXED, UHT, PASTEURIZED, POWDERED, SOYA OR CORN?</p>	<p>Milk</p>	<p>1 2 8</p>		
<p><i>If yes:</i> HOW MANY TIMES DID (name) DRINK MILK? <i>If unknown, record '98'.</i></p>	<p>Number of times drank milk.....__ __</p>			
<p>[E] INFANT FORMULA?</p>	<p>Infant formula</p>	<p>1 2 8</p>		
<p><i>If yes:</i> HOW MANY TIMES DID (name) DRINK INFANT FORMULA? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i></p>	<p>Number of times drank infant formula __</p>			
<p>[F] ANY OTHER LIQUIDS?</p> <p>(Specify)_____</p>	<p>Other liquids</p>	<p>1 2 8</p>		

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:				
		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>		Number of times drank/ate yogurt..... __		
[B] ANY FORTIFIED BABY FOOD, E.G., CERELAC, NESTLE, PEDIASURE?	Fortified baby food, e.g. Cerelac	1	2	8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT FORTIFIED BABY FOOD? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>		Number of times drank/ate fortified food..... __		
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES OR VEGETABLES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS, THAI MELON, CANTALOUPE, AND MELON?	Ripe mangoes, papayas, Thai melon, etc.	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (Specify) _____	Other solid, semi-solid, or soft food	1	2	8

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

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

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

- ☐ The child did not eat or the respondent does not know ⇒ Go to Next Module.
- ☐ The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11.

BD11. HOW MANY TIMES DID (name) EAT ANY SOLID,
SEMI-SOLID OR SOFT FOODS YESTERDAY DURING
THE DAY OR NIGHT?

If 7 or more times, record '7'.

Number of times —

DK..... 8

IMMUNIZATION										IM
If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16B will only be asked if a card is not available.										
IM1. DO YOU HAVE A CARD WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>					Yes, seen1 Yes, not seen2 No card3					1⇒IM3 2⇒IM6
IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD FOR (<i>name</i>)?					Yes1 No2					1⇒IM6 2⇒IM6
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.					Date of Immunization					
					Day		Month		Year	
BCG	BCG									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
POLIO 4	OPV4									
POLIO 5	OPV5									
DPT 1	DPT1									
DPT 2	DPT2									
DPT 3	DPT3									
DPT 4	DPT4									
DPT 5	DPT5									
HEPB AT BIRTH	HEP0									
HEPB 1	HEP1									
HEPB 2	HEP2									
HEPB 3	HEP3									
MMR 1	MMR1									
MMR 2	MMR2									
JAPE 1	JE1									
JAPE 2	JE2									
JAPE 3	JE3									

IM4. Check IM3. Are all vaccines (**BCG to JE3**) recorded?

☐ Yes ⇒ Go to **IM19**.

☐ No ⇒ Continue with **IM5**.

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?

☐ Yes ⇒ Go back to **IM3** and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to **IM19**.

☐ No/DK ⇒ Go to **IM19**.

IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes.....1 No2 DK.....8	2⇒IM19 8⇒IM19
IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes.....1 No2 DK.....8	
IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes.....1 No2 DK.....8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes.....1 No2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times	
IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio.</i>	Yes.....1 No2 DK.....8	2⇒IM13 8⇒IM13
IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?	Number of times	

<p>IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines.</i></p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>IM16A. HAS (<i>name</i>) EVER RECEIVED A JE VACCINE TO PREVENT HIM/HER FROM GETTING JAPANESE ENCEPHALITIS – THAT IS, A SHOT ON THE UPPER ARM OR THIGH?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒IM19</p> <p>8⇒IM19</p>
<p>IM16B. HOW MANY TIMES WAS A JE VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS:</p> <p>[A] MR CAMPAIGN FOR CHILDREN AGE 2.5 TO 7 YEARS OLD (1 MAY – 30 SEPTEMBER 2015)</p> <p>[B] POLIO CAMPAIGN FOR SPECIAL TARGET GROUP (1 JANUARY – 30 APRIL 2015)</p>	<p style="text-align: right;">Y N DK</p> <p>MR campaign..... 1 2 8</p> <p>Polio campaign 1 2 8</p>	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> HAD DIARRHOEA? BY DIARRHEA I MEAN THE CHIDL HAD AT LEAST THREE STOOLS A DAY, OR STOOLS WITH MUCUS AND BLOOD AT LEAST ONE TIME, OR LIQUID STOOLS MORE THAN ONE TIME PER DAY?	Yes 1 No 2 DK..... 8	2⇒CA6A 8⇒ CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH <i>(name)</i> WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK..... 8	
CA3. DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4

<p>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... A</p> <p>Government health centre B</p> <p>Community health worker D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician..... J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative / Friend..... P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) X</p>	
<p>CA4. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK A FLUID MADE FROM ORS PACKET?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA4F</p> <p>8⇒CA4F</p>
<p>CA4B. WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital.....11</p> <p>Government health centre12</p> <p>Community health worker14</p> <p>Mobile / Outreach clinic15</p> <p>Other public (<i>specify</i>)16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician.....22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>Other private medical (<i>specify</i>)26</p> <p>Other source</p> <p>Relative / Friend.....31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (<i>specify</i>)96</p>	
<p>CA4F. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK HEALTH PERSONNEL RECOMMENDED HOMEMADE FLUID?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) X</p>	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA9A</p> <p>8⇒CA9A</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) 6</p> <p>DK 8</p>	<p>1⇒CA10</p> <p>2⇒CA10</p> <p>3⇒CA10</p> <p>6⇒CA10</p> <p>8⇒CA10</p>
<p>CA9A. <i>Check CA6A: Had fever?</i></p> <p><input type="checkbox"/> <i>Child had fever ⇒ Continue with CA10.</i></p> <p><input type="checkbox"/> <i>Child did not have fever ⇒ Go to CA14.</i></p>		
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>

<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital..... A</p> <p>Government health centre B</p> <p>Community health worker D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician..... J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend..... P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>

<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotics:</p> <p>Pill / SyrupI</p> <p>Injection.....J</p> <p>Other medications:</p> <p>Paracetamol.....P</p> <p>AspirinQ</p> <p>Ibuprofen.....R</p> <p>Other (<i>specify</i>)X</p> <p>DK.....Z</p>	
<p>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13B.</p> <p><input type="checkbox"/> No ⇒ Go to CA14.</p>		
<p>CA13B. WHERE DID YOU GET THE (<i>name of medicine from CA13</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital11</p> <p>Government health centre12</p> <p>Community health worker.....14</p> <p>Mobile / Outreach clinic15</p> <p>Other public (<i>specify</i>)16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician.....22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>Other private medical (<i>specify</i>)26</p> <p>Other source</p> <p>Relative / Friend.....31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (<i>specify</i>)96</p>	
<p>CA14. Check AG2: Age of child.</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13.</p>		

CA15. THE LAST TIME <i>(name)</i> PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine	01
	Put / Rinsed into toilet or latrine	02
	Put / Rinsed into drain or ditch	03
	Buried	05
	Left in the open	06
	Used disposable diapers and thrown into garbage.....	07
	Thrown into garbage but did not use disposable diapers.....	08
	Other (<i>specify</i>)	96
	DK.....	98

UF13. <i>Record the time.</i>	Hour and minutes : ..	
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UF14. *Check List of Household Members, columns HL7B and HL15.*

Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ *Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.*

☐ *No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household.*

Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.

Move to another woman's or under-5 questionnaires, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY
AN

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.

AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement:</i>	Either or both measured1 Child not present.....2 Child or mother/caretaker refused3 Other (<i>specify</i>) 6	2⇒ AN6 3⇒ AN6 6⇒ AN6
AN3. <i>Child's weight:</i>	Kilograms (kg)..... Weight not measured..... 99.9	
AN3A. <i>Was the child undressed to the minimum?</i> <input type="checkbox"/> Yes. <input type="checkbox"/> No, the child could not be undressed to the minimum.		
AN3B. <i>Check age of child in AG2:</i> <input type="checkbox"/> Child under 2 years old ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years ⇒ Measure height (standing up).		
AN4. <i>Child's length or height:</i>	Length / Height (cm) Length / Height not measured 999.9	⇒ AN5
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down.....1 Standing up.....2	
AN5. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes.....1 No2 DK.....8	2⇒ AN6 8⇒ AN6
AN5A. HOW MUCH DID (<i>name</i>) WEIGH? <i>If a card is available, record weight from card.</i>	From card 1 (kg) ____ . ____ From recall 2 (kg) ____ . ____ DK..... 99998	

AN6. Is there another child in the household who is eligible for measurement?

- ☐ Yes ⇒ Record measurements for next child.
- ☐ No ⇒ Check if there are any other individual questionnaires to be completed in the household. If yes, then proceed interviewing until all eligible are interviewed.

Interviewer's Observations

Supervisor's Observations

Measurer's Observations



QUESTIONNAIRE FOR INDIVIDUAL MEN

SITUATION OF WOMEN AND CHILDREN IN THAILAND, 2558

Thailand

MAN'S INFORMATION PANEL		MWM
<p><i>This questionnaire is to be administered to all men age 15 through 49 (see List of Household Members, column HL7A).</i></p> <p><i>A separate questionnaire should be used for each eligible man.</i></p>		
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name: Name _____	MWM4. Man's line number: _____	
MWM5. Interviewer's name and number: Name _____	MWM6. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____	

<p><i>Repeat greeting if not already read to this man:</i></p> <p>WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 10 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in MWM7. Discuss this result with your supervisor.</p>	

MWM7. Result of man's interview	Completed..... 01 Not at home 02 Refused..... 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
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MWM10. <i>Record the time.</i>	Hour and minutes : ..	
---------------------------------------	-----------------------------	--

MAN'S BACKGROUND		MWB
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MWB1 and/or MWB2 if inconsistent.</i>	Date of birth Month DK month98 Year DK year9998	
MWB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MWB1 and/or MWB2 if inconsistent.</i>	Age (in completed years).....	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes.....1 No2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool.....00 Primary01 Secondary.....02 Associate / Commercial college degree03 Diploma.....04 Bachelor degree05 Master degree06 Doctoral degree07	00⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00".</i>	Grade.....	

MWB6. Check MWB4:

☐ Secondary through doctoral degree (MWB4 = 02 to 07) ⇒ Go to Next Module.

☐ Primary (MWB4 = 01) ⇒ Continue with MWB7.

MWB7. NOW I WOULD LIKE YOU TO READ THIS
SENTENCE TO ME.

Show sentence on the card to the respondent.

If respondent cannot read whole sentence, probe:

CAN YOU READ PART OF THE SENTENCE TO
ME?

Cannot read at all1

Able to read only parts of sentence2

Able to read whole sentence3

No sentence in
required language4
(specify language)

Blind / visually impaired5

FERTILITY		MCM
MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFE. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME. HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?	Yes..... 1 No 2 DK 8	2⇒MCM8 8⇒MCM8
MCM3. HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?	Age in years _ _	
MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?	Yes..... 1 No 2	2⇒MCM6
MCM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record "00".</i>	Sons at home..... _ _ Daughters at home _ _	
MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes..... 1 No 2	2⇒MCM8
MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere _ _ Daughters elsewhere..... _ _	
MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes..... 1 No 2	2⇒MCM10
MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead _ _ Girls dead _ _	
MCM10. Sum answers to MCM5, MCM7, and MCM9.	Sum..... _ _	

MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (*total number in MCM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ Yes. Check below:

☐ No live births ⇒ Go to Next Module.

☐ One or more live births ⇒ Continue with MCM11A.

☐ No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary.

MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?

Yes..... 1
No 2

1⇒MCM12

MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?

Number of women _ _

MCM12. OF THESE (*total number in MCM10*) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)?

Month and year must be recorded.

Date of last birth

Month _ _

Year _ _ _ _

ATTITUDES TOWARD DOMESTIC VIOLENCE

MDV

MDV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

- [A] IF SHE GOES OUT WITHOUT TELLING HIM?
- [B] IF SHE NEGLECTS THE CHILDREN?
- [C] IF SHE ARGUES WITH HIM?
- [D] IF SHE REFUSES TO HAVE SEX WITH HIM?
- [E] IF SHE BURNS THE FOOD?

	Yes	No	DK
Goes out without telling	1	2	8
Neglects children	1	2	8
Argues with him	1	2	8
Refuses sex.....	1	2	8
Burns food	1	2	8

MARRIAGE/UNION		MMA
MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a woman 2 No, not in union 3	3⇒MMA5
MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes (More than one) 1 No (Only one) 2	2⇒MMA7
MMA4. HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE?	Number..... _ _	⇒MMA8B
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a woman..... 2 No 3	3⇒Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced 2 Separated..... 3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	1 ⇒MMA8A 2 ⇒MMA8B
MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED? MMA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of (first) marriage Month _ _ DK month 98 Year _ _ _ _ DK year 9998	⇒Next Module
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years _ _	

HIV/AIDS		MHA
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2	2⇒ MHA28
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8	
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8	
MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		
[A] DURING PREGNANCY?	Yes No DK During pregnancy..... 1 2 8	
[B] DURING DELIVERY?	During delivery 1 2 8	
[C] BY BREASTFEEDING?	By breastfeeding 1 2 8	

MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA12A. DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?	Yes 1 No 2 DK / Not sure / Depends 8	
MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2⇒MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	1⇒MHA28 2⇒MHA28 8⇒MHA28
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

MHA28. CHECK AGE IS BETWEEN 15-24 (MWB2=15-24) AND EVER ATTENDED SCHOOL (MWB3=1) <input type="checkbox"/> YES => CONTINUE WITH MHA29 <input type="checkbox"/> NO => SKIP TO MWM11		
MHA29. “DID YOU STUDY SEXUALITY EDUCATION IN SCHOOL?” “SEXUALITY EDUCATION ON TOPICS SUCH AS BIRTH CONTROL, SAFE SEX, TEEN PREGNANCY, REPRODUCTIVE TRACT INFECTIONS AND GOOD HEALTH”	Yes 1 No 2	2⇒MWM11
MHA30. “WHAT LEVEL DID YOU FIRST HAVE SEXUALITY EDUCATION?”	Primary..... 1 Lower Secondary 2 Upper Secondary 3 Vocational 4 Diploma 5 DK/Unsure 8	

MWM11. Record the time.	Hour and minutes ____ : ____	
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MWM12. Check List of Household Members, columns HL7B and HL15:

Is the respondent the caretaker of any child age 0-4 living in this household?

☐ Yes ⇒ Proceed to complete the result of man’s interview (MWM7) on the cover page and then go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.

☐ No ⇒ End the interview with this respondent by thanking him for his cooperation and proceed to complete the result of man’s interview (MWM7) on the cover page.

Interviewer's Observations

Supervisor's Observations