

LAO PDR

INTERVIEWER AND SUPERVISOR CHECKLIST

1. Province _____ <input type="text"/>	2. District _____ <input type="text"/>
3. Cluster No. _____ <input type="text"/>	4. Village _____ <input type="text"/>
5. Unit _____ <input type="text"/>	6. Household No _____ <input type="text"/>
7. Urban/Rural Urban 1 Rural 2	
8. Name of head _____ of household	
9. No of women eligible _____ For interview	10. No of women _____ interviews completed
11. No of children _____ aged under 5	12. No of children aged under 5 _____ Interviews completed
13. Result of HH interview <input type="text"/> Completed 1 Refused 2 Not at home 3 HH not found /destroyed 4 Other (specify) 5	
14. Interviewers name _____ Date _____	15. Supervisors name _____ Date _____

Interviewer / Supervisor notes : Use this space to record notes about the interview with this household such as call -back times, incomplete individual interview forms, member of attempts to revisit etc.

DATA ENTRY

Check before data entry Name.....Date.....
Supervisor.....
Data entry Name.....Date.....
Supervisor.....

Ministry of Health
National Institute of Public Health
National Statistic Center

NATIONAL HEALTH SURVEY IN LAO P.D.R.
MINISTRY OF HEALTH, NATIONAL STATISTICS CENTER, UNICEF,
WHO, EU-Malaria, JICA, COHRED, GTZ, WFP

FLOW OF MODULES

Household questionnaire

Household information panel (Head of household)
Source of income, source of food module (Head of household)
Water and sanitation module (Head of household)
Salt iodization module (Head of household)
Household listing form (all residents)
Education (all resident)
Child labour module (Child age 5-14 years)
Injury (Head of household)
Acute illness (all household members)
Malaria module (all household members)

Questionnaire for individual women (women of reproductive age, 15-49)

Women's information panel (all eligible women, 15-49)
Tetanus toxoid module (all pregnant women)
Maternal and newborn health module (all mothers with last birth within last year)
Food habit module (all mothers with last birth within last year)

Questionnaire for children under five

Birth registration module
Vitamin A module
Breastfeeding module
Care of illness module
Immunization module

Testing Procedure:

Anthropometry module (For children under five and adult over 15 years)
Eye examination (for every household members)
Hb level, hematozoa Falciparum (for every household members)
Serum retinol (for women 12-45 and children under five)
Urinary Collection for Iodine level (For children 8-11 years)
Goiter ultrasound (For children 8-11 years)

DESIGN FEATURES

Changes in font are used to indicate the various components of the questionnaire. Questions that the interviewer will be asking appear in small capital letters in Arial font (QUESTIONS VERBALIZED BY INTERVIEWERS), to distinguish them from responses and general instructions. With the exception of skip instructions, general instructions to the interviewer are provided in italics, Times New Roman font (*instructions to interviewers*). Skip instructions are provided in a 'skip column' in Arial (⇒ Q.6) and at the end of modules in bold capitals, Times New Roman (GO TO NEXT MODULE). For purposes of saving space, DK are used to abbreviate "doesn't know" and HH is sometimes used to abbreviate "household". The questionnaires that follow are not intended to be completely self-explanatory; detailed instructions for the interviewer are provided in the interviewer manual.

HOUSEHOLD QUESTIONNAIRE

We are from the Ministry of Health. We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take a few minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with all mothers or others who take care of children in the household. MAY I start now ? *If permission is given, begin the interview head of household.*

HOUSEHOLD INFORMATION PANEL			
1. How many persons are there in the household (permanent residents only)	_____		
2. Which ethnic group do you belong to? (Write name of ethnic group)	_____		
3A. What is your house made of ? (interviewer make observation) <u>Flooring</u>	Wood.....1 Bamboo.....2 Concrete.....3 clay.....4 others(specify).....9		
<u>3B.Roofing</u>	Wood.....1 Bamboo.....2 Concrete.....3 clay.....4 others(specify).....9		
<u>3CWalling</u>	Wood.....1 bamboo.....2 concrete.....3 clay.....4 others(specify).....9		
4. To which of the following are your household members accessible ?	YES NO DK		
4a. Radio / Cassette	4A.....1 2 9		
4b. Newspaper / Journal / Magazine	4.B.....1 2 9		
4c. Television / Video	4.C.....1 2 9		

MODULE 1 SOURCES OF HOUSEHOLD INCOME MODULE		
5. WHAT IS THIS HOUSEHOLD'S MOST IMPORTANT SOURCE OF INCOME?	Rice 1 Fruit/vegetables 2 Cash crop 3 Cattle, buffalo, pigs, goats or sheep 4 Poultry/eggs 5 Fishing 6 Forest product 7 Daily labour 8 Private business 9 Salaried 10 Borrowing 11 Other (specify) 12 DK 99	
6. WHO ARE THE MAIN PARTICIPANTS IN THIS ACTIVITY? (Multiple responses if required)	Men 1 Women 2 Boys 3 Girls 4 Other(specify) 5	
7. WHAT IS THIS HOUSEHOLD'S SECOND MOST IMPORTANT SOURCE OF INCOME?	THIS HOUSEHOLD'S SECOND MOST IMPORTANT SOURCE OF INCOME Rice 1 Fruit/vegetables 2 Cash crop 3 Cattle, buffalo, pigs, goats or sheep 4 Poultry/eggs 5 Fishing 6 Forest product 7 Daily labour 8 Private business 9 Salaried 10 Borrowing 11 Other (specify) 12 DK 99	
8. WHO ARE THE MAIN PARTICIPANTS IN THIS ACTIVITY? (Multiple responses if required)	Men 1 Women 2 Boys 3 Girls 4 Other(specify) 5	

MODULE 2 SOURCES OF FOOD MODULE		
9. HOW MANY ANIMALS DOES YOUR HOUSEHOLD/FAMILY OWN NOW, INCLUDING OFFSPRING OVER 1 WEEK OLD?	Poultry _____ Pig _____ Cattle/Buffalo _____ Goat/sheep _____	No animal ⇒ 0000
10. DID YOU GROW PADDY RICE IN THE PREVIOUS WET SEASON?	Yes 1 No 2	2⇒ Q.12
11. IF YES, HOW MUCH LAND DID YOU CULTIVATE IN THE PREVIOUS WET SEASON?	_____ Hectares	
12. DID YOU GROW IRRIGATED RICE IN THE PREVIOUS DRY SEASON?	Yes 1 No 2	2⇒ Q.14
13. IF YES, HOW MUCH LAND DID YOU CULTIVATE IN THE PREVIOUS DRY SEASON?	_____ Hectares	
14. DID YOU GROW UPLAND RICE PREVIOUS WET YEAR?	Yes 1 No 2	2⇒ Q.16
15. IF YES, HOW MUCH LAND DID YOU CULTIVATE IN UPLAND AREAS?	_____ Hectares	
16. DURING THE LAST YEAR, WAS THERE ANY RICE SHORTAGE?	Yes 1 No 2	2⇒ NEXT MODULE
17. IF YES, HOW MANY MONTHS?	_____ Months	
18. IF YOU LACKED RICE LAST YEAR, WHAT WAS THE MAIN ACTIVITY DONE IN ORDER TO GET OR REPLACE RICE?	No activity 0 Buy/Exchange rice 1 Borrow rice without interest 2 Borrow rice with interest 3 Eat forest product 4 Eat other crops 5 Other activity (specify) 6	

MODULE 3: WATER AND SANITATION MODULE		
19. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped into dwelling 01 Piped into yard or plot 02 Public tap 03 Tubewell/borehole with pump 04 Protected dug well or protected spring 05 Bottled water 06 Rainwater collection 07 Unprotected dug well or unprotected spring 08 Pond, river or stream 09 Tanker-truck, vendor 10 GFS 11 Other (<i>specify</i>) 12 No answer or DK 99	
20. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes — — — Water on premises 888 DK 999	
21. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?	Flush to sewage system or septic tank 1 Pour flush latrine (water seal type) 2 Improved pit latrine (e.g., VIP) 3 Traditional pit latrine 4 Other locally used method of disposal 5 No facilities 8	8⇒Q.23
22. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?*	Yes, in dwelling/yard/compound 1 No, outside dwelling/yard/compound 2 DK 9	
23. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?	Thrown into toilet or latrine 1 Thrown outside the yard 2 Buried in the yard 3 Not disposed of or left on the ground 4 Other (<i>specify</i>) 5 No young children in household 8	

MODULE 4: SALT IODIZATION MODULE		
<p>1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p>ONCE YOU HAVE EXAMINED THE SALT, CIRCLE NUMBER THAT CORRESPONDS TO TEST OUTCOME.</p> <p><i>Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.</i></p>	Not iodized 0 PPM (no colour).....	1
	Less than 15 PPM (weak colour).....	2
	15 PPM or more (strong colour)	3
	No salt in home	8
	Salt not tested	9

GO TO HOUSEHOLD LISTING FORM ⇨

Cluster no.

Household no.

MODULE 5: HOUSEHOLD LISTING FORM

First, please tell me the name of each person who usually lives here, starting with the head of the HH.

(USE SURVEY DEFINITION OF HH MEMBER). LIST THE FIRST NAME IN LINE 01. LIST ADULT HH MEMBERS FIRST, THEN LIST CHILDREN. THEN ASK: *Are there any others who live here, even if they are not at home now? (These may include children in school or at work).* If YES, COMPLETE LISTING. THEN, ASK AND RECORD ANSWERS TO QUESTIONS AS DESCRIBED IN INSTRUCTIONS FOR INTERVIEWERS.

ADD A CONTINUATION SHEET IF THERE IS NOT ENOUGH ROOM ON THIS PAGE. TICK HERE IF CONTINUATION SHEET USED ☐

					ELIGIBLE FOR:			FOR PERSONS AGE 15 OR OVER ASK Qs. 8 AND 9		FOR CHILDREN UNDER AGE 15 YEARS ASK Qs. 10-13			
1. LINE NO.	2. NAME	3. IS (name) MALE OR FEMALE ?	4. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? RECORD IN COMPLETED YEARS 99=DK*	5. DATE OF BIRTH	6. CIRCLE LINE NO. IF WOMAN IS AGE 15-49	7. FOR EACH CHILD AGE 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? RECORD LINE NO. OF MOTHER/ CARETAKER	8. FOR EACH CHILD UNDER 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? RECORD LINE NO. OF MOTHER/ CARETAKER	9. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL? 1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	10. WHAT IS THE MARITAL STATUS OF (name)?** 1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	11. IS (name's) NATURAL MOTHER ALIVE?	12. IF ALIVE: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO	13. IS (name's) NATURAL FATHER ALIVE?	14. IF ALIVE: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO
LINE	NAME	M F	AGE	DOB	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N
01		1 2		-/-/-/-	01			1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
02		1 2		-/-/-/-	02			1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
03		1 2		-/-/-/-	03			1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
04		1 2		-/-/-/-	04			1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
05		1 2		-/-/-/-	05			1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
06		1 2		-/-/-/-	06			1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
07		1 2		-/-/-/-	07			1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*

* SEE INSTRUCTIONS: TO BE USED ONLY FOR ELDERLY HOUSEHOLD MEMBERS (CODE MEANING "DO NOT KNOW/OVER AGE 50").

LINE	NAME	M	F	AGE	DOB	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N
08		1	2	___	__	01	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
09		1	2	___	__	02	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
10		1	2	___	__	03	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
11		1	2	___	__	04	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
12		1	2	___	__	05	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
13		1	2	___	__	06	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
14		1	2	___	__	07	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
15		1	2	___	__	01	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
16		1	2	___	__	02	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
17		1	2	___	__	03	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
18		1	2	___	__	04	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
19		1	2	___	__	05	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
20		1	2	___	__	06	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

Cluster no.

Household no.

MODULE 5: HOUSEHOLD LISTING FORM CONTINUE

First, please tell me the name of each person who usually lives here, starting with the head of the HH.

(USE SURVEY DEFINITION OF HH MEMBER). LIST THE FIRST NAME IN LINE 01. LIST ADULT HH MEMBERS FIRST, THEN LIST CHILDREN. THEN ASK: *Are there any others who live here, even if they are not at home now? (These may include children in school or at work).* If YES, COMPLETE LISTING. THEN, ASK AND RECORD ANSWERS TO QUESTIONS AS DESCRIBED IN INSTRUCTIONS FOR INTERVIEWERS.

ADD A CONTINUATION SHEET IF THERE IS NOT ENOUGH ROOM ON THIS PAGE. TICK HERE IF CONTINUATION SHEET USED ☐

															FOR PERSONS AGE 6 OR OVER ASK Qs. 8 AND 9														
1. LINE NO.	15. RELATIONSHIP TO HEAD OF HOUSEHOLD 1. Head 2. Spouse 3. Own child 4. Step child 5. Adopted child 6. Parent 7. Brother/sister 8. Grandchild 9. Aunt/uncle 10. Niece/ nephew 11. Cousin 12. Mother/ father in-law 13. Son/ daughter in-law 14. Sister/ brother in-law 15 - others														16. EMPLOYMENT STATUS 1 Govt. employee 2 Private employee 3 Farmers/fishery 4 Own business 5 Casual worker 6 Unpaid family worker 7 Retired 8 Looking for work/ unemployed → Next Module 9 Student → Next Module 10 Household duties → Next Module 11 Others → Next Module											17. AT HOME TODAY OR WILL BE AT HOME WITHIN 3 DAYS FROM THE FIRST SURVEY VISIT DAY? 1. YES 2. NO 9. DK			
LINE																													
01	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	1	2	9
02	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	1	2	9
03	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	1	2	9
04	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	1	2	9
05	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	1	2	9
06	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	1	2	9
07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	1	2	9

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?
INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*

LINE			
01	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
02	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
03	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
04	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
05	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
06	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
07	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
08	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
09	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
11	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
12	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
13	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
14	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
16	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
17	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
18	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
19	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9
20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11	1 2 9

Cluster no.

Household no.

MODULE 6: EDUCATION MODULE

IF INTERVIEW TAKES PLACE BETWEEN TWO SCHOOL YEARS, USE ALTERNATIVE WORDING FOUND IN APPENDIX 1.

FOR PERSONS AGE 5 OR OVER ASK Qs. 15 AND 16

FOR CHILDREN AGE 5 THROUGH 17 YEARS, CONTINUE ON, ASKING Qs. 17-22

1. LINE NO.	18. HAS (name) EVER ATTENDED SCHOOL?	19. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 1 PRIMARY 2 SECONDARY 3 HIGHER 4 NON-FORMAL CURRICULUM 9 DK GRADE: 99 DK, IF LESS THAN 1 GRADE, ENTER 00.	20. IS (name) CURRENTLY ATTENDING SCHOOL?	21. DURING THE CURRENT SCHOOL YEAR, DID (name) ATTEND SCHOOL AT ANY TIME?	22. SINCE LAST (DAY OF THE WEEK), HOW MANY DAYS DID (name) ATTEND SCHOOL?	23. WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 HIGHER 5 NON-FORMAL CURRICULUM 9 DK GRADE: 99 DK	24. DID (name) ATTEND SCHOOL LAST YEAR?	25. WHICH LEVEL AND GRADE DID (name) ATTEND LAST YEAR? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 HIGHER 5 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK
LINE	Y NO	LEVEL GRADE	YES NO	YES NO	DAYS	LEVEL GRADE	Y N DK	LEVEL GRADE
01	1 2↔NEXT LINE	1 2 3 4 9	1 2	1 2		1 2 3 4 5 9	1 2 9	1 2 3 4 5 9
02	1 2↔NEXT LINE	1 2 3 4 9	1 2	1 2		1 2 3 4 5 9	1 2 9	1 2 3 4 5 9
03	1 2↔NEXT LINE	1 2 3 4 9	1 2	1 2		1 2 3 4 5 9	1 2 9	1 2 3 4 5 9
04	1 2↔NEXT LINE	1 2 3 4 9	1 2	1 2		1 2 3 4 5 9	1 2 9	1 2 3 4 5 9
05	1 2↔NEXT LINE	1 2 3 4 9	1 2	1 2		1 2 3 4 5 9	1 2 9	1 2 3 4 5 9
06	1 2↔NEXT LINE	1 2 3 4 9	1 2	1 2		1 2 3 4 5 9	1 2 9	1 2 3 4 5 9
07	1 2↔NEXT LINE	1 2 3 4 9	1 2	1 2		1 2 3 4 5 9	1 2 9	1 2 3 4 5 9

LINE	Y NO	LEVEL	GRADE	YES NO	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE
08	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
09	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
10	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
11	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
12	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
13	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
14	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
15	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
16	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
17	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
18	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
19	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___
20	1 2⇌NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 5 9	___	1 2 9	1 2 3 4 5 9	___

Cluster no. _____

Household no. _____

MODULE 7: CHILD LABOUR MODULE

TO BE ADMINISTERED TO CARETAKER OF EACH CHILD RESIDENT IN THE HOUSEHOLD AGE 5 THROUGH 14 YEARS.

COPY LINE NUMBER OF EACH ELIGIBLE CHILD FROM HOUSEHOLD LISTING.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

1. LINE NO.	2. NAME	3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO → TO Q.5	4. If YES: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If MORE THAN ONE JOB, INCLUDE ALL HOURS AT ALL JOBS. RECORD RESPONSE THEN → Q.6	5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO → TO Q.8	7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)? 1 YES 2 NO → NEXT LINE	9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO	NO. HOURS	YES PAID UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS
_____	_____	1 2 3	_____	1 2 3	1 2	_____	1 2	_____
_____	_____	1 2 3	_____	1 2 3	1 2	_____	1 2	_____
_____	_____	1 2 3	_____	1 2 3	1 2	_____	1 2	_____
_____	_____	1 2 3	_____	1 2 3	1 2	_____	1 2	_____
_____	_____	1 2 3	_____	1 2 3	1 2	_____	1 2	_____

Cluster no.

Household no.

MODULE 8 INJURY MODULE

TO BE ADMINISTERED TO HEAD OF THE HOUSEHOLD.

NOW I WOULD LIKE TO ASK ABOUT.

1. IN THE PAST 12 MONTHS (___ TILL ___) HAVE ANYONE IN YOUR HOUSEHOLD HAD SEVERE INJURY/ACCIDENT SUCH AS SEVERE (FALL, BURN, CUT, POISON, ROAD ACCIDENT ETC)?

1. YES, IF YES, DID IT INTERRUPT WITH HIS/HER USUAL ACTIVITY?

IF YES, WHO ARE THEY? COPY LINE NUMBER OF PERSON WHO HAS INJURY IN THE LAST 12 MONTHS FROM HOUSEHOLD LISTING.

2. NO ⇒ GO TO NEXT MODULE

9. DK ⇒ GO TO NEXT MODULE

Line number	2. WHERE DID THE INJURY/ACCIDENT OCCUR? 1. WORK PLACE ◇ q. 4 2. AT HOME ◇ q. 3 3. TRAFFIC ACCIDENT ◇ q. 4 4. OTHER (SPECIFY) ◇ q. 4 9. DK ◇ q. 4	3. WHAT WAS/WERE THE CAUSE, IF INJURY/ACCIDENT AT HOME? (Multiple responses) 1. Poisons 2. Medicines 3. Cooking utensils (including knife/scissors) 4. Electrical equipment 5. Domestic violence 6. Attempted suicide 7. Machinery 8. Other, specify 9. DK	4. HOW MANY TIMES DID HE/SHE HAVE THE INJURY/ ACCIDENT IN PAST ONE YEAR?	5. HOW MANY (IN TOTAL) DAYS DID HE/SHE HAVE TO STAY AWAY FROM WORK/SCHOOL BECAUSE OF THE INJURY/ACCIDENT? <i>(Only for household members who are working/schooling)</i>
___	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9	___ times	___ days
___	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9	___ times	___ days
___	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9	___ times	___ days
___	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9	___ times	___ days
___	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9	___ times	___ days
___	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9	___ times	___ days

MODULE 1 ACUTE ILLNESS MODULE

TO BE ADMINISTERED TO ALL HOUSEHOLD MEMBERS.

NOW I WOULD LIKE TO ASK ABOUT.

1. IN THE PAST TWO WEEKS (___ TILL ___) HAVE ANYONE IN YOUR HOUSEHOLD HAD ILLNESS?

Yes ⇒ If yes, who are they? Copy line number of person who has illness from household listing.

2. No ⇒ Go to next module

9. DK ⇒ Go to next module

LINE NUM	2. WHAT WERE THE SYMPTOMS? (MULTIPLE RESPONSES POSSIBLE)		3. HOW MANY DAYS (IN TOTAL) WERE YOU ILL IN THE PAST 2 WEEKS	4. HOW MANY DAYS (IN TOTAL) WERE YOU NOT ABLE TO GO TO WORK OR SCHOOL BECAUSE OF THE ILLNESS, IN PAST 2 WEEK ? (Only for working & schooling Household members)	5. WHERE DID YOUR FIRST VISIT WHEN YOU WERE ILL IN THE LAST TWO WEEKS?	6. WHY DID YOU CHOOSE TO GO TO THIS PLACE/ PERSON? (MULTIPLE RESPONSES)	7. HOW MUCH DID YOU PAY (OUT OF POCKET) FOR ADVICE/T REATMEN T YOU RECEIVED AT/ FROM THE PLACE/ PERSON?	8. WHY DID YOU THINK IT WAS NOT NECESSARY TO SEEK ADVICE/TREATMENT? (MULTIPLE RESPONSES)
	Code: 1 Fever 2 Cough 3 Cough with phlegm 4 Cough with blood 5 Running nose/sneezing 6 Sore throat 7 Difficulty/ pain in swallowing 8 Difficulty/ abnormal breathing 9 Chest pain 10 Watery diarrhea 11 Diarrhea with blood/ mucus 12 Shivers/chills 13 Body ache/body pain 14 Headache 15 Vomiting 16 Vomiting of blood 17 Convulsion/fits 18 Weakness/malaise 19 Rash 20 Skin eruptions 21 Itchy skin/pruritis 22 Yellow skin 23 Swelling of glands 24 Stomach/abdominal /uterine pain 25 Pain in passing urine 26 Joints pain 27 Backache 28 Blood in urine/black urine 29 Urethral / vaginal discharge 30 Whooping cough 31 Chicken pox 32 Others (Specify _____) DK.....99				1. Did not do anything ⇒ Go to Q.8 2. Treat by myself ⇒ Go to Q.8 3. Friend/relatives outside the house 4. VHW/TBA 5. Spiritualist 6. Pharmacy 7. Private clinic/doctors 8. Doctors come to a house 9. Health Center 10. District Hospital 11. Provincial hospital 12. Central Hospital DK.....99	1.Illness severe 2.Nearby/easy to access 3.reasonable price 4.Satisfied with staff 5. Well equiped(drug available) 6.No specific reason 7.Others (specify)	DK.....99 Go to next module	1.Mild illness 2.No transport/too far 3.Too expensive 4.No time 5.Did not know where to go 6.No specific reason 7.Other, specify DK.....99
--	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 99	__ __ days	__ __ days	1 2 3 4 5 6 7 8 9 10 11 12 99	1 2 3 4 5 6 7	__ __ __ __ __ __ __ __ Kips	1 2 3 4 5 6 7 99	
--	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 99	__ __ days	__ __ days	1 2 3 4 5 6 7 8 9 10 11 12 99	1 2 3 4 5 6 7	__ __ __ __ __ __ __ __ Kips	1 2 3 4 5 6 7 99	
--	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 99	__ __ days	__ __ days	1 2 3 4 5 6 7 8 9 10 11 12 99	1 2 3 4 5 6 7	__ __ __ __ __ __ __ __ Kips	1 2 3 4 5 6 7 99	
--	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 99	__ __ days	__ __ days	1 2 3 4 5 6 7 8 9 10 11 12 99	1 2 3 4 5 6 7	__ __ __ __ __ __ __ __ Kips	1 2 3 4 5 6 7 99	

1. HOW MANY BEDNETS DO YOU HAVE? ____ BEDNETS 00 No BEDNET ⇒ Ask individual all of household members Q.4-15					2. WAS THIS BEDNET EVER TREATED WITH A INSECTICIDE? 1. Yes 2. No ⇒ Ask individual all of household members Q.4-15 9. DK ⇒ Ask individual all of household members Q.4-15				3. WHEN WAS THE BEDNET LAST TREATED? ____ MONTHS AGO ⇒ continue Ask individual all of household members Q.4-15			
LINE NO.	4. IN THE LAST TWO WEEKS, HAS (NAME) BEEN ILL WITH A FEVER?	5. Did (name) have a headache and chills or body pains? 1. Yes 2. No 9. DK	6. Was (NAME) SEEN AT A HEALTH FACILITY OR PRIVATE PHARMACY DURING THIS ILLNESS? 1. Yes 2. No 9. DK ⇒ Q.12	7. DID (NAME) HAVE A BLOOD TEST? 1. Yes, POSITIVE 2. Yes, NEGATIVE 3. No 9. DK	8. DID (NAME) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY OR PRIVATE PHARMACY? 1. Yes 2. No ⇒ Q.10 9. DK ⇒ Q.10	9. WHAT MEDICINE DID (NAME) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? CIRCLE ALL MEDICINES MENTIONED. 1. Paracetamol 2. Chloroquine 3. Fansidar 4. Other (specify) _____ 9. DK	10. Was (NAME) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY? 1. Yes 2. No ⇒ Q.12 9. DK ⇒ Q.12	11. WHAT MEDICINE WAS (NAME) GIVEN? CIRCLE ALL MEDICINES GIVEN BEFORE VISITING A HEALTH FACILITY 1. PARACETAMOL 2. CHLOROQUINE 3. FANSIDAR 4. OTHER (SPECIFY) _____ 9. DK	12. Was (NAME) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS? 1. Yes 2. No 9. DK	13. DID (NAME) SLEEP UNDER A BEDNET LAST NIGHT? 1. Yes 2. No ⇒ Q.15 9. DK ⇒ Q.15	14. DID (NAME) SLEEP UNDER AN IMPREGNETED BEDNET LAST NIGHT? 1. Yes 2. No 9. DK	15. IN THE PAST 12 MONTHS DID (NAME) TAKE BEDNET WITH YOU WHEN YOU SLEEP IN THE FIELD/FOREST? 1. Did not go to the field in the past 12 months 2. Every time 3. Sometime 8. Never
01	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
02	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
03	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
04	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
05	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
06	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
07	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
08	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
09	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
10	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
11	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
12	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
13	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
14	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
15	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
16	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
17	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
18	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
19	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8
20	1 2 9	1 2 9	1 2 9	1 2 3 9	1 2 9	1 2 3 4 9	1 2 9	1 2 3 4 9	1 2 9	1 2 9	1 2 9	1 2 3 8

CLUSTER NO. _____ HOUSEHOLD NO. _____ WOMAN LINE NO. _____

MODULE 11: TETANUS TOXOID (TT) MODULE		
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN WITH A LIVE BIRTH IN THE YEAR PRECEDING DATE OF INTERVIEW.		
1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? If a card is presented, use it to assist with answers to the following questions.	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 9	
2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No 2 DK 9	2⇒Q.4 9⇒Q.4
3. If yes: HOW MANY DOSES OF TETANUS TOXOID (ANTI-TETANUS INJECTIONS) DID YOU RECEIVE DURING YOUR LAST PREGNANCY?	No. of doses DK 99	
<p>HOW MANY TT DOSES WERE REPORTED DURING LAST PREGNANCY IN Q.3?</p> <p><input type="checkbox"/> AT LEAST TWO TT INJECTIONS DURING LAST PREGNANCY. ⇒ GO TO MATERNAL AND NEWBORN HEALTH MODULE</p> <p><input type="checkbox"/> FEWER THAN TWO TT INJECTIONS DURING LAST PREGNANCY. ⇒ CONTINUE WITH Q.4</p>		
4. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION (<i>additional probes</i>) AT ANY TIME BEFORE YOUR LAST PREGNANCY, INCLUDING DURING A PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES?	Yes 1 No 2 DK 9	2⇒Q.7 9⇒Q.7
5. If yes: HOW MANY DOSES DID YOU RECEIVE?	No. of doses	
6A. WHEN WAS THE LAST DOSE RECEIVED?	Date of last dose Month/Year / DK date 999999	DK⇒6B
OR: 6B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST DOSE?	Years ago	
7. ADD RESPONSES TO Q.3 AND Q.5 TO OBTAIN TOTAL NUMBER OF DOSES IN LIFETIME.	Total no. of doses	

Cluster no. _____ Household no. _____ Woman line no. _____

MODULE 12: MATERNAL AND NEWBORN HEALTH MODULE		
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN WITH A LIVE BIRTH IN THE YEAR PRECEDING DATE OF INTERVIEW.		
1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? SHOW 200,000 IU CAPSULE OR REGULARY.	Yes 1 No 2 DK 9	
2. FOR THIS PREGNANCY DID YOU RECEIVE TWO TABLETS EACH PER MONTH TO PREVENT MALARIA FROM A CLINIC OR DOCTOR/HEALTH STAFF? SHOW TABLET	Yes, 1 No 2 DK 9	
3. FOR THIS PREGNANCY DID YOU RECEIVE IRON TABLETS TO PREVENT ANAEMIA FROM A CLINIC OR DOCTOR/HEALTH STAFF? SHOW TABLET	Yes 1 No 2 DK 9	
4. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? If yes: WHOM DID YOU SEE? ANYONE ELSE? PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.	Health professional: Doctor 1 Nurse/midwife 2 Auxiliary midwife 3 Other person Traditional birth attendant 4 Relative/friend 5 Other (specify) 6 No one 0	
5. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (or name)? ANYONE ELSE? PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.	Health professional: Doctor 1 Nurse/midwife 2 Auxiliary midwife 3 Other person Traditional birth attendant 4 Relative/friend 5 Other (specify) 6 No one 0	
6. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 9	
7. WAS (name) WEIGHED AT BIRTH?	Yes 1 No 2 DK 9	2⇒Q.9 9⇒Q.9
8. HOW MUCH DID (name) WEIGH? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	From card 1 (grams) _____ From recall 2 (grams) _____ DK 99999	
9. DURING THAT PREGNANCY, DID YOU HAVE ANY PROBLEM SEEING AFTER SUN SET?	Yes 1 No 2 DK 9	

GO TO NEXT MODULE ⇒

CLUSTER NO.

HOUSEHOLD NO.

WOMAN LINE NO.

MODULE 13: FOOD HABIT MODULE*This module is to be administered to all mothers of all children under five*

1. SINCE THIS TIME YESTERDAY DID YOU EAT THE FOLLOWING FOOD ITEMS?

Read each item, if the response yes, then ask number of time eaten.

<u>Food items:</u>	Y	N	DK	Times
1A Rice	1	2	9	---
1B Maize	1	2	9	---
1C Peanuts/lentils/beans	1	2	9	---
1D Cassava and other tuber	1	2	9	---
1E Sweet potatoes	1	2	9	---
1F Bamboo shoot	1	2	9	---
1G Dark green leafy vegetables	1	2	9	---
1H Dark yellow vegetables/fruits	1	2	9	---
1I Coconut milk/oil	1	2	9	---
1J Fish	1	2	9	---
1K Meat	1	2	9	---
1L Egg	1	2	9	---
1M Others (specify) _____	1	2	9	---

2. HOW DO YOU MOST OFTEN EAT THE FOLLOWING FOOD ITEMS:

<u>Food items:</u>	Raw	Semi-cooked	Cooked
2A Fish	1	2	3
2B Meat	1	2	3
2C Blood of duck or pig or goat or cow	1	2	3
2D Sweet potatoes	1	2	3
2E Egg	1	2	3
2F Dark green leafy vegetables	1	2	3
2G Dark yellow vegetables/fruits	1	2	3
2H Coconut milk/oil	1	2	3
2I Others (specify) _____	1	2	3

3. DO YOU PRACTICE FOOD TABOO AT ANY TIME?

IF YES, WHEN?

READ EACH ITEM AND CIRCLE THE UNSWER

No.....	1
During pregnancy.....	2
After delivery.....	3
During breast-feeding.....	4
During illness.....	5
Other (specify) _____	6

4. DO YOU CONSUME ANY SPECIAL SUPPLEMENTARY FOOD AT ANY TIME?
IF YES, WHEN?

No.....	1
During pregnancy.....	2
After delivery.....	3
During breast-feeding.....	4
During illness.....	5
Other (specify).....	6

5. DO YOU CONSUME ANY SPECIAL DRINK SUCH AS HERBS, TRADITIONAL MEDICINES AT ANY TIME? IF YES, WHEN?	No..... 1 During pregnancy..... 2 After delivery..... 3 During breast-feeding..... 4 During illness..... 5 Other (specify)..... 6	
6. WAS ANY OF THE FOLLOWING FOOD ITEMS: BEEF, FISH, EGG, PROHIBITED FOR YOU AT ANY TIME?	No..... 1 During pregnancy..... 2 After delivery..... 3 During breast-feeding..... 4 During illness..... 5 Other (specify)..... 6	
7. WHEN DO YOU RETURN TO A USUAL DIET AFTER DELIVERY?	_____ days	
8. HOW DO YOU MANAGE YOUR LEFT OVER FOOD?	Do nothing..... 1 Throw away..... 2 Keep cover..... 3 Keep in cupboard..... 4 Keep in refrigerator..... 5 Other, specify..... 6	
9. HOW DO YOU DO WITH YOUR LEFT-OVER FOOD BEFORE EATING?	Eat directly..... 1 Reheat..... 2 Other, specify..... 6	
10. WHERE DO YOU GET MOST OF YOUR FRUITS AND VEGETABLES?	No access..... 0 Market..... 1 Own garden..... 2 Exchange..... 3 Forest..... 4 Somewhere else (specify)..... 5	
11. WHERE DO YOU GET MOST OF YOUR MEAT?	No access..... 0 Market..... 1 Own livestock..... 2 Exchange..... 3 Forest..... 4 Somewhere else..... 5	
12. WHERE DO YOU GET MOST OF YOUR FISH?	No access..... 0 Market..... 1 Own pond..... 2 Exchange..... 3 River/lake..... 4 Rice field..... 5 Somewhere else (specify)..... 6	

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL WOMEN WHO CARE FOR A CHILD THAT LIVES WITH THEM
AND IS UNDER THE AGE OF 5 YEARS (SEE Q.4 OF THE HH LISTING).

A SEPARATE FORM SHOULD BE USED FOR EACH ELIGIBLE CHILD.

QUESTIONS SHOULD BE ADMINISTERED TO THE MOTHER OR CARETAKER OF THE ELIGIBLE CHILD (SEE Q.7 OF THE HH LISTING).

FILL IN THE LINE NUMBER OF EACH CHILD, THE LINE NUMBER OF THE CHILD'S MOTHER OR CARETAKER,
AND THE HOUSEHOLD AND CLUSTER NUMBERS IN THE SPACE AT THE TOP OF EACH PAGE.

MODULE 15: BIRTH REGISTRATION AND EARLY LEARNING MODULE		
1. CHILD'S NAME.	Name _____	
2. CHILD'S AGE (COPY FROM Q.4 OF HH LISTING).	Age (in completed years)..... _____	
3. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? IF THE MOTHER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, ENTER 99 FOR DAY.	Date of birth Day/Month/Year ____/____/____	
4. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? IF CERTIFICATE IS PRESENTED, VERIFY REPORTED BIRTH DATE. IF NO BIRTH CERTIFICATE IS PRESENTED, TRY TO VERIFY DATE USING ANOTHER DOCUMENT (HEALTH CARD, ETC.). CORRECT STATED AGE, IF NECESSARY.	Yes, seen 1 Yes, not seen 2 No 3 DK 9	1⇒Q.8
5. If no birth certificate is shown, ask: HAS (name's) BIRTH BEEN-REGISTERED?	Yes 1 No 2 DK 9	1⇒Q.8 9⇒Q.7
6. WHY IS (name's) BIRTH NOT REGISTERED?	Costs too much 1 Must travel too far 2 Did not know it should be registered 3 Late, and did not want to pay fine 4 Does not know where to register 5 Other (specify) 6 DK 9	
7. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2 No answer 8	

<p>8. Check age. If child is 3 years old or more, ask: 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 No 2 DK 9</p>	<p>2⇒NEXT MODULE 9⇒NEXT MODULE</p>
<p>9. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?</p>	<p>Number of hours _ _</p>	

GO TO VITAMIN A MODULE ⇨

Cluster no. _ _ _ Household no. _ _ _ Caretaker line no. _ _ Child line no. _ _

MODULE 16: VITAMIN A MODULE		
<p>1. HAS (name) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? SHOW CAPSULE OR DISPENSER.</p>	<p>Yes 1 No 2 DK 9</p>	<p>2⇒NEXT MODULE 9⇒NEXT MODULE</p>
<p>2. HOW MANY MONTHS AGO DID (name) TAKE THE LAST DOSE?</p>	<p>Months ago _ _ DK 99</p>	
<p>3. WHERE DID (name) GET THIS LAST DOSE?</p>	<p>On routine visit to health centre 1 Sick child visit to health centre 2 National Immunization Day campaign 3 Other (specify) 4 DK 9</p>	
<p>4. DID YOUR CHILD HAVE ANY PROBLEM SEEING AFTER SUN SET (NIGHT BLINDNESS) ?</p>	<p>Yes 1 No 2 DK 9</p>	

GO TO BREASTFEEDING MODULE ⇨

Cluster no. Household no. Caretaker line no. Child line no.

MODULE 17: BREASTFEEDING MODULE

1. HAS (name) EVER BEEN BREASTFED?	Yes 1 No 2 DK 9	2⇒Q.8 9⇒Q.8
2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2	2⇒Q.6
3. HOW MANY HOURS AFTER BIRTH DID YOU START BREASTFEEDING THIS CHILD?	0-1hr 1 2-4 hr 2 5-24 hr 3 After one day 4	
4. DID THIS CHILD RECEIVE THE YELLOW MILK (COLOSTRUM) IN THE FIRST 3 DAYS AFTER DELIVERY?	Yes 1 No 2 DK 9	
5. HOW MANY TIMES IN THE LAST 24 HOURS DID YOU BREASTFEED (NAME)?	_____ times	
6. HOW OLD WAS THIS CHILD WHEN HE/SHE STOPPED BREAST-FEEDING? (IN MONTHS)	_____ months	
7. WHY DID THIS CHILD STOP BREASTFEEDING?	Mother pregnant again 1 Mother working 2 Not enough milk 3 Mother become ill/died 4 Problems with breast (nipple sore, etc....) . 5 To encourage other food 6 Others (specify) _____ 7	

8. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:		Y N DK
READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.		
8A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	8A.....	1 2 9
8B. PLAIN WATER?	8B.....	1 2 9
8C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	8C.....	1 2 9
8D. ORAL REHYDRATION SOLUTION (ORS)?	8D.....	1 2 9
8E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA?	8E.....	1 2 9
8F. ANY OTHER LIQUIDS?	8F (<i>specify</i>).....	1 2 9
8G. SOLID OR SEMI-SOLID (MUSHY) FOOD?	8G.....	1 2 9
8.H. RICE	8H.....	1 2 9
8.I. MEAT	8I.....	1 2 9
8.J. EGG	8J.....	1 2 9
8. K. FISH	8K.....	1 2 9
8.L. FRUIT/VEGETABLES	8L.....	1 2 9
8. M. OILY FOOD, ANIMAL FAT/OIL	8M.....	1 2 9
9. SINCE THIS TIME YESTERDAY HAS (NAME) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH NIPPLE OR TEAT?	Yes.....	1
	No.....	2
	DK.....	9

GO TO CARE OF ILLNESS MODULE ⇌

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

MODULE 18: CARE OF ILLNESS MODULE		
<p>1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS?</p> <p>DIARRHEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER, OR AS THREE OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL.</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 9</p>	<p>1⇒Q.3</p>
<p>2. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD ANY OTHER ILLNESS OR HEALTH PROBLEM?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 9</p>	<p>1⇒Q.4</p> <p>2⇒Q.11</p> <p>9⇒Q.11</p>
<p>3. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.</p>	<p style="text-align: right;">Y N DK</p>	
3A. BREAST MILK?	3A..... 1 2 9	
3B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP?	3B..... 1 2 9	
3C. <i>Other locally defined acceptable home fluids (e.g., SSS, yogurt drink)?</i>	3C..... 1 2 9	
3D. ORS PACKET SOLUTION?	3D..... 1 2 9	
3E. OTHER MILK OR INFANT FORMULA?	3E..... 1 2 9	
3F. WATER WITH FEEDING DURING SOME PART OF THE DAY?	3F..... 1 2 9	
3G. WATER ALONE?	3G..... 1 2 9	
3H. <i>defined "unacceptable" fluids (e.g., cola, etc. (insert local names))</i>	3H..... 1 2 9	
3I. NOTHING	3I..... 1 2 9	1⇒Q.5
<p>4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none..... 1</p> <p>About the same (or somewhat less)..... 2</p> <p>More..... 3</p> <p>DK..... 9</p>	
<p>5. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe:</i> MUCH LESS OR A LITTLE LESS?</p>	<p>None..... 1</p> <p>Much less..... 2</p> <p>Somewhat less..... 3</p> <p>About the same..... 4</p> <p>More..... 5</p> <p>DK..... 9</p>	
<p>6. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 9</p>	<p>2⇒Q.11</p> <p>9⇒Q.11</p>

<p>7. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1 No 2 DK 9</p>	<p>2⇒Q.11 9⇒Q.11</p>
<p>8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Blocked nose 1 Problem in chest 2 Both 3 Other (<i>specify</i>) 8 DK 9</p>	<p>1⇒Q.11 8⇒Q.11</p>
<p>9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes 1 No 2 DK 9</p>	<p>2⇒Q.11 9⇒Q.11</p>
<p>10. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p>CIRCLE ALL PROVIDERS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</p>	<p>Hospital 01 Health centre 02 Dispensary 03 Village health worker 04 MCH clinic 05 Mobile/outreach clinic 06 Private physician 07 Traditional healer 08 Pharmacy or drug seller 09 Relative or friend 10 Other (<i>specify</i>) 11</p>	
<p>ASK THIS QUESTION (Q.11) ONLY ONCE FOR EACH CARETAKER.</p> <p>11. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>KEEP ASKING FOR MORE SIGNS OR SYMPTOMS UNTIL THE CARETAKER CANNOT RECALL ANY ADDITIONAL SYMPTOMS. CIRCLE ALL SYMPTOMS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</p>	<p>Child not able to drink or breastfeed 01 Child becomes sicker 02 Child develops a fever 03 Child has fast breathing 04 Child has difficult breathing 05 Child has blood in stool 06 Child is drinking poorly 07 Other (<i>specify</i>) 08 Other (<i>specify</i>) 09 Other (<i>specify</i>) 10</p>	

GO TO IMMUNIZATION MODULE ⇨

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

MODULE 19: IMMUNIZATION MODULE									
<p>IF AN IMMUNIZATION CARD IS AVAILABLE, COPY THE DATES IN Qs. 2-5 FOR EACH TYPE OF IMMUNIZATION RECORDED ON THE CARD. Qs. 7-15 ARE FOR RECORDING VACCINATIONS THAT ARE NOT RECORDED ON THE CARD. Qs. 7-15 WILL ONLY BE ASKED WHEN A CARD IS NOT AVAILABLE OR IN CASES WHEN A CARD IS AVAILABLE BUT THE CHILD WAS ALSO GIVEN VACCINATIONS WHICH WERE NOT RECORDED ON THE CARD.</p>									
1. IS THERE A VACCINATION RECORD FOR (name)?		Yes 1 No 2 DK 9						2⇒Q.7 9⇒Q.7	
COPY DATES OF ALL VACCINATIONS FROM THE CARD:		Date of Immunization							
		DAY		MONTH		YEAR			
2. BCG	BCG								
3A. OPV0	OPV0								
3B. OPV1	OPV1								
3C. OPV2	OPV2								
3D. OPV3	OPV3								
4A. DPT1	DPT1								
4B. DPT2	DPT2								
4C. DPT3	DPT3								
5. MEASLES	MEASLES								
6. IN ADDITION TO THE DOSES SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY?		Yes 1 No 2 DK 9						1⇒Q.8 2⇒Q.16 9⇒Q.16	
THIS QUESTION AND Qs. 7-15 REFER ONLY TO DOSES NOT ALREADY RECORDED ON THE CARD.									
7. I WILL NOW ASK YOU SOME QUESTIONS ABOUT ANY VACCINATIONS (name) RECEIVED TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY CAMPAIGN.									
8. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE RIGHT SHOULDER THAT CAUSED A SCAR?		Yes 1 No 2 DK 9							
9. CHECK RIGHT SHOULDER (MOST COMMON SITE) FOR BCG SCAR.		Scar present 1 Scar absent 2 Unable to examine/cannot tell 9							

10. HAS (<i>name</i>) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes 1 No 2 DK 9	2⇒Q.13 9⇒Q.13
11. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?	Just after birth 1 Later 2	
12. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ____	
13. HAS (<i>name</i>) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes 1 No 2 DK 9	2⇒Q.15 9⇒Q.15
14. HOW MANY TIMES?	No. of times ____	
15. HAS (<i>name</i>) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK 9	
16. Please tell me if (<i>NAME</i>) has participated in any of the following national immunization days: JANUARY/2000/TYPE OF CAMPAIGN A FEBRUARY/2000/TYPE OF CAMPAIGN B Insert dates and type of vaccination given in the most recent NID campaigns.	<div style="text-align: right; margin-bottom: 5px;">Y N DK</div> Campaign A 1 2 9 Campaign B 1 2 9	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

ANTHROPOMETRY MODULE		
<p>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 ON THE HH LISTING BEFORE RECORDING MEASUREMENTS.</p>		
1. CHILD'S WEIGHT.	Kilograms (kg)..... _____	
2. CHILD'S LENGTH OR HEIGHT. CHECK AGE OF CHILD: <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).	Length (cm) Lying down..... 1 _____ Height (cm) Standing up..... 2 _____	
3. MEASURER'S IDENTIFICATION CODE.	Measurer code	
4. RESULT.	Measured..... 1 Not present..... 2 Refused..... 3 Other (<i>specify</i>) 4	
5. IS THERE ANOTHER CHILD IN THE HOUSEHOLD WHO IS ELIGIBLE FOR MEASUREMENT? <input type="checkbox"/> YES. ⇒ RECORD MEASUREMENTS FOR NEXT CHILD. <input type="checkbox"/> NO. ⇒ END THE INTERVIEW WITH THIS HOUSEHOLD BY THANKING ALL PARTICIPANTS FOR THEIR COOPERATION. GATHER TOGETHER ALL QUESTIONNAIRES FOR THIS HOUSEHOLD AND CHECK THAT IDENTIFICATION NUMBERS ARE AT THE TOP OF EACH PAGE. TALLY ON THE HOUSEHOLD INFORMATION PANEL THE NUMBER OF INTERVIEWS COMPLETED.		