

## APPENDIX F: SURVEY QUESTIONNAIRES



### HOUSEHOLD QUESTIONNAIRE

WE ARE FROM 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 ABOUT 60 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 THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban ..... 1 Rural ..... 2	HH7. Region/Province: Tafea ..... 1 Shefa ..... 2 Malampa ..... 3 Penama ..... 4 Sanma ..... 5 Torba ..... 6 Port Vila ..... 7 Luganville ..... 8	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed ..... 1 Not at home ..... 2 Refused ..... 3 HH not found/destroyed ..... 4 Other (specify) ..... 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
HH12. No. of women eligible for interview: _____	HH11. Total number of household members: _____	
HH13. No. of women questionnaires completed: _____	HH14. No. of children under age 5: _____	
HH15. No. of under-5 questionnaires completed: _____		
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Data entry clerk: _____		

# HOUSEHOLD LISTING FORM

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? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used ☐

Eligible for:		WOMEN'S INTERVIEW		UNDER-5 INTERVIEW		For children age 0-17 years ask HL9-HL12									
		HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. How OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'			
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	Y	N	DK	MOTHER	Y	N	DK	FATHER
01		0 1	1	2	—	01	—	1	2	8	—	1	2	8	—
02		—	1	2	—	02	—	1	2	8	—	1	2	8	—
03		—	1	2	—	03	—	1	2	8	—	1	2	8	—
04		—	1	2	—	04	—	1	2	8	—	1	2	8	—
05		—	1	2	—	05	—	1	2	8	—	1	2	8	—
06		—	1	2	—	06	—	1	2	8	—	1	2	8	—
07		—	1	2	—	07	—	1	2	8	—	1	2	8	—
08		—	1	2	—	08	—	1	2	8	—	1	2	8	—
09		—	1	2	—	09	—	1	2	8	—	1	2	8	—
10		—	1	2	—	10	—	1	2	8	—	1	2	8	—

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE?  1 MALE 2 FEM.	HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in completed years</i>  98=DK*	HL6. Circle Line no. if woman is age 15-49	HL8. <i>For each child under 5:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	HL9. Is (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO → HL 11 8 DK → HL 11	HL10. <i>If alive:</i> DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of mother or 00 for 'no'</i>	HL11. IS (name's) NATURAL FATHER ALIVE?  1 YES 2 NO → NEXT LINE 8 DK → NEXT LINE	HL12. <i>If alive:</i> DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of father or 00 for 'no'</i>	
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	Y	N	DK	FATHER
11		— — —	1	2	— — —	11	— — —	1	2	8	— — —
12		— — —	1	2	— — —	12	— — —	1	2	8	— — —
13		— — —	1	2	— — —	13	— — —	1	2	8	— — —
14		— — —	1	2	— — —	14	— — —	1	2	8	— — —
15		— — —	1	2	— — —	15	— — —	1	2	8	— — —
ARE THERE ANY OTHER PERSONS 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. Then, complete the totals below.											
						Women 15-49	Under-5s				
Totals						— — —	— — —				

\* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women'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 the Questionnaire for Children UnderFive.  
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

\* Codes for HL3: Relationship to head of household:

- 01 = Head
- 02 = Wife or Husband
- 03 = Son or Daughter
- 04 = Son or Daughter In-Law
- 05 = Grandchild
- 06 = Parent
- 07 = Parent-In-Law
- 08 = Brother or Sister/step brother

- 09 = Brother or Sister-In-Law
- 10 = Uncle/Aunt
- 11 = Niece/Nephew By Blood
- 12 = Niece/Nephew By Marriage
- 13 = Other Relative
- 14 = Adopted/Foster/Stepchild
- 15 = Not Related
- 98 = Don't Know

EDUCATION MODULE										ED
For household members age 5 and above										For household members age 5-24 years
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED4. DURING THE 2007 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?		
		1 YES ⇒ ED3 2 NO ⇒ NEXT LINE	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 VOCATIONAL SCHOOLS/RURAL TRAINING CE TER 8 DK GRADE: 98 DK If less than 1 grade, enter 00.	1 YES 2 NO ⇒ ED7	Insert number of days in space below.	LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 VOCATIONAL SCHOOLS/RURAL TRAINING CENTER 8 DK GRADE: 98 DK	1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE	LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 VOCATIONAL SCHOOLS/RURAL TRAINING 8 DK GRADE: 98 DK		
LINE		YES NO	LEVEL GRADE	YES NO	DAYS	LEVEL GRADE	Y N DK	LEVEL GRADE		
01		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
02		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
03		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
04		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
05		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
06		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
07		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
08		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
09		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
10		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
11		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
12		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
13		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
14		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		
15		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8		

WATER AND SANITATION MODULE			WS	Formatted: Top: 0.8", Bottom: 0.8"
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water			
	Piped into dwelling.....	11	11⇒WS5	
	Piped into yard or plot.....	12	12⇒WS5	
	Public tap/standpipe.....	13		
	Tubewell/borehole.....	21		
	Dug well			
	Protected well.....	31		
	Unprotected well .....	32		
	Water from spring			
	Protected spring.....	41		
	Unprotected spring.....	42	⇒WS3	
	Rainwater collection.....	51		
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....	81		
	<b>Bottled water .....</b>	<b>91</b>		
	Other ( <i>specify</i> ) .....	96	96⇒WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water			
	Piped into dwelling.....	11	11⇒WS5	
	Piped into yard or plot.....	12	12⇒WS5	
	Public tap/standpipe.....	13		
	Tubewell/borehole.....	21		
	Dug well			
	Protected well.....	31		
	Unprotected well .....	32		
	Water from spring			
	Protected spring.....	41		
	Unprotected spring.....	42		
	Rainwater collection.....	51		
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....	81		
	Other ( <i>specify</i> ) .....	96		
	WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes..... _ _ _ _		
		Water on premises..... 995	995⇒WS5	
		DK ..... 998		
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?  Probe: IS THIS PERSON UNDER AGE 15? WHAT SEX? Circle code that best describes this person.	Adult woman .....	1		
	Adult man .....	2		
	Female child (under 15).....	3		
	Male child (under 15).....	4		
	DK .....	8		
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes .....	1		
	No.....	2	2⇒WS7	
	DK .....	8	8⇒WS7	
WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?  ANYTHING ELSE?  Record all items mentioned.	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		

<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system ..... 11</p> <p>Flush to septic tank ..... 12</p> <p>Flush to pit (latrine) ..... 13</p> <p>Flush to somewhere else ..... 14</p> <p>Flush to unknown place/not sure/DK where..... 15</p> <p>Ventilated Improved Pit latrine (VIP) ..... 21</p> <p>Pit latrine with slab ..... 22</p> <p>Pit latrine without slab / open pit ..... 23</p> <p>Hanging toilet/hanging latrine ..... 51</p> <p>No facilities or bush or field ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) .... 0 ____</p> <p>Ten or more households ..... 10</p> <p>DK ..... 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Christianity</i> ..... 1 <i>Muslim/ Islam</i> ..... 2 <i>Kustom</i> ..... 3  Other religion ( <i>specify</i> ) ..... 6 No religion ..... 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Bislama</i> ..... 1  Other language ( <i>specify</i> ) ..... 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Melanesian</i> ..... 1 <i>Polinesia</i> ..... 2 Micronesia ..... 3 Caucasian ..... 4 Other ethnic group ( <i>specify</i> ) ..... 6	
HC1D. FOR HOW LONG THE MEMBERS OF THIS HOUSEHOLD ARE LIVING IN THIS AREA?	No. of years ..... _ _	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... _ _	
HC3. Main material of the dwelling floor:  <i>Record observation.</i>	Natural floor Earth/sand ..... 11 Coral ..... 13 Rudimentary floor Wood planks ..... 21 Palm/bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Mat ..... 36 Other ( <i>specify</i> ) ..... 96	
HC4. Main material of the roof.  <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch/palm leaf ..... 12 Sod ..... 13 Rudimentary Roofing Rustic mat ..... 21 Palm/bamboo ..... 22 Wood planks ..... 23 Finished roofing Metal/metal sheets ..... 31 Wood ..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35  Other ( <i>specify</i> ) ..... 96	

HC5. Main material of the walls.  <i>Record observation.</i>	Natural walls No walls..... 11 Cane/palm/trunks..... 12 Dirt..... 13 Coconut Leaves/thatches..... 14 Bamboo..... 15 Rudimentary walls Bamboo with mud..... 21 Stone with mud..... 22 Plywood..... 24 Carton..... 25 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 Liquid Propane Gas (LPG)..... 02 Kerosene..... 05 Coal / Lignite..... 06 Charcoal..... 07 Wood..... 08 Straw/shrubs/grass..... 09 Other ( <i>specify</i> )..... 96	01⇒HC8 02⇒HC8																																																																																													
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire..... 1 Open stove..... 2 Closed stove..... 3 Other ( <i>specify</i> )..... 6	3⇒HC8 6⇒HC8																																																																																													
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes..... 1 No..... 2																																																																																														
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house..... 1 In a separate building..... 2 Outdoors..... 3 Shed attached to the living room..... 4 Other ( <i>specify</i> )..... 6																																																																																														
HC9. DOES YOUR HOUSEHOLD HAVE:	<table> <tr> <th></th><th>Yes</th><th>No</th></tr> <tr> <td>ELECTRICITY?</td><td></td><td></td></tr> <tr> <td>Electricity.....</td><td>1</td><td>2</td></tr> <tr> <td>A RADIO?</td><td></td><td></td></tr> <tr> <td>Radio.....</td><td>1</td><td>2</td></tr> <tr> <td>A TELEVISION?</td><td></td><td></td></tr> <tr> <td>Television.....</td><td>1</td><td>2</td></tr> <tr> <td>A MOBILE TELEPHONE?</td><td></td><td></td></tr> <tr> <td>Mobile Telephone.....</td><td>1</td><td>2</td></tr> <tr> <td>WASHING MACHINE?</td><td></td><td></td></tr> <tr> <td>Washing machine.....</td><td>1</td><td>2</td></tr> <tr> <td>MICR-WAVE OVEN?</td><td></td><td></td></tr> <tr> <td>Micr-wave oven.....</td><td>1</td><td>2</td></tr> <tr> <td>IRON (FOR CLOTH)</td><td></td><td></td></tr> <tr> <td>Iron (for cloth).....</td><td>1</td><td>2</td></tr> <tr> <td>TABLE</td><td></td><td></td></tr> <tr> <td>Table.....</td><td>1</td><td>2</td></tr> <tr> <td>CHAIR</td><td></td><td></td></tr> <tr> <td>Chair.....</td><td>1</td><td>2</td></tr> <tr> <td>BED/COT</td><td></td><td></td></tr> <tr> <td>Bed/cot.....</td><td>1</td><td>2</td></tr> <tr> <td>MATTRESS/BLANKETS</td><td></td><td></td></tr> <tr> <td>Mattress/blanket.....</td><td>1</td><td>2</td></tr> <tr> <td>MAT</td><td></td><td></td></tr> <tr> <td>Mat.....</td><td>1</td><td>2</td></tr> <tr> <td>KEROSINE LAMP/HURICANE LIGHT/COLEMAN LIGHT</td><td></td><td></td></tr> <tr> <td>Kerosine lamp.....</td><td>1</td><td>2</td></tr> <tr> <td>AXE/BUSH KNIFE/SPADE/HAMMER/HOE</td><td></td><td></td></tr> <tr> <td>Axe/bush knife/spade/hammer/hoe.....</td><td>1</td><td>2</td></tr> <tr> <td>TELEPHONE</td><td></td><td></td></tr> <tr> <td>Telephone.....</td><td>1</td><td>2</td></tr> </table>		Yes	No	ELECTRICITY?			Electricity.....	1	2	A RADIO?			Radio.....	1	2	A TELEVISION?			Television.....	1	2	A MOBILE TELEPHONE?			Mobile Telephone.....	1	2	WASHING MACHINE?			Washing machine.....	1	2	MICR-WAVE OVEN?			Micr-wave oven.....	1	2	IRON (FOR CLOTH)			Iron (for cloth).....	1	2	TABLE			Table.....	1	2	CHAIR			Chair.....	1	2	BED/COT			Bed/cot.....	1	2	MATTRESS/BLANKETS			Mattress/blanket.....	1	2	MAT			Mat.....	1	2	KEROSINE LAMP/HURICANE LIGHT/COLEMAN LIGHT			Kerosine lamp.....	1	2	AXE/BUSH KNIFE/SPADE/HAMMER/HOE			Axe/bush knife/spade/hammer/hoe.....	1	2	TELEPHONE			Telephone.....	1	2	
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HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	<table> <tr> <th></th><th>Yes</th><th>No</th></tr> <tr> <td>A WATCH?</td><td></td><td></td></tr> <tr> <td>Watch.....</td><td>1</td><td>2</td></tr> <tr> <td>A BICYCLE?</td><td></td><td></td></tr> <tr> <td>Bicycle.....</td><td>1</td><td>2</td></tr> <tr> <td>A MOTORCYCLE OR SCOOTER?</td><td></td><td></td></tr> <tr> <td>Motorcycle/Scooter.....</td><td>1</td><td>2</td></tr> <tr> <td>A CAR OR TRUCK OR BUS?</td><td></td><td></td></tr> <tr> <td>Car/Truck.....</td><td>1</td><td>2</td></tr> <tr> <td>A BOAT WITH A MOTOR?</td><td></td><td></td></tr> <tr> <td>Boat with motor.....</td><td>1</td><td>2</td></tr> <tr> <td>CANOE</td><td></td><td></td></tr> <tr> <td>Canoe.....</td><td>1</td><td>2</td></tr> </table>		Yes	No	A WATCH?			Watch.....	1	2	A BICYCLE?			Bicycle.....	1	2	A MOTORCYCLE OR SCOOTER?			Motorcycle/Scooter.....	1	2	A CAR OR TRUCK OR BUS?			Car/Truck.....	1	2	A BOAT WITH A MOTOR?			Boat with motor.....	1	2	CANOE			Canoe.....	1	2																																																							
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Bicycle.....	1	2																																																																																													
A MOTORCYCLE OR SCOOTER?																																																																																															
Motorcycle/Scooter.....	1	2																																																																																													
A CAR OR TRUCK OR BUS?																																																																																															
Car/Truck.....	1	2																																																																																													
A BOAT WITH A MOTOR?																																																																																															
Boat with motor.....	1	2																																																																																													
CANOE																																																																																															
Canoe.....	1	2																																																																																													



ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No..... 2	2⇒TN6B
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?  <i>If 7 or more nets, record '7'.</i>	Number of nets ..... ____	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING BRANDS:  <i>Read each brand name, show picture card, and circle codes for Yes or No for each brand. If possible, observe the net to verify brand.</i>		
LONG-LASTING TREATED NETS:	Long-lasting treated nets ..... 1 2 8	2⇒TN6B 8⇒TN6B
OTHER NETS:	Other nets:.....1 2 8	
TN3C.. HOW MANY LONG-LASTING NETS DOES YOUR HOUSEHOLD HAVE	Number of long lasting nets. .... ____	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) LONG LASTING NET OBTAINED?  <i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i>	Months ago ..... ____  More than 24 months ago ..... 95  Not sure..... 98	
TN6B. DO YOU KNOW WHAT CAUSES MALARIA?	Mosquito .....A Mosquito and others.....B Others (specify).....X Don't know.....Z	
TN6C. DID YOU TAKE ANY MEASURE TO PREVENT MALARIA?	Yes.....1 No..... 2	2⇒NEXT MODULE
TN6D If yes, WHAT MEASURE HAVE YOU TAKEN TO PREVENT MALARIA?	Using mosquito nets.....A Reduce mosquito breeding site.....B Take medicine..... C Sprayed home.....D Others (specify).....X	
TN6E. FROM WHERE DID YOU GET THIS KNOWLEDGE?	Radio.....A TV.....B Printed materials.....C Health workers.....D Chief of church.....E Realtive/friend/neighbour.....F School.....G Other(specify).....X	

SALT IODIZATION MODULE		SI
SI1. 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?  <i>Once you have examined the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM ..... 1 Less than 15 PPM..... 2 15 PPM or more..... 3  No salt in home..... 6 Salt not tested ..... 7	

IF IT IS A NUTRITION HOUSEHOLD, COMPLETE NEXT SECTION  SI2. Does any eligible woman age 15-49 reside in the household? Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.  <input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.  <input type="checkbox"/> No. ⇒ Continue.
SI3. Does any child under the age of 5 reside in the household? Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.  <input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.  <input type="checkbox"/> No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

NUTRITION HOUSEHOLD		NH												
NH1. IS IT A NUTRITION HOUSEHOLD?	Yes ..... 1 No ..... 2	2=NEXT MODULE												
NH2. IF YES, LABEL NUMBER FOR	<table border="1"> <thead> <tr> <th></th> <th>Label Number</th> </tr> </thead> <tbody> <tr> <td>Woman-1 .....</td> <td></td> </tr> <tr> <td>Woman-2 .....</td> <td></td> </tr> <tr> <td>Child -1 .....</td> <td></td> </tr> <tr> <td>Child -2 .....</td> <td></td> </tr> <tr> <td>Child -3 .....</td> <td></td> </tr> </tbody> </table>		Label Number	Woman-1 .....		Woman-2 .....		Child -1 .....		Child -2 .....		Child -3 .....		
	Label Number													
Woman-1 .....														
Woman-2 .....														
Child -1 .....														
Child -2 .....														
Child -3 .....														



## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).</p> <p>A separate questionnaire should be used for each eligible child.</p> <p>Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: ____/____/____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed..... 1 Not at home ..... 2 Refused..... 3 Partly completed ..... 4 Incapacitated..... 5 Other (specify)..... 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM 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 ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. 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/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day ..... DK day ..... 98  Month .....  Year.....	
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years .....	

**BIRTH REGISTRATION AND EARLY LEARNING MODULE**

**BR**

BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen ..... 1 Yes, not seen ..... 2 No..... 3  DK ..... 8	1⇒BR5
BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?(AREA COUNCIL/PROV. COUNCIL/MUNICIPALITY/CIVIL STATUS OFFICE),	Yes ..... 1 No..... 2 DK ..... 8	1⇒BR5 8⇒BR4
BR3. WHY IS <i>(name's)</i> BIRTH NOT REGISTERED?	Costs too much ..... 1 Must travel too far ..... 2 Did not know it should be registered..... 3 Does not know where to register ..... 5 Will do later/ not felt urgency ..... 7  Other ( <i>specify</i> ) ..... 6 DK ..... 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ..... 1 No..... 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old?		
<input type="checkbox"/> Yes. ⇒ Continue with BR6		
<input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes ..... 1  No..... 2  DK ..... 8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?	No. of hours ..... _ _	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i> :  <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ?	Books	Mother Father Other No one A B X Y
BR8B. TELL STORIES TO <i>(name)</i> ?	Stories	A B X Y
BR8C. SING SONGS WITH <i>(name)</i> ?	Songs	A B X Y
BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH <i>(name)</i> ?	Play with	A B X Y
BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y

Question CE1 is to be administered only once to each caretaker		
<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p>If 'none' enter 00</p>	<p>Number of non-children's books      0 __</p> <p>Ten or more non-children's books      10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p> <p>If 'none' enter 00</p>	<p>Number of children's books      0 __</p> <p>Ten or more books      10</p>	
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES <i>(name)</i> PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p>If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response</p> <p>Code Y if child does not play with any of the items mentioned.</p>	<p>Household objects (bowls, plates, cups, pots)      A</p> <p>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves)      B</p> <p>Homemade toys (dolls, cars/other toys made at home)      C</p> <p>Toys that came from a store      D</p> <p>No playthings mentioned      Y</p>	
<p>CE4. 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 WITH OTHERS. SINCE LAST <i>(day of the week)</i> HOW MANY TIMES WAS <i>(name)</i> LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>If 'none' enter 00</p>	<p>Number of times      __ __</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS <i>(name)</i> LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times      __ __</p>	

BREASTFEEDING MODULE		BF
BF1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:  Read each item aloud and record response before proceeding to the next item.	<div style="text-align: right;">Y N DK</div> A. Vitamin supplements ..... 1 2 8 B. Plain water ..... 1 2 8 C. Sweetened water or juice ..... 1 2 8 D. ORS ..... 1 2 8 E. Infant formula ..... 1 2 8 F. Milk ..... 1 2 8 G. Other liquids ..... 1 2 8 H. Solid or semi-solid food ..... 1 2 8	
<b>BF4.</b> Check BF3H: Child received solid or semi-solid (mushy) food?  <input type="checkbox"/> Yes. ⇒ Continue with BF5  <input type="checkbox"/> No or DK. ⇒ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS?  If 7 or more times, record '7'.	No. of times ..... Don't know ..... 8	

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea 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 ..... 8</p>	<p>2⇒CA5</p> <p>8⇒CA5</p>
<p>CA2. 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>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID LIKE RICE WATER, GREEN COCONUT WATER OR SUGAR-SALT SOLUTION?</p>	<p style="text-align: right;">Yes No DK</p> <p>A. Fluid from ORS packet ..... 1 2 8</p> <p>B. Recommended homemade fluid (rice water, green coconut water, sugar salt solution) ..... 1 2 8</p>	
<p>CA3. 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 ..... 8</p>	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If "less", probe: 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 ..... 8</p>	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA6. 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</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest ..... 1</p> <p>Blocked nose ..... 2</p> <p>Both ..... 3</p> <p>Other (<i>specify</i>) ..... 6</p> <p>DK ..... 8</p>	<p>2⇒CA12</p> <p>6⇒CA12</p>
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>

<p>CA9. 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>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital .....A</p> <p>Govt. health centre .....B</p> <p>Govt. health post (Dispensary)..... C</p> <p>Village health worker (Aid post) ..... 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>Other private medical (<i>specify</i>) ..... O</p> <p>Other source</p> <p>Relative or friend .....P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Other (<i>specify</i>) ..... X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Antibiotic:Amoxicilin .....A</p> <p>Antibiotic:Penicillin ..... D</p> <p>Antibiotic:Bectrim .....E</p> <p>Paracetamol/Panadol/Acetaminophen.....P</p> <p>Aspirin ..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (<i>specify</i>) ..... X</p> <p>DK ..... Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine ..... 01</p> <p>Put/rinsed into toilet or latrine ..... 02</p> <p>Put/rinsed into drain or ditch ..... 03</p> <p>Thrown into garbage (solid waste)..... 04</p> <p>Buried ..... 05</p> <p>Left in the open ..... 06</p> <p>Other (<i>specify</i>) ..... 96</p> <p>DK ..... 98</p>	
<p>Ask the following question (CA14) only once for each mother/caretaker.</p> <p>CA14. 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 mother/caretaker cannot recall any additional symptoms.</p> <p>Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeed .....A</p> <p>Child becomes sicker .....B</p> <p>Child develops a fever..... C</p> <p>Child has fast breathing ..... D</p> <p>Child has difficult breathing.....E</p> <p>Child has blood in stool .....F</p> <p>Child is drinking poorly ..... G</p> <p>Other (<i>specify</i>) ..... X</p> <p>Other (<i>specify</i>) ..... Y</p> <p>Other (<i>specify</i>) ..... Z</p>	

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MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE ( <i>day of the week</i> ) OF THE WEEK BEFORE LAST, HAS ( <i>name</i> ) BEEN ILL WITH A FEVER?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒ML10 8⇒ML10
ML2. WAS ( <i>name</i> ) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒ML6 8⇒ML6
ML3. DID ( <i>name</i> ) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒ML5 8⇒ML5
ML4. WHAT MEDICINE DID ( <i>name</i> ) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?  <i>Circle all medicines mentioned.</i>	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B SP+Chloroquine ..... F Quinine ..... D  Other anti-malarial ( <i>specify</i> ) ..... H  Other medications: Paracetamol/Panadol/Acetaminophen .... P Aspirin ..... Q Ibuprofen ..... R  Other ( <i>specify</i> ) ..... X DK ..... Z	
ML5. WAS ( <i>name</i> ) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK ..... 8	1⇒ML7 2⇒ML8 8⇒ML8
ML6. WAS ( <i>name</i> ) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒ML8 8⇒ML8
ML7. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i>	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B SP+Chloroquine ..... F Quinine ..... D  Other anti-malarial ( <i>specify</i> ) ..... H  Other medications: Paracetamol/Panadol/Acetaminophen .... P Aspirin ..... Q Ibuprofen ..... R  Other ( <i>specify</i> ) ..... X DK ..... Z	
ML8. Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?  <input type="checkbox"/> Yes. ⇒ Continue with ML9 <input type="checkbox"/> No. ⇒ Go to ML10		
ML9. HOW LONG AFTER THE FEVER STARTED DID ( <i>name</i> ) FIRST TAKE ( <i>name of anti-malarial from ML4 or ML7</i> )?	Same day ..... 0 Next day ..... 1 2 days after the fever ..... 2 3 days after the fever ..... 3	

<p><i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i></p> <p><i>Record the code for the day on which the first anti-malarial was given.</i></p>	<p>4 or more days after the fever ..... 4</p> <p>DK ..... 8</p>	
<p>ML10. DID (name) SLEEP UNDER A MOSQUITO NET LAST NIGHT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THIS MOSQUITO NET?</p> <p><i>If less than 1 month, record '00'.</i></p> <p><i>If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... _ _</p> <p>More than 24 months ago ..... 95</p> <p>Not sure ..... 98</p>	
<p>ML12. WHAT BRAND IS THIS NET?</p> <p><i>If the respondent does not know the brand of the net, show sample piece, or if possible, observe the net.</i></p> <p>LONG LASTING NETS:</p> <p>OTHER NETS:</p>	<p>Long lasting net: ..... 11</p> <p>Other net: ..... 31</p> <p>DK brand ..... 98</p>	

IMMUNIZATION MODULE		IM									
If an immunization card is available, copy the dates in IM2-IM6 for each type of immunization recorded on the card. IM10-IM19A are for recording vaccinations that are not recorded on the card. IM10-IM19A will only be asked when a card is not available.											
IM1. IS THERE A VACCINATION CARD FOR (name)?		Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3	2⇒IM10 3⇒IM10								
(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.		<table border="1"> <thead> <tr> <th colspan="4">Date of Immunization</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th colspan="2">YEAR</th> </tr> </thead> </table>		Date of Immunization				DAY	MONTH	YEAR	
Date of Immunization											
DAY	MONTH	YEAR									
IM2. BCG	BCG										
IM3B. POLIO 1	OPV1										
IM3C. POLIO 2	OPV2										
IM3D. POLIO 3	OPV3										
IM4A. DPT1	DPT1										
IM4B. DPT2	DPT2										
IM4C. DPT3	DPT3										
IM5A. HEPB1	H1										
IM5B. HEPB2	H2										
IM5C. HEPB3	H3										
IM6. MEASLES (OR MMR)	MEASLES										
IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles vaccine(s).		Yes ..... 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM6.) No ..... 2 DK ..... 8	1⇒IM19 2⇒IM19 8⇒IM19								
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?		Yes ..... 1 No ..... 2 DK ..... 8	2⇒IM19 8⇒IM19								
IM11. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?		Yes ..... 1 No ..... 2 DK ..... 8									
IM12. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?		Yes ..... 1 No ..... 2 DK ..... 8	2⇒IM15 8⇒IM15								
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?		No. of times .....									

IM15. HAS ( <i>name</i> ) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes ..... 1 No..... 2 DK ..... 8	2⇒IM17 8⇒IM17
IM16. HOW MANY TIMES?	No. of times ..... — —	
IM17. HAS ( <i>name</i> ) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR – 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 ..... 8	
IM19. PLEASE TELL ME IF ( <i>name</i> ) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR CHILD HEALTH DAYS:		
IM19A. MEASLES IMMUNISATION DAY, Nov. '06	<div style="text-align: right;">Y N DK</div> Measles imm. Campaign day ..... 1 2 8	
IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8. <input type="checkbox"/> Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child. <input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation. If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.		

ANTHROPOMETRY MODULE		AN
<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 household listing before recording measurements.</p>		
AN1. Child's weight.	Kilograms (kg)..... _ _ . _	
AN2. Child's length or height.  Check age of child in UF11:  <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 _ _ . _	
AN3. Measurer's identification code.	Measurer code ..... _ _	
AN4. Result of measurement.	Measured ..... 1 Not present ..... 2 Refused ..... 3  Other ( <i>specify</i> ) ..... 6	

<p><i>IF IT IS A NUTRITION HOUSEHOLD, COMPLETE NEXT SECTION</i></p> <p>AN5. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.</p> <p>Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.</p>
--

NUTRITION CHILDREN		NC
NC1. IS (S)HE A NUTRITION CHILD?	Yes.....1 No.....2	2⇒NEXT MODULE
NC2. LAB TECHNICIAN'S NAME AND ID _____	NC3. DAY/MONTH/YEAR OF SAMPLE COLLECTION  ____/____/____	
NC4. LABEL NUMBER FOR CHILD	STICK HERE      ➡	
NC5. RESULT OF CHILD'S NUTRITION DATA COLLECTION	Completed .....1 Not at home .....2 Refused.....3 Partly completed.....4 Others (Specify) .....6	
NC6. STOOL SAMPLE	Collected: Yes .....1 No.....2	2⇒NC8
NC7. TIME OF STOOL COLLECTED BY MOTHER/CARETAKER  NOTE: TIME CAN BE WRITTEN EITHER IN HOURS OR IF MOTHER HAS NO WATCH THEN USE TERM SUCH AS: LAST NIGHT; THIS MORNING; THIS AFTERNOON	Hour:Min ..... : ____ : ____ Last night .....1 This morning .....2 This afternoon .....3	
NC7A. IF YES, SAF TUBE PREPARED?	Yes.....1 No.....2	
NC7B. TIME OF PREPARATION OF SAF TUBE	Hour:Min ..... : ____ : ____	
NC8. HEMOGLOBIN RESULT  NOTE: IF HB <7G/DL, PLEASE REPEAT NOTE: IF HB VALUE IS LOW, PLEASE REFER TO CLINIC	Collected: Yes .....1 No.....2 If yes, Hb count ..... ____ : ____	2⇒NC9
NC9. MALARIA SLIDES PREPARED	Yes .....1 No.....2	2⇒NEXT MODULE
NC9A. RESULT OF MALARIA TEST  [NOTE: TO BE COMPLETED AFTER SLIDES ARE REACHING PORT VILA/ MELBORNE]	Pf .....1 Pfg .....2 Pv .....3 MPNS .....0	

<p>NC7A. RESULT OF STOOL ANALYSIS (WP)</p> <p><b>[NOTE: TO BE COMPLETED AFTER SLIDES ARE REACHING PORT VILA/ MELBORNE ]</b></p>	<p>Ascaris Lambricoiles eggs.....A</p> <p>Hookworm eggs.....B</p> <p>Endolimax Nana cysts .....E</p> <p>Entamoeba Coli cysts..... F</p> <p>Gardia Lamblia cysts ..... G</p> <p>Blastocystis hominis ..... I</p> <p>Lodomoeba ..... J</p> <p>Dientamoeba Fragilis ..... K</p> <p>Ascaris Lumbricoilies ..... L</p> <p>Entamoeba for further ID ..... M</p> <p>Trichuris Trichuria ..... N</p> <p>Trophozoites ..... O</p> <p>Endolimax Nana Trophozoites ..... P</p> <p>No parasite detected ..... X</p>	
<p>NC7B. RESULT OF STOOL ANALYSIS (FC)</p> <p><b>[NOTE: TO BE COMPLETED AFTER SLIDES ARE REACHING PORT VILA/ MELBORNE ]</b></p>	<p>Ascaris Lambricoiles eggs.....A</p> <p>Hookworm eggs.....B</p> <p>Endolimax Nana cysts .....E</p> <p>Entamoeba Coli cysts..... F</p> <p>Gardia Lamblia cysts ..... G</p> <p>Blastocystis hominis ..... I</p> <p>Lodomoeba ..... J</p> <p>Dientamoeba Fragilis ..... K</p> <p>Ascaris Lumbricoilies ..... L</p> <p>Entamoeba for further ID ..... M</p> <p>Trichuris Trichuria ..... N</p> <p>Trophozoites ..... O</p> <p>Endolimax Nana Trophozoites ..... P</p> <p>No parasite detected ..... X</p>	

**Note:**

Options of question NW9A were changed to include exact response of MP test, while, NW7A and NW7B were included to accommodate the lab results of stool analysis in WP and FC method respectively and the questionnaire was updated accordingly.



## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____/____/____	
WM7. Result of women's interview	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other (specify) ..... 6	

*Repeat greeting if not already read to this woman:*

WE ARE FROM 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 ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

*If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.*

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ..... DK month ..... 98 Year ..... DK year ..... 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years).....	



WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes ..... 1 No ..... 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary ..... 1 Secondary ..... 2 Higher ..... 3 Vocational school/Rural training center ..... 6	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade ..... _ _	
WM13. Check WM11:		
<input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary or Vocational school. ⇒ Continue with WM14		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  Show sentences to respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME?  Example sentences for literacy test:  1.       The child is reading a book. Pikinini ia i stap ridim wan buk  2.       The rains came late this year. Ren i bin kam let long yia ia  3.       Parents must care for their children. Ol papa mo mama oli mas lukaotgud long pikinini blong olgeta  4.       Gardening is hard work. Blong mekem garen hem i hadwok tumas  <u>OR IN FRENCH</u>  1.       L'enfant lit un livre. 2.       Les pluies sont en retard cette année. 3.       Les parents doivent prendre soin de leurs enfants 4.       Le travail des champs est dur. .	Cannot read at all ..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3 No sentence in required language ..... 4 (specify language) Blind/mute, visually/speech impaired ..... 5 Know only the local dialect ..... 6	

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all women age 15-49.</i></p> <p><i>All questions refer only to LIVE births.</i></p>		
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</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⇒ MARRIAGE /UNION MODULE</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth</p> <p>Day ..... __ __</p> <p>DK day ..... 98</p> <p>Month ..... __ __</p> <p>DK month ..... 98</p> <p>Year ..... __ __ __ __</p> <p>DK year ..... 9998</p>	<p>⇒CM3 ↓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth ..... __ __</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home ..... __ __</p> <p>Daughters at home ..... __ __</p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere ..... __ __</p> <p>Daughters elsewhere ..... __ __</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead ..... __ __</p> <p>Girls dead ..... __ __</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum ..... __ __</p>	

<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM11</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>		
<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>If day is not known, enter '98' in space for day.</p>	<p>Date of last birth</p> <p>Day/Month/Year ..... _ _ / _ _ / _ _ _ _</p>	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2005)?</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13</p> <p style="text-align: center;">Name of child _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then ..... 1</p> <p>Later ..... 2</p> <p>No more ..... 3</p>	

TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3  If a card is presented, use it to assist with answers to the following questions. DK ..... 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes ..... 1 No..... 2 DK ..... 8	2⇒TT5 8⇒TT5
TT3. If yes: HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times..... __ __ DK ..... 98	98⇒TT5
TT4. How many TT doses during last pregnancy were reported in TT3? <input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ Go to Next Module <input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes ..... 1 No..... 2 DK ..... 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times..... __ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒NEXT MODULE ↓TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago..... __ __	

MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p>If yes: WHOM DID YOU SEE? ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Hospital (Doctor) .....A</p> <p>Health centre(Nurse practitioner/midwife)B</p> <p>Dispensary (Nurse) .....C</p> <p>Mobile clinic (Nurse).....D</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Aid post (Village health worker:8wk training) ..... G</p> <p>Relative/friend .....H</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one.....Y</p>	Y⇒MN7															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weight .....	1	2	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
	Yes	No															
Weight .....	1	2															
Blood pressure .....	1	2															
Urine sample .....	1	2															
Blood sample .....	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK ..... 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK ..... 8</p>	2⇒MN7 8⇒MN7															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1</p> <p>No.....2</p> <p>DK ..... 8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor.....A</p> <p>Nurse/midwife(Health center) .....B</p> <p>Nurse (Dispensary) .....C</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Village health worker(Aid post) ..... G</p> <p>Relative/friend .....H</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one.....Y</p>																
<p>MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. clinic/health center..... 22</p> <p>Other public (<i>specify</i>) ..... 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Other (<i>specify</i>) ..... 96</p>																

<p>MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large ..... 1  Larger than average..... 2  Average..... 3  Smaller than average..... 4  Very small ..... 5    DK ..... 8</p>	
<p>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1  No..... 2    DK ..... 8</p>	<p>2⇒MN12    8⇒MN12</p>
<p>MN11. HOW MUCH DID (<i>name</i>) WEIGH?  <i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kilograms) __ . __ __ __    From recall..... 2 (kilograms) __ . __ __ __    DK ..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1  No..... 2</p>	<p>2⇒ NEXT  MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?    <i>If less than 1 hour, record '00' hours.</i>  <i>If less than 24 hours, record hours.</i>  <i>Otherwise, record days.</i></p>	<p>Immediately..... 000    Hours..... 1 __ __  <i>or</i>  Days ..... 2 __ __    Don't know/remember ..... 998</p>	

MARRIAGE/UNION MODULE		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⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... _ _ DK ..... 98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No ..... 3	3⇒NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month ..... _ _ DK month ..... 98 Year ..... _ _ _ _ DK year ..... 9998	
MA7. Check MA6: <input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... _ _	

## SECURITY OF TENURE AND DURABILITY OF HOUSING

ST1. DO YOU FEEL SECURE FROM EVICTION FROM THIS DWELLING?	Yes ..... 1 No ..... 2 DK ..... 8	
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CONTRACEPTION MODULE		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.  ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No..... 2 Unsure or DK ..... 8	1⇒ CP4
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No..... 2	2⇒ NEXT MODULE
CP3. WHICH METHOD ARE YOU USING CURRENTLY?  <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization ..... A Male sterilization ..... B Pill ..... C IUD ..... D Injections..... E Implants..... F Condom..... G Female condom ..... H Diaphragm ..... I Foam/jelly..... J Lactational amenorrhoea method (LAM) ..... K Periodic abstinence..... L Withdrawal ..... M Other ( <i>specify</i> ) ..... X	⇒ NEXT MODULE
CP4. DID YOU SLEPT UNDER A BEDNET LAST NIGHT?	Yes ..... 1 No..... 2	2⇒ NEXT MODULE
CP5. IF YES, WAS IT A LONG LASTING NET OR OTHER NET?	Longlasting net..... 1 Other net ..... 2	



HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes ..... 1 No ..... 2	2⇒ NEXT MODULE
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?		
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA3. CAN PEOPLE GET INFECTED WITH 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 REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes ..... 1 No ..... 2 DK ..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?		
HA9B. DURING DELIVERY?		
HA9C. BY BREASTFEEDING?		
	Yes No DK	
	During pregnancy ..... 1 2 8	
	During delivery ..... 1 2 8	
	By breastfeeding ..... 1 2 8	
HA10. 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	
HA11. 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	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK/not sure/depends ..... 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes ..... 1 No ..... 2 DK/not sure/depends ..... 8	

<p>HA14. Check MN5: Tested for HIV during antenatal care?</p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No. ⇒ Continue with HA15</p>		
<p>HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	<p>2⇒HA18</p> <p>8⇒HA18</p>
<p>HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test..... 1</p> <p>Offered and accepted ..... 2</p> <p>Required..... 3</p>	<p>1⇒NEXT MODULE</p> <p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?</p> <p>HA18A. If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	

NUTRITION WOMEN		NW
NW1. IS SHE A NUTRITION WOMAN?	Yes .....1 No.....2	2⇒NEXT MODULE
NW2. LAB TECHNICIAN'S NAME AND ID _____	NW3. DAY/MONTH/YEAR OF SAMPLE COLLECTION ____/____/____	
NW4. LABEL NUMBER FOR WOMAN	STICK HERE .....⇒	
NW5. RESULT OF WOMAN'S NUTRITION DATA COLLECTION	Completed .....1 Not at home.....2 Refused .....3 Partly completed .....4 Others (Specify) .....6	
NW6. WOMAN'S WEIGHT	Kilograms (kg).....	
NW7. WOMAN'S HEIGHT	Height (cm).....	
NW8. URINE SAMPLE	Collected: Yes .....1 No.....2	2⇒NW9
NW8A. IF YES, 2 CRYOVIALS PREPARED?	Yes .....1 No.....2	
NW8B. IS THE WOMAN PREGNANT?	Yes .....1 No.....2	
NW9. HEMOGLOBIN RESULT  NOTE: IF HB <7G/DL, PLEASE REPEAT NOTE: IF HB VALUE IS LOW, PLEASE REFER TO CLINIC	Collected: Yes .....1 No.....2 If yes, Hb count ..... .....	2⇒NW10
NW10. MALARIA SLIDES PREPARED	Yes .....1 No.....2	2⇒NW11
NW10A. RESULT OF MALARIA TEST  [NOTE: TO BE COMPLETED AFTER SLIDES ARE REACHING PORT VILA/ MELBORNE ]	Pf .....1 Pfg .....2 Pv .....3 MPNS .....0	

NW11. SALT SAMPLE GIVEN TO THE LAB TECHNICIAN BY ENUMERATOR	Yes.....1 No.....2	2⇒NEXT MODULE
NW12. SALT LABEL ENUMERATORS STICK LABEL HERE⇒		
NW12A. SALT IODINE LEVEL	__ __ .__ mg/kg	
NW8C. URINARY IODINE CONCENTRATION	__ __ .__ mcg/l	

**Note:**

Options of question NW10A were changed to include exact response of MP test and the questionnaire was updated accordingly. While, NW12A and NW8C were included to accommodate the lab results of salt iodine and urinary iodine respectively.