





[illegible]

**SECTION 2: HEALTH**

5. What kind of institution was last consulted?

- 1 GOVERNMENT HOSPITAL
- 2 GOVERNMENT CLINIC
- 3 GOVERNMENT HEALTH CENTRE
- 4 MISSION INSTITUTION
- 5 INDUSTRIAL/COMPANY HEALTH INSTITUTION
- 6 PRIVATE INSTITUTION
- 7 TRADITIONAL INSTITUTION
- 8 MEDICAL PERSONNEL
- 9 HEALTH INSTITUTION OUTSIDE ZAMBIA
- 10 OTHER (SPECIFY).....

CODE

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6. Who attended to ..... during this consultation? (RECORD THE MOST QUALIFIED PERSON)

- 1 PHYSICIAN/MEDICAL DOCTOR
- 2 CLINICAL OFFICER
- 3 NURSE/MIDWIFE
- 4 TRADITIONAL HEALER
- 5 SPIRITUAL HEALER
- 6 OTHER (SPECIFY).....

CODE

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7. Was ..... 's last consultation paid for?

- 1 YES WITH PRE-PAYMENT SCHEME LOW COST
- 2 YES WITH PRE-PAYMENT SCHEME HIGH COST
- 3 YES PAID FOR BY EMPLOYER
- 4 YES PAID FOR BY OTHER (SPECIFY) .....
- 5 YES PAID PARTLY BY OTHERS E.G. EMPLOYER
- 6 YES PAID DIRECTLY
- 7 NO DIDN'T PAY >> QUESTION 9

>> QUESTION 9

CODE

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8. How much was paid in total for the last consultation in cash or in kind (converted to cash)? (ENTER 00 FOR NONE)

AMOUNT IN KWACHA

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IN KIND (CONVERTED TO CASH)

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9. Has ..... been diagnosed of any of the following diseases?

- 1 Asthma
- 1 Tuberculosis (T.B)
- 1 Bronchitis

1 YES  
2 NO

CODE

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[CHECK SECTION 1]

[IF CHILD AGED 0-59 MONTHS GO TO SECTION 3]

[IF CHILD AGED 5-11 YEARS GO TO SECTION 4]

## SECTION 3 ANTHROPOMETRY/NUTRITION

NO.	QUESTIONS
	<b>FOR CHILDREN 0-59 MONTHS [CHECK SECTION 1]</b>
	<b>INTRODUCTION:</b> Now, I am going to ask some questions about the nutritional status and height and weight of .....
1.	<p>What institution was ..... born in?</p> <p>1 GOVERNMENT HOSPITAL HIGH COST</p> <p>2 GOVERNMENT HOSPITAL LOW COST</p> <p>3 GOVERNMENT CLINIC/HEALTH CENTRE</p> <p>4 MISSION HOSPITAL</p> <p>5 INDUSTRIAL CLINIC/HOSPITAL</p> <p>6 PRIVATE HOSPITAL/CLINIC</p> <p>7 AT HOME</p> <p>8 OTHER (SPECIFY).....</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
2.	<p>Who attended to the birth of .....? (PICK HIGHEST QUALIFIED PERSON IF ATTENDED TO BY SEVERAL)</p> <p>1 PHYSICIAN/MEDICAL DOCTOR</p> <p>2 CLINICAL OFFICER/HEALTH ASSISTANT</p> <p>3 NURSE/MID-WIFE</p> <p>4 TRAINED PUBLIC HEALTH COMMUNITY WORKER</p> <p>5 TRAINED TRADITIONAL BIRTH ATTENDANT</p> <p>6 UNTRAINED TRADITIONAL BIRTH ATTENDANT</p> <p>7 NOBODY</p> <p>8 OTHER (SPECIFY).....</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
3.	<p>Is ..... being breastfed now?</p> <p>1 YES</p> <p>2 NO &gt;&gt; QUESTION 5</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
4.	<p>In addition to breastmilk is ..... fed on any of the following?</p> <p>1 Bottlemilk</p> <p>1 Water</p> <p>1 Other liquids</p> <p>1 Solids (e.g. porridge and cereal)</p> <p style="text-align: right;">1 YES 2 NO</p> <p style="text-align: right;">CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: right;">&gt;&gt; QUESTION 7</p>
5.	<p>Has ..... ever been breastfed?</p> <p>1 YES</p> <p>2 NO &gt;&gt; QUESTION 9</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
6.	<p>At what age in months did ..... stop being breastfed? (IF STOPPED BREASTFEEDING AT LESS THAN ONE MONTH, ENTER 00)</p> <p style="text-align: right;">AGE IN MONTHS <input type="text" value=""/><input type="text" value=""/></p>
7.	<p>For how many months was ..... exclusively breastfed? (That is breastmilk only with no other fluids or food e.g. water, bottlemilk, orange juice, porridge, cereal, etc) [IF BREASTFED FOR LESS THAN ONE MONTH OR NEVER BEEN BREASTFED, ENTER 00, IF CHILD IS CURRENTLY BEING EXCLUSIVELY BREASTFED, ENTER AGE OF CHILD IN MONTHS]</p> <p style="text-align: right;">MONTHS <input type="text" value=""/><input type="text" value=""/></p>

**SECTION 3 ANTHROPOMETRY/NUTRITION**

8.	How soon after birth was ..... first breastfed?	<div style="display: flex; justify-content: space-between;"> <div> <p>1 IMMEDIATELY AFTER DELIVERY</p> <p>2 WITHIN A DAY AFTER DELIVERY</p> <p>3 ONLY WHEN THE WHITE MILK CAME</p> <p>4 A DAY OR MORE AFTER DELIVERY</p> </div> <div style="text-align: right;"> <p>CODE</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>																								
9.	At what age in months did you start giving ..... porridge, cereal or other foods? [IF HASN'T STARTED ENTER 88 AND SKIP TO QUESTION 11]	<p>AGE IN MONTHS</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>																								
10.	How many times is ..... currently given solid foods in a day?	<p>NUMBER OF TIMES</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>																								
11.	<p><b>FOR CHILDREN WHOSE UNDER-5 CLINIC CARD IS AVAILABLE, RECORD THE FOLLOWING INFORMATION FROM UNDER-FIVE CLINIC CARD.</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:25%; text-align: center;">DATE OF LAST DATA ENTRY ON CLINIC CARD</td> <td style="width:25%; text-align: center;">BCG DATE</td> <td style="width:25%; text-align: center;">DPT1 DATE</td> <td style="width:25%; text-align: center;">DPT2 DATE</td> </tr> <tr> <td align="center"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; font-size: 8px;">DAY MTH YEAR</div> </td> <td align="center"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; font-size: 8px;">DAY MTH YEAR</div> </td> <td align="center"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; 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<p>&gt;&gt; QUE. 13</p>																										
12.	<p><b>FOR CHILDREN WHOSE UNDER-5 CLINIC CARD IS NOT AVAILABLE, OR HAS BEEN REPLACED:</b></p> <p>How many times has ..... received the following vaccinations?</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">BCG</td> <td style="width: 25%; text-align: center;">DPT</td> <td style="width: 25%; text-align: center;">POLIO</td> <td style="width: 25%; text-align: center;">MEASLES</td> </tr> <tr> <td align="center"> <p>NUMBER OF TIMES (0 FOR NONE, 9 FOR DON'T KNOW)</p> </td> <td align="center"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </td> <td align="center"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </td> <td align="center"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </td> <td align="center"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </td> </tr> </table>			BCG	DPT	POLIO	MEASLES	<p>NUMBER OF TIMES (0 FOR NONE, 9 FOR DON'T KNOW)</p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>														
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13.	How often is ..... taken to the under-5 clinic?	<div style="display: flex; justify-content: space-between;"> <div> <p>1 EVERY MONTH &gt;&gt; QUESTION 15</p> <p>2 ONLY WHEN THE VACCINATIONS ARE DUE</p> <p>3 ONLY ONCE IN A WHILE</p> <p>4 NEVER TAKEN THE CHILD TO THE UNDER-5 CLINIC</p> <p>5 STOPPED TAKING THE CHILD THERE</p> </div> <div style="text-align: right;"> <p>CODE</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>																								

# SECTION 3 ANTHROPOMETRY/NUTRITION

14. What is the main reason why ..... is not taken to the under-5 clinic regularly/stopped being taken to the Under-five clinic?
- 1 UNDER-FIVE FACILITY TOO FAR AWAY
  - 2 UNDER-FIVE FACILITY NOT AVAILABLE
  - 3 NOT AWARE OF SUCH A REQUIREMENT
  - 4 CHILD HAS BEEN ILL
  - 5 THERE IS NO ONE TO TAKE THE CHILD THERE
  - 6 THE CHILD HAS BEEN AWAY
  - 7 ONLY TAKES CHILD WHEN VACCINATIONS ARE DUE
  - 8 THE CHILD HAS COMPLETED ALL VACCINATIONS
  - 9 NO PARTICULAR REASON
  - 10 NO NEED TO TAKE THE CHILD TO UNDER-5 CLINIC REGULARLY
  - 11 OTHER (SPECIFY) .....

CODE

15. Who usually looks after ..... in the absence of the parents/guardians?
- 1 NURSERY SCHOOL/PRE-SCHOOL/CRECHE/DAYCARE
  - 2 NANNY/MAID
  - 3 MALE SERVANT
  - 4 OLDER SISTER OR BROTHER OF CHILD
  - 5 OTHER RELATIVES
  - 6 NEIGHBOURS
  - 7 OTHER (SPECIFY).....
  - 8 NEVER LEFT THE CHILD IN SOMEONE ELSE'S CARE/NOT APPLICABLE

CODE

16. Is .... currently attending nursery school/day care?

CODE

- 1 YES
- 2 NO

17. May I now be allowed to measure the weight and height of .....? This information is needed to find out about the nutritional status of the child. (ONLY 3-59 MONTHS OLD CHILDREN - CHECK SECTION 1 QUESTION 1)

WEIGHT OF CHILD







KG

WEIGHT OF MOTHER OR OTHER PERSON + CHILD







KG

HEIGHT OF CHILD STANDING UP







CM

MM

HEIGHT OF CHILD LYING DOWN







CM

MM

18. IS THE BCG SCAR PRESENT ON THE CHILD'S ARM?

CODE

- 1 YES
- 2 NO

19. IF THE CHILD IS NOT WEIGHED AND MEASURED, RECORD THE REASON WHY

- 1 CHILD CRIPPLED
- 2 CHILD SICK
- 3 CHILD ABSENT
- 4 CHILD REFUSED
- 5 MOTHER REFUSED
- 6 OTHER (SPECIFY) .....

CODE

END OF INTERVIEW (FOR THOSE AGED 0-59 MONTHS ONLY)

TIME FINISHED INTERVIEW:



HOURS



MINUTES

# SECTION 4: EDUCATION

NO.	QUESTIONS
FOR CHILDREN 5-11 YEARS OLD (CHECK SECTION 1)	
I am now going to ask you about ..... 's education	
1.	<p>Is ..... currently attending grade school or nursery school?</p> <p>1 YES, GRADE SCHOOL</p> <p>2 YES, NURSERY SCHOOL &gt;&gt; SECTION 5</p> <p>3 NO &gt;&gt; QUESTION 5</p> <p>CODE <input type="checkbox"/></p>
2.	<p>Which grade is.....currently attending?</p> <p>GRADE ATTENDING <input type="checkbox"/><input type="checkbox"/></p>
3.	<p>What grade was ..... attending last year?</p> <p>GRADE LAST YEAR (00 IF HADN'T STARTED SCHOOL, 88 IF NOT ATTENDING FOR OTHER REASON) <input type="checkbox"/><input type="checkbox"/></p>
4.	<p>Is the school .... is currently attending a government school, mission/religious school, industrial school or a private school?</p> <p>1 GOVERNMENT</p> <p>2 MISSION/RELIGIOUS</p> <p>3 INDUSTRIAL</p> <p>4 PRIVATE</p> <p>5 OTHER (SPECIFY) .....</p> <p>&gt;&gt; SECTION 5</p> <p>CODE <input type="checkbox"/></p>
5.	<p>Has ..... ever attended school?</p> <p>1 YES</p> <p>2 NO &gt;&gt; QUESTION 9</p> <p>CODE <input type="checkbox"/></p>
6.	<p>What was the highest grade ..... attained?</p> <p>HIGHEST GRADE ATTAINED <input type="checkbox"/><input type="checkbox"/></p>
7.	<p>Was the school ..... last attended a government school, mission/religious school, industrial school or private school?</p> <p>1 GOVERNMENT</p> <p>2 MISSION/RELIGIOUS</p> <p>3 INDUSTRIAL</p> <p>4 PRIVATE</p> <p>5 OTHER (SPECIFY) .....</p> <p>CODE <input type="checkbox"/></p>



# SECTION 4: EDUCATION

8. What was the main reason for .... to leave school?

1 CHILD NEEDED FOR WORK

2 TOO EXPENSIVE

3 LACK OF SUPPORT

4 SCHOOL TOO FAR AWAY

5 EXPELLED

6 NOT SELECTED/FAILED

7 GOT MARRIED

8 PREGNANCY

9 LOOKING FOR WORK

10 NOT NECESSARY FOR CHILD TO CONTINUE

11 ILLNESS/INJURY/DISABILITY

12 OTHER (SPECIFY) .....

>> SECTION 5

CODE

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9 What is the main reason for ..... never attending school?

1 UNDER-AGE

2 TOO EXPENSIVE

3 SCHOOL TOO FAR AWAY

4 NOT NECESSARY FOR CHILD TO GO TO SCHOOL

5 CHILD NEEDED FOR WORK

6 ILLNESS/INJURY/DISABILITY

7 OTHER (SPECIFY).....

CODE

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# SECTION 2: CHORE DUTIES

NO.	QUESTIONS	
	INTRODUCTION: Finally, I would like to ask about the duties..... has.	
1.	Does .... regularly have to carry out any of the following chores for the household?	
		1 YES 2 NO
		CODE
a.	Cooking?	<input type="checkbox"/>
b.	Washing dishes?	<input type="checkbox"/>
c.	Pounding food (e.g. maize, groundnuts)	<input type="checkbox"/>
d.	Cleaning the house and its surroundings?	<input type="checkbox"/>
e.	Washing and ironing clothes?	<input type="checkbox"/>
f.	Taking care of siblings	<input type="checkbox"/>
g.	Attending to the sick?	<input type="checkbox"/>
h.	Fishing?	<input type="checkbox"/>
i.	Tending to livestock?	<input type="checkbox"/>
j.	Fetching water?	<input type="checkbox"/>
k.	Fetching firewood?	<input type="checkbox"/>
l.	Chopping firewood?	<input type="checkbox"/>
m.	Domestic repairs and maintenance?	<input type="checkbox"/>
n.	Gardening?	<input type="checkbox"/>
o.	Planting, weeding or harvesting?	<input type="checkbox"/>
p.	Charcoal burning.	<input type="checkbox"/>
q.	Gathering honey, wild vegetables & fruits, caterpillars. etc	<input type="checkbox"/>
r.	Hunting and trapping animals?	<input type="checkbox"/>
s.	Other domestic chores? SPECIFY .....	<input type="checkbox"/>

# SECTION 5: CHILD TASKS (Cont'd)

NO.	QUESTIONS	
2.	Did .... do any of the following income generating activities during the last one (1) month and if so was this on a full-time basis?	
	<div>1 YES</div> <div>2 NO &gt;&gt; NEXT ACTIVITY</div>	<div>1 FULL-TIME EMPLOYMENT/ACTIVITY</div> <div>2 NOT FULL-TIME EMPLOYMENT</div>
	CODE	CODE
a.	Street vending?	<input type="checkbox"/>
b.	Selling farm produce?	<input type="checkbox"/>
c.	Piecework on other household's farms?	<input type="checkbox"/>
d.	Piecework for other households apart from agriculture?	<input type="checkbox"/>
e.	Other piecework?	<input type="checkbox"/>
f.	Baby sitting/housekeeping for other households?	<input type="checkbox"/>
g.	Food for work?	<input type="checkbox"/>
h.	Quarrying (breaking stones, etc)	<input type="checkbox"/>
i.	Making reed mats/baskets, etc	<input type="checkbox"/>
j.	Making clay pots	<input type="checkbox"/>
3.	Did .... do any other income generating activities or employment during the last one month?	
	<div>1 YES</div> <div>2 NO &gt;&gt; END OF INTERVIEW</div>	<div>CODE</div> <div><input type="checkbox"/></div>
4.	What income generating activities were these? (LIST UP TO THREE ACTIVITIES)	
	NAME	CODE
	ACTIVITY 1: _____	TO BE CODED IN THE FIELD <input type="text"/>
	ACTIVITY 2: _____	TO BE CODED IN THE FIELD <input type="text"/>
	ACTIVITY 3: _____	TO BE CODED IN THE FIELD <input type="text"/>
5.	Were any of these activities full-time employment?	
	<div>1 YES</div> <div>2 NO &gt;&gt; END OF INTERVIEW</div>	<div>CODE</div> <div><input type="checkbox"/></div>
6.	Which activity is that?	
	NAME.....	(TO BE CODED IN THE FIELD) <input type="text"/>
7.	Who is the employer of .....?	
	CODE	<input type="checkbox"/>
	<div>1. ANOTHER HOUSEHOLD</div> <div>2. PRIVATE SECTOR</div>	<div>3. SELF-EMPLOYED</div> <div>4. OTHER (SPECIFY).....</div>

RECORD THE TIME ENDED THE INTERVIEW:

HOUR

MINUTES

-- T H E E N D --