

Appendix F. Questionnaires

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2010 HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household serial number: _____	
HH3. Interviewer name and code number: Name _____ Code No _____	HH4. Supervisor name and code number: Name _____ Code No _____	
HH5. Day / Month / Year of interview in BS: _____ / _____ / _____		
HH6. AREA: Municipality..... 1 Village Development Committee 2	HH7. REGION: Mid-Western Mountain..... 41 Mid-Western Hill 42 Mid-Western Terai 43 Far-Western Mountain 51 Far-Western Hill 52 Far-Western Terai 53	

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL ACCORDING TO THE **STATISTICS ACT 2015 BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

SHALL WE START NOW?

- Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

After all questionnaires for the household (household, women and children) have been completed, fill in the following information:

HH8. Name of head of household: _____	
HH9. Result of household interview: Completed.....01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time.....03 Refused.....04 Dwelling vacant / Address not a dwelling.....05 Dwelling destroyed.....06 Dwelling not found.....07 Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____ HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of individual woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____

HH16. Field edited by (Name and code number): Name _____ Code No _____	HH17. Data entry clerk (Name and code number): Name _____ Code No _____
---	--

HH18.
Record the time.
Hour ____
Minutes ____

HOUSEHOLD LISTING FORM **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line '01'. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5-HL14 for each person in the household at a time.
Use an additional questionnaire if all rows in the household listing form have been used.

	For women age 15-49	For children age 5-14	For children under age 5	For children age 0-17 years
--	------------------------	--------------------------	-----------------------------	-----------------------------

HL1. Line number	HL2. Name, lastname	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? Write appropriate code	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13 HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or '00' for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No Next Line 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or '00' for "No"
Line	Name	Relation*	M F	Month Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
01		0 1	1 2	___	_____	___	___	___	1 2 8	___	1 2 8	___
02		___	1 2	___	_____	___	___	___	1 2 8	___	1 2 8	___
03		___	1 2	___	_____	___	___	___	1 2 8	___	1 2 8	___
04		___	1 2	___	_____	___	___	___	1 2 8	___	1 2 8	___
05		___	1 2	___	_____	___	___	___	1 2 8	___	1 2 8	___
06		___	1 2	___	_____	___	___	___	1 2 8	___	1 2 8	___
07		___	1 2	___	_____	___	___	___	1 2 8	___	1 2 8	___
08		___	1 2	___	_____	___	___	___	1 2 8	___	1 2 8	___

HL1. Line number	HL2. Name, lastname	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? Write appropriate code	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or '00' for "No"	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or '00' for "No"	
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
09		___	1	2	___	_____	___	09	___	___	1 2 8	___	1 2 8	___
10		___	1	2	___	_____	___	10	___	___	1 2 8	___	1 2 8	___
11		___	1	2	___	_____	___	11	___	___	1 2 8	___	1 2 8	___
12		___	1	2	___	_____	___	12	___	___	1 2 8	___	1 2 8	___
13		___	1	2	___	_____	___	13	___	___	1 2 8	___	1 2 8	___
14		___	1	2	___	_____	___	14	___	___	1 2 8	___	1 2 8	___
15		___	1	2	___	_____	___	15	___	___	1 2 8	___	1 2 8	___

Tick here if additional questionnaire used

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each child under age 5, write his/her name and line number and the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman age 15-49 and each child under five in the household.

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

01 Head	06 Parent	11 Niece / Nephew	16 Household servants
02 Wife / Husband	07 Parent-In-Law	12 Other relative	98 Don't know
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild	
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related (except household servants)	
05 Grandchild	10 Uncle / Aunt	15 Co-wife	

EDUCATION

ED

For household members age 5 and above										For household members age 5-24 years									
ED1. Line number	ED2. Name and age <i>Copy from Household Listing Form, HL2 and HL6 according to line number.</i>		ED2A. DOES (name) KNOW TO READ AND WRITE?			ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED?		ED5. DURING THE CURRENT SCHOOL YEAR 2067, DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?		ED6B. DURING SCHOOL YEAR 2067, WHICH GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2066 DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?			ED8B. DURING THE PREVIOUS SCHOOL YEAR 2066, WHICH GRADE DID (name) ATTEND?		
			1 Both read and write	2 Read only	3 Can't read and write	1 Yes	2 No	Grade: 98 DK	1 Yes	2 No	Grade: 98 DK	1 Yes	2 No	8 DK	Grade: 98 DK				
Line	Name	age	1	2	3	Yes	No	Grade	Yes	No	Grade	Y	N	DK	Grade				
01		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
02		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
03		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
04		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
05		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
06		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
07		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
08		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				
09		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __				

EDUCATION

ED

For household members age 5 and above						For household members age 5-24 years									
ED1. Line number	ED2. Name and age		ED2A. DOES (name) KNOW TO READ AND WRITE?			ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED?	ED5. DURING THE CURRENT SCHOOL YEAR 2067, DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?		ED6B. DURING SCHOOL YEAR 2067, WHICH GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2066 DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?		ED8B. DURING THE PREVIOUS SCHOOL YEAR 2066, WHICH GRADE DID (name) ATTEND?
			1 Both read and write 2 Read only 3 Can't read and write			1 Yes 2 No ↘ Next Line		Grade: 98 DK <i>If less than 1 grade, write '00'.</i>	1 Yes 2 No ↘ ED7		Grade: 98 DK <i>If less than 1 grade, write '00'.</i>		1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line		Grade: 98 DK <i>If less than 1 grade, write '00'.</i>
Line	Name	age	1	2	3	Yes	No	Grade	Yes	No	Grade	Y	N	DK	Grade
10		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
11		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
12		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
13		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
14		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
15		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __

<p>WS3. WHERE IS THE WATER SOURCE FOR COOKING AND HAND-WASHING LOCATED?</p>	<p>In own dwelling..... 1 In own yard / plot..... 2 Elsewhere..... 3</p>	<p>1⇒WS6 2⇒WS6</p>
<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, STAY IN A QUEUE, GET WATER FOR COOKING AND HAND-WASHING, AND COME BACK?</p>	<p>Number of minutes _____ Not necessary to go to fetch water.....997 DK.....998</p>	
<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR COOKING AND HAND-WASHING IN YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 Not necessary to go to fetch water 7 DK.....8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE DRINKING WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1 No 2 DK.....8</p>	<p>2⇒WS7A 8⇒WS7A</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Circle all the ways mentioned by the respondent.</i></p>	<p>Boil A Add bleach / chlorine..... B Strain it through a cloth C Use water filter D Solar disinfection E Let it stand and settle..... F Other (<i>specify</i>) X DK..... Z</p>	
<p>WS7A. DO YOU STORE YOUR DRINKING WATER?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒WS8</p>
<p>WS7B. MAY I SEE THE MAIN CONTAINER WHERE YOU STORE DRINKING WATER?</p>	<p>Allowed to observe..... 1 Not Allowed to observe 2</p>	<p>2⇒WS 7D</p>
<p>WS7C. <i>Based on the observations of container's mouth, spigot and lid circle the appropriate response code.</i></p> <p><i>Interviewer should observe by him/herself and circle the appropriate response codes.</i></p>	<p><u>Container's mouth</u> Wide mouth (=>10 cm) 1 Narrow mouth (<10 cm) 2</p> <p><u>Spigot</u> Yes 1 No 2</p> <p><u>Lid</u> Yes 1 No 2</p>	

<p>WS7D. IS THIS CONTAINER USED ONLY FOR STORING DRINKING WATER?</p>	<p>Yes 1 No 2</p>	
<p>WS8. 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>Ask permission to observe the facility.</i></p>	<p><u>Flush / Pour flush (water seal)</u> Flush to piped sewer system..... 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where..... 15</p> <p><u>Pit latrine</u> Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23</p> <p>Composting toilet 31 Tin/Bucket toilet 41 No facility, Bush, Field..... 95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>95⇒NEXT MODULE</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒NEXT MODULE</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒WS 11A</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households ____</p> <p>DK 98</p>	<p>⇒NEXT MODULE 98⇒NEXT MODULE</p>
<p>WS11A. CAN YOU USE THIS FACILITY AT ALL HOURS OF THE DAY AND NIGHT?</p>	<p>Yes 1 No 2</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Hindu 01 Buddhist..... 02 Muslim 03 Kirat..... 04 Christian..... 05 Sikh 06 Jain..... 07 Other religion (<i>specify</i>) _____ 96 No religion..... 97	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Mother Tongue ____ Other language (<i>specify</i>) _____ 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Ethnic group..... ____ Other ethnic group (<i>specify</i>) _____ 996	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ____	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Earth / Sand 11 Wood planks 21 Palm / Bamboo 22 Ceramic tiles/marbles 33 Cement 34 Carpet 35 Linoleum 36 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	<u>Natural roofing</u> Thatch / Palm leaf 12 Sod 13 <u>Rudimentary Roofing</u> Rustic mat 21 Wood planks 23 Finished roofing Metal/ CGI sheets 31 Wood 32 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p><u>Natural walls</u></p> <p>No walls 11</p> <p><u>Rudimentary walls</u></p> <p>Bamboo materials 21</p> <p>Stone/bricks with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood 24</p> <p>Straw and mud 27</p> <p>Plastic covered 28</p> <p>Mud 29</p> <p><u>Finished walls</u></p> <p>Cement plastered bricks or stones 31</p> <p>Cemented bricks or stones 32</p> <p>Cement blocks 34</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG) 02</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Fire Wood 08</p> <p>Straw/ Shrubs / Grass 09</p> <p>Animal dung/briquette 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95→HC8</p>
<p>HC7. IS THE COOKING USUALLY DONE IN THE SAME HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p><u>In the house</u></p> <p>In a separate room used as kitchen 1</p> <p>Elsewhere in the house 2</p> <p>In a separate building 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>	

HC8. DOES YOUR HOUSEHOLD HAVE (things/facilities) :	Yes	No
[A] ELECTRICITY	Electricity 1	2
[B] A RADIO	Radio 1	2
[C] A TELEVISION	Television..... 1	2
[D] A NON-MOBILE TELEPHONE	Non-mobile telephone 1	2
[E] A REFRIGERATOR	Refrigerator 1	2
[F] AN IMPROVED COOKING STOVE (ICS)	Improved Cooking Stove..... 1	2
[G] TABLE	Table 1	2
[H] CHAIR	Chair 1	2
[I] BED/COT	Bed/Cot 1	2
[J] SOFA	Sofa..... 1	2
[K] WARDROBE	Wardrobe 1	2
[L] COMPUTER	Computer 1	2
[M] WALL CLOCK	Wall Clock 1	2
[N] ELECTRIC FAN	Electric Fan 1	2
[O] DHIKI/JATO	Dhiki/Jato 1	2
[P] MICROWAVE OVEN	Microwave Oven..... 1	2
[Q] WASHING MACHINE	Washing Machine 1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN (things)?	Yes	No
[A] A WATCH	Watch 1	2
[B] A MOBILE TELEPHONE	Mobile telephone 1	2
[C] A BICYCLE/RICKSHAW	Bicycle/Rickshaw..... 1	2
[D] A MOTORCYCLE OR SCOOTER	Motorcycle / Scooter 1	2
[E] AN ANIMAL-DRAWN CART	Animal drawn-cart 1	2
[F] A CAR/ TRUCK/ BUS/JEEP	Car / Truck/ Bus/Jeep 1	2
[H] A TRACTOR	Tractor..... 1	2
[I] A BOAT	Boat 1	2

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING OR IS IT RENTED OR HAVE ANY OTHER ARRANGEMENT?</p> <p><i>If own the household circle "1" if not owned, probe for whether it is rented or under what terms and conditions is the household using this dwelling? if "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own.....1 Rent.....2</p> <p>Other (Not owned or rented)6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1 No2</p>	2⇒HC13
<p>HC12. HOW MUCH AREA OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p>	<p>Ropani (ropani/aana/paisa)A _ _ / _ _ / _ _ Bigha (Bigha/katha/dhur).....B _ _ / _ _ / _ _</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1 No2</p>	2⇒HC15
<p>HC14. HOW MANY (<i>livestock</i>) DOES THIS HOUSEHOLD HAVE?</p> <p>[A] COW/OX [H] YAK /NAK/ CHAURI [G] MALE/FEMALE BUFFALO [C] GOATS/TIBETAN GOAT [D] SHEEP [F] PIGS/SWINE [B] HORSE, ASS, MULES [E] CHICKEN/DUCKS/PIGEONS [X] OTHERS ANIMALS [Y] OTHERS POULTRY</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Cow/Ox..... Yak/Nak/Chauri Buffalo Goats, Sheep Pigs/swines Horse, ass or mules Chicken/ducks/pigeons Other animals (<i>spec ify</i>) Other Poultry (<i>spec ify</i>)</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN ANY BANK OR FINANCIAL INSTITUTION?</p>	<p>Yes.....1 No2</p> <p>Don't Know.....8</p>	

CHILD LABOUR

CL

to be administered for children in the household age 5-14 years. See household listing form and copy the name and age of the person aged 5-14 years according to the line numbers in the Household Listing Form. For household members below age 5 or above age 14, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN AGED 5-14 YEARS IN THIS HOUSEHOLD MAY DO.

CL1. Line number	CL2. Name and Age		CL3. DURING THE PAST 7 DAYS, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.			CL5. DURING THE PAST 7 DAYS, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST 7 DAYS, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY BUSINESS OR SELLING GOODS IN THE STREET FOR HIS/HER FAMILY OR HIMSELF/HERSELF? Include work for a business run by the child, alone or with one or more partners.		CL8. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?		CL9. DURING THE PAST 7 DAYS, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING, OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?		CL10. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) SPEND DOING THESE CHORES?				
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours			
10		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
11		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
12		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
13		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
14		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
15		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__

DE-WORMING

DW

To be administered only for children in the household age 6-11 years. For household members below age 6 or above age 11, leave rows blank.

Now I would like to ask about the de-worming tablets your children of age 6-11 years have received in the last one year.

DW1. Line Number	DW 2. Name and Age Copy from Household Listing Form, HL2 and HL6		DW 3. HAS (name) RECEIVED DE- WORMING TABLET AT LEAST ONCE AT ANY TIME DURING THE LAST ONE YEAR? 1 Yes 2 No ⇒ Next line/Module 8 DK ⇒ Next line/ Module			DW 4. FROM WHERE HAS (name) RECEIVED DE-WORMING TABLET DURING THE LAST ONE YEAR?							
LINE	NAME	Age	Yes	No	DK	Govt scho ol	Private School	Health post Sub health post Primary Healthcare centres	Govt Hospital	FCHV	Private Pharma	DK	Others (specify)
01		-- --	1	2	8	A	B	C	D	E	F	z	X
02		-- --	1	2	8	A	B	C	D	E	F	z	X
03		-- --	1	2	8	A	B	C	D	E	F	z	X
04		-- --	1	2	8	A	B	C	D	E	F	z	X
05		-- --	1	2	8	A	B	C	D	E	F	z	X
06		-- --	1	2	8	A	B	C	D	E	F	z	X
07		-- --	1	2	8	A	B	C	D	E	F	z	X
08		-- --	1	2	8	A	B	C	D	E	F	z	X
09		-- --	1	2	8	A	B	C	D	E	F	z	X
10		-- --	1	2	8	A	B	C	D	E	F	z	X

DE-WORMING

DW

To be administered only for children in the household age 6-11 years. For household members below age 6 or above age 11, leave rows blank.

Now I would like to ask about the de-worming tablets your children of age 6-11 years have received in the last one year.

DW1. Line Number	DW 2. Name and Age Copy from Household Listing Form, HL2 and HL6		DW 3. HAS (name) RECEIVED DE- WORMING TABLET AT LEAST ONCE AT ANY TIME DURING THE LAST ONE YEAR? 1 Yes 2 No ⇒ Next line/Module 8 DK ⇒ Next line/ Module			DW 4. FROM WHERE HAS (name) RECEIVED DE-WORMING TABLET DURING THE LAST ONE YEAR?							
LINE	NAME	Age	Yes	No	DK	Govt scho ol	Private School	Health post Sub health post Primary Healthcare centres	Govt Hospital	FCHV	Private Pharma	DK	Others (specify)
11		-- --	1	2	8	A	B	C	D	E	F	z	X
12		-- --	1	2	8	A	B	C	D	E	F	z	X
13		-- --	1	2	8	A	B	C	D	E	F	z	X
14		-- --	1	2	8	A	B	C	D	E	F	z	X
15		-- --	1	2	8	A	B	C	D	E	F	z	X

Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Male/Female from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	---		1	2	__ __
2	---		1	2	__ __
3	---		1	2	__ __
4	---		1	2	__ __
5	---		1	2	__ __
6	---		1	2	__ __
7	---		1	2	__ __
8	---		1	2	__ __
CD6.	Total children age 2-14 years				__

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

Table 2: Selection of Random Child for Child Discipline Questions

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child.....

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH (<i>name</i>) <u>IN THE PAST ONE MONTH</u> .		
CD11. IN THE PAST ONE MONTH, <u>TOOK AWAY PRIVILEGES, FORBADE SOMETHING</u> (<i>name</i>) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE?	Yes 1 No 2	
CD12. IN THE PAST ONE MONTH, EXPLAINED WHY (<i>name</i>)'S BEHAVIOUR WAS WRONG?	Yes 1 No 2	
CD13. IN THE PAST ONE MONTH, SHOOK (<i>name</i>)?	Yes 1 No 2	
CD14. IN THE PAST ONE MONTH, SHOUTED, YELLED AT OR SCREAMED AT (<i>name</i>)?	Yes 1 No 2	
CD15. IN THE PAST ONE MONTH, GAVE (<i>name</i>) SOMETHING ELSE TO DO? <i>Probe:</i> THIS MEANS DISTRACTING THE CHILD OR HELPING THE CHILD PAY ATTENTION TO SOMETHING ELSE.	Yes 1 No 2	
CD16. IN THE PAST ONE MONTH, SPANKED, HIT OR SLAPPED (<i>name</i>) ON THE BOTTOM WITH BARE HAND?	Yes 1 No 2	
CD17. IN THE PAST ONE MONTH, HIT (<i>name</i>) ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?	Yes 1 No 2	
CD18. IN THE PAST ONE MONTH, CALLED (<i>name</i>) DUMB, LAZY, OR ANOTHER NAME LIKE THAT?	Yes 1 No 2	
CD19. IN THE PAST ONE MONTH, HIT OR SLAPPED (<i>name</i>) ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD20. IN THE PAST ONE MONTH, HIT OR SLAPPED (<i>name</i>) ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD21. IN THE PAST ONE MONTH, BEAT (<i>name</i>) UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?	Yes 1 No 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No 2 Don't know/ No opinion 8	

HAND-WASHING		HW
<p>HW 1A. PLEASE MENTION ALL THE OCCASIONS WHEN IS IT IMPORTANT TO WASH YOUR HANDS.</p> <p><i>Circle all mentioned.</i></p>	<p>Before eating.....A After eating.....B Before praying.....C Before breast feeding or feeding a child....D Before cooking or preparing food.....E After defecation/urination.....F After cleaning a child that has defecated/ changing child's nappy.....G When the hands are dirty.....H After cleaning toilet or potty.....I</p> <p>Others (<i>Specify</i>).....X Don't know.....Z</p>	
<p>HW 1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed.....1</p> <p>Not observed Not in dwelling / plot / yard.....2 No permission to see.....3 Other reason.....6</p>	<p>2 ⇒HW 4 3 ⇒HW 4 6 ⇒HW 4</p>
<p>HW 2. <i>Observe presence of water at the specific place for hand-washing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available.....1 Water is not available.....2</p>	
<p>HW 2A. <i>Check the distance of the hand-washing place from the toilet in paces and circle appropriate code.</i></p>	<p>The distance of toilet and hand washing place (in Paces)</p> <p>Less than 10 paces.....1 10 paces or more.....2</p>	
<p>HW 3. <i>Record if soap or detergent is present at the specific place for hand-washing.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand.....D None.....Y</p>	<p>A⇒HH19 B⇒HH19 C⇒HH19 D⇒HH19</p>
<p>HW 4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER LOCALLY USED CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes.....1 No.....2</p>	<p>2⇒HH19</p>
<p>HW 5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand.....D Not able / Does not want to show.....Y</p>	

HH19. <i>Record the time.</i>	Hour and minutes ____ : ____	
-------------------------------	------------------------------------	--

SALT IODIZATION		SI
<p>SI1A. WHAT TYPE OF SALT DO YOU USUALLY USE AT HOME? COULD YOU SHOW ME THE SALT YOU REGULARLY USE FOR COOKING?</p> <p><i>(Observe the salt in use in the household; if packed salt is used and if packet is available at home, check if it has the mark of a girl and a boychild or not and tick the appropriate answer.</i></p>	<p>LARGE CRYSTAL SALT1 LOOSE POWDER SALT 2</p> <p><u>PACKAGED POWDER SALT</u> PACKAGED POWDER SALT WITH LOGO3 PACKAGED POWDER SALT WITHOUT LOGO ...4</p> <p>TIBETAN SALT5</p> <p>OTHER TYPES (<i>SPECIFY</i>)..... 6</p>	
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Use the provided salt test kit to test the iodine content in the salt sample. Once you have tested the salt, circle number that corresponds to test outcome</i></p>	<p>Not iodized 0 PPM1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more3</p> <p>No salt in the house6</p> <p>Salt not tested7</p>	
<p>HH20. <i>Is there any woman in the age group of 15-49 years in the Household who need to be administered the questionnaire?</i></p> <p><i>Check the presence of any woman in the age group of 15-49 years in the Household who need to be administered the questionnaire in column HL7 of the HH Listing form.</i></p> <p><i>There must be a separate questionnaire with the Woman's Information Panel (WM) for Personal Questionnaire for Women for every woman in the age group of 15-49 years in the Household.</i></p> <p><input type="checkbox"/> Yes ⇒ <i>Fill up the Personal Questionnaire for Women by interviewing the first woman amongst 15-49 years' old women in the household.</i></p> <p><input type="checkbox"/> No ⇒ <i>Move (to the next question, HH21).</i></p>		

HH21. *Is there any child in the Household below 4 years?*

Check the presence of any boy/girl child below 5 years in the Household that is to be administered the questionnaire in column HL9 of the HH Listing form.

There must be a separate questionnaire filled up with introductory information section UF for every girl/boy child below 5 years in the Household.

Yes ⇒ Administer the questionnaire to the mother/caretaker of the first child among below 5 years old children in the Household and then fill up the personal questionnaire for below 5 years old child.

No ⇒ Conclude the interview by thanking the respondent for cooperation. Compile all the questionnaires filled up in this HH and fill in HH8 to HH15 on the cover page. After filling up all information in the covering envelope, keep the filled HH questionnaire in this envelope.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2010
QUESTIONNAIRE FOR INDIVIDUAL WOMEN

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

Repeat greeting if not already read to this woman:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL ACCORDING TO THE **STATISTICS Act 2015 BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **35** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed..... 01
	Not at home..... 02
	Refused 03
	Partly completed 04
	Incapacitated 05
	Other (<i>specify</i>) _____ 96

WM8. Field edited by (Name and code number): Name _____ Code No ____	WM9. Data entry clerk (Name and code number): Name _____ Code No ____
WM10. Record the time	Hour and minutes : ____

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth in BS Month.....__ __ DK month98 Year__ __ DK year9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years).....__ __	
WB3. HAVE YOU EVER ATTENDED ANY SCHOOL OR PRESCHOOL?	Yes1 No2	2⇒WB 7
WB5. WHAT IS THE HIGHEST GRADE YOU HAVE COMPLETED? <i>If less than 1 grade, enter "00"</i>	Grade__ __	
WB5A. See question WB5 and tick the appropriate box: <input type="checkbox"/> Grade '11'(SLC) or higher ⇒ Go to next module <input type="checkbox"/> Lower than Grade '11'⇒ Start from question WB5B		
WB5B. ARE YOU CURRENTLY STUDYING IN ANY SCHOOL?	Yes 1 No 2	1⇒WB6
WB5C. WHAT WAS THE <u>MAIN</u> REASON WHY YOU DIDN'T CONTINUE YOUR STUDIES FURTHER?	Due to poverty 01 Parents didn't allow 02 Got married..... 03 School facility far away 04 Need to do household works 05 Didn't like to study myself 06 Physically disabled..... 07 Others (Specify) 96	
WB6. See question WB5 tick appropriate box: <input type="checkbox"/> Grade '6' or higher ⇒ Go to next module <input type="checkbox"/> Lower than grade '6'⇒ Start from question WB7		
WB7. NOW I WOULD LIKE YOU TO READ OUT THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent and request to read out loud.</i>	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 <i>(specify language)</i> Blind / visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check question WB5 and WB7 and tick appropriate box : <input type="checkbox"/> Grade 6 or above in WB5 ⇒ Start from question MT2. <input type="checkbox"/> Able to read or Sentence not in the readable and required language (code 2, 3 or 4 in WB 7) ⇒ Start from question MT2. <input type="checkbox"/> Cannot read at all or blind (code 1 or 5 in WB7) ⇒ Go to question MT3.		
MT2. HOW OFTEN DO YOU READ NEWSPAPERS OR MAGAZINES: ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK OR DO NOT READ AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Do not read at all 4	
MT3. HOW OFTEN DO YOU LISTEN TO THE RADIO : ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK OR DO NOT LISTEN AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Do not listen at all 4	
MT4. HOW OFTEN DO YOU WATCH TV: ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK OR DO NOT WATCH AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Do not watch at all 4	
MT5. See question WB2; does the respondent belong to the age group 15-24? <input type="checkbox"/> Age group 15-24 ⇒ Start from question MT6. <input type="checkbox"/> Age group 25-49 ⇒ Go to next module		
MT6. HAVE YOU EVER USED (OR OPERATED) A COMPUTER?	YES 1 No 2	2 ⇒ MT 9
MT7. DID YOU EVER USE THE COMPUTER AT ANY PLACE IN THE PAST 12 MONTHS?	YES 1 No 2	2 ⇒ MT 9
MT8. HOW OFTEN DID YOU USE THE COMPUTER DURING THE <u>PAST ONE MONTH</u> : ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK, DID NOT USE AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Did not use at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	YES 1 No 2	2 ⇒ Next Module
MT10. HAVE YOU USED THE INTERNET IN THE <u>PAST 12 MONTHS</u> ? <i>If necessary, ask additional questions about the place and means.</i>	YES 1 No 2	2 ⇒ Next Module
MT11. HOW OFTEN DID YOU USE THE INTERNET IN THE <u>PAST 1 MONTH</u> : ALMOST DAILY, AT LEAST ONCE A WEEK, FEWER THAN ONCE A WEEK, DID NOT USE AT ALL?	Almost daily 1 At least once a week 2 Fewer than once a week 3 Did not use at all 4	

DESIRE OF LAST BIRTH		DB
<i>The questionnaire of this module is to be administered to all mothers who have given birth to live babies</i>		
DB1A. NOW, LET'S TALK ABOUT ALL THE CHILDREN YOU HAVE GIVEN BIRTH TO. HAVE YOU EVER GIVEN BIRTH TO A CHILD? <i>PROBE: I WISH TO KNOW ABOUT THE FIRST CHILD YOU HAVE GIVEN BIRTH TO, EVEN IF IT IS NOT ALIVE TODAY OR ITS FATHER IS NOT YOUR CURRENT HUSBAND?</i>	YES 1 NO 2	2 ⇒ ILLNESS SYMPTOMS MODULE
DB1B. OUT OF THE CHILDREN YOU GAVE LIVE BIRTH TO, WHEN DID YOU GIVE BIRTH TO THE LAST ONE? <i>PROBE: I WISH TO KNOW ABOUT THE FIRST CHILD YOU HAVE GIVEN BIRTH TO, EVEN IF IT IS NOT ALIVE TODAY OR ITS FATHER IS NOT YOUR CURRENT HUSBAND?</i> <i>Month and year must be disclosed.</i>	Date of birth of the latest child Day 98 Don't know day 98 Month Year	
DB1C. Check question DB1B on whether the child was born within the last two years and circle the appropriate response code.	Yes 1 No 2	2 ⇒ ILLNESS SYMPTOMS MODULE
DB1D. CHECK DB1C, IF THE ANSWER IS YES, WRITE DOWN THE NAME OF THE CHILD BELOW AFTER ASKING THE NAME OF THE CHILD WITH THE RESPONDENT. NAME _____ <i>While asking the questions hereafter, refer to the name of this child where mentioned. If the child is dead, be particularly careful while talking about such children by referring to them by the name in the modules below.</i>		
DB1. DID YOU WANT TO BECOME PREGNANT WHEN (name) WAS CONCEIVED?	Yes 1 No 2	1 ⇒ Next Module
DB2. DID YOU WANT TO GIVE BIRTH TO A CHILD A LITTLE LATER OR DID YOU NOT WANT TO GIVE BIRTH TO ANY MORE (ADDITIONAL) CHILD?	Wanted to give birth later 1 Didn't want to give birth to more (additional) children 2	2 ⇒ Next Module
DB3. HOW LONG DID YOU WANT TO WAIT?	Months 1 ____ Years 2 ____ Don't know 998	

MATERNAL AND NEW BORN HEALTH		MN												
<p>The questions in this module are to be administered to all mothers who have given birth to live babies within the past 2 years.</p> <p>Write down the name of the most recent child last born within the last two years from DB1D here.</p> <p>Name of the child _____.</p> <p>Mention the name of the child in the following questions where required.</p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CHECK-UP (ANC) DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE FOR ANC CHECK-UP? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health workers: Doctors A Staff Nurses B Assistant Nurse Midwife C Health assistant / AHW D Other persons Midwife (Traditional birth attendant, TBA) F Village health worker (VHW) G Maternal child Health worker (MCHW) H Female community health volunteer (FCHV) .. I Others (Specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <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	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED WHEN YOU WERE PREGNANT WITH (name)? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH? MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Yes 1 No 2 DK 8 Number of times DK 8	2⇒MN9 8⇒MN9 8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Only one tetanus injections during last pregnancy. ⇒ Continue with MN9														

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i>, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p> <p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, write '7'.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p> <p>Number of times ___</p> <p>DK 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If less than one year, write '00'.</i></p>	<p>Years ago ___</p>	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes in MN1, antenatal care received ⇒ Continue with MN16A</p> <p><input type="checkbox"/> No in MN1, no antenatal check-up done ⇒ Go to MN17</p>		
<p>MN 16A. DURING THIS PREGNANCY, DID YOU TAKE IRON/FOLIC ACID TABLETS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ MN16C</p> <p>8⇒ MN16C</p>
<p>MN 16B DURING THIS WHOLE PREGNANCY, FOR HOW MANY DAYS DID YOU TAKE THE IRON/FOLIC ACID TABLETS?</p>	<p>Number of Days..... ___</p> <p>DK 998</p>	
<p>MN 16C DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINES FOR INTESTINAL WORMS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health workers:</p> <p>Doctors A</p> <p>Staff Nurses B</p> <p>Assistant Nurse Midwife C</p> <p>Health assistant /AHW D</p> <p>Other persons</p> <p>Midwife (Traditional birth attendant) F</p> <p>Village Health Worker G</p> <p>Relatives or Friends H</p> <p>Maternal Child Health Worker I</p> <p>Female Community Health Volunteer (FCHV) J</p> <p>Others (<i>Specify</i>) X</p> <p>Nobody helped Y</p>	

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p><u>Home</u></p> <p>Own house.....11</p> <p>Other's house.....12</p> <p><u>Gov t agency</u></p> <p>Govt hospital..... 21</p> <p>Primary health care centre.....22</p> <p>Health post/sub health post.....23</p> <p>Other Govt agency (<i>Specify</i>).....26</p> <p>Priv ate health agency</p> <p>Private hospital.....31</p> <p>Private clinic.....32</p> <p>Private maternity home.....33</p> <p>Other priv ate health agency (<i>Specify</i>)36</p> <p>Others (<i>Specify</i>).....96</p>	<p>21⇒MN19</p> <p>22⇒MN19</p> <p>23⇒MN19</p> <p>26⇒MN19</p> <p>31⇒MN19</p> <p>32⇒MN19</p> <p>33⇒MN19</p> <p>36⇒MN19</p> <p>96⇒MN19</p>
<p>MN18A. WAS THE SAFE/HOME DELIVERY KIT USED DURING THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know.....8</p>	
<p>MN 18B. BEFORE DISCHARGE OF PLACENTA, WAS <i>(name)</i> WIPED WITH A CLOTH AND DRIED?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know.....8</p>	<p>2⇒MN 18D</p> <p>8⇒MN 18D</p>
<p>MN 18C. BEFORE DISCHARGE OF PLACENTA, WAS <i>(name)</i> COVERED WITH ANOTHER DRY CLOTH AFTER WIPING?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know..... 8</p>	
<p>MN 18D. WHAT TOOLS OR EQUIPMENT WERE USED TO CUT THE PLACENTA DURING <i>(name)</i> DELIVERY?</p>	<p>New blade/boiled/sterilized blade..... 1</p> <p><u>Unsterilized Instruments</u></p> <p>Used blade 21</p> <p>Knif e 22</p> <p>Sickle..... 23</p> <p>Khukuri 24</p> <p>Scissors 25</p> <p>Others (<i>Specify</i>)..... 96</p> <p>Don't know..... 98</p>	
<p>MN 18E. WAS ANYTHING APPLIED ON THE WOUND AFTER CUTTING THE CORD AND REMOVING THE PLACENTA?</p> <p>MN 18F. HOW LONG AFTER DELIVERY, WAS <i>(name)</i> BATHED FOR THE FIRST TIME?</p> <p><i>(Write hour if less than 1 day and write day if more than a day)</i></p> <p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know.....8</p> <p>Hours 1__</p> <p>Day s 2__</p> <p>Don't know..... 998</p> <p>Yes1</p> <p>No2</p>	<p>1⇒MN 20</p> <p>2⇒MN 20</p> <p>998⇒MN20</p>

MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large1 Larger than average2 Average3 Smaller than average4 Very small5 DK8	
MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes1 No2 DK8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (<i>name</i>) WEIGH AT BIRTH? <i>Record weight from health card, if available.</i>	From card1 (kg) __ . ____ From recall2 (kg) __ . ____ DK 9998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes1 No2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes1 No2	2⇒MN27A
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREASTS? <i>If less than 1 hour, record in minutes. If 1 hour to less than 24 hours, record hours. If 24 hours or more record in days.</i>	Minutes 0 __ __ Hours 1 __ __ Days 2 __ __ Don't know / remember 998	
MN26. IN THE FIRST THREE DAYS AFTER BIRTH, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREASTMILK?	Yes1 No2	2⇒MN 27A
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe: ANYTHING ELSE?</i>	Milk (other than breastmilk)A Plain waterB Sugar or glucose waterC Gripe waterD Sugar-salt-water solutionE Fruit juiceF Infant formulaG Tea / InfusionsH HoneyI Other (<i>specify</i>) _____ X	
MN 27A. AFTER (<i>name</i>) WAS BORN, DID ANY HEALTH CARE PROVIDER CHECK ON YOUR HEALTH AS POST NATAL CHECK-UP?	Yes1 No2 DK8	2⇒Next Module 8⇒Next Module
MN 27B. HOW LONG AFTER DELIVERY DID THE FIRST CHECK TAKE PLACE? <i>If less than one day, record hours If less than one week, record days</i>	Hours 1 __ __ Days 2 __ __ Weeks 3 __ __ DK 998	

ILLNESS SYMPTOMS

IS

IS1. Check Household Listing form, column HL9 and tick appropriate box.

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

No ⇒ Go to **Next Module**.

IS2. 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?

Probe:

ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever C
- Child has fast breathing D
- Child has difficult breathing E
- Child has blood in stool F
- Child is drinking poorly G

Other (*specify*) _____ X

Other (*specify*) _____ Y

Other (*specify*) _____ Z

CONTRACEPTION		CP
<p>CP1. LET'S US TALK ABOUT ANOTHER SUBJECT: FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK 8</p>	1⇒Next Module
<p>CP2. THERE ARE 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?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒Next Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization A</p> <p>Male sterilization..... B</p> <p>IUD/copper T C</p> <p>Injectables/Dipo/ Sargini D</p> <p>Implants/Norplant/zadelle E</p> <p>Pill F</p> <p>Male condom..... G</p> <p>Female condom..... H</p> <p>Diaphragm I</p> <p>Foam / Jelly/Kamal J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence/Rhythm L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
UN1. Check CPI. Currently pregnant or not tick appropriate codes . <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	Yes..... 1 No 2	1⇒UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later..... 1 No more..... 2	
UN4. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child..... 1 No more / None..... 2 Undecided / Don't know 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using "Female sterilization" or not tick appropriate box. <input type="checkbox"/> Yes ⇒ Go to UN13. <input type="checkbox"/> No, ⇒ Continue with UN6.		
UN6. Now I would like to ask you some questions about the future. Would you like to have (another) child, or would you prefer not to have any (more) children?	Have (another) child 1 No more / None..... 2 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. How long would you like to wait before the birth of (another) child?	Months 1 ___ Years..... 2 ___ Soon / Now993 Says she cannot get pregnant994 After marriage995 Other996 Don't know998	994⇒UN11
UN8. Check CPI. Currently pregnant or not tick appropriate box <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

<p>UN9. Check CP2. Currently using a family planning method or not tick appropriate box.</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1 ⇒UN13</p> <p>8 ⇒UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sexA</p> <p>MenopausalB</p> <p>Never menstruated C</p> <p>Hysterectomy (surgical removal of uterus) D</p> <p>Has been trying to get pregnant for 2 years or more without resultE</p> <p>Postpartum amenorrheaF</p> <p>Breastfeeding..... G</p> <p>Too old H</p> <p>FatalisticI</p> <p>Male SterilizationJ</p> <p>Other (specify) _____ X</p> <p>Don't knowZ</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned or is code "C" circled or not tick appropriate box.</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago 1 ___</p> <p>Weeks ago 2 ___</p> <p>Months ago 3 ___</p> <p>Years ago 4 ___</p> <p>In menopause / Has had hysterectomy994</p> <p>Before last birth995</p> <p>Never menstruated996</p>	
<p>UN 13A. DO YOU SEEK ANY HELP/ADVICE IF REQUIRED ON REPRODUCTIVE HEALTH?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2 ⇒UN13C</p>

<p>UN 13B. FROM WHOM DO YOU SEEK ADVICE ON REPRODUCTIVE HEALTH?</p>	<p>MotherA Mother in LawB Elder SisterC HusbandD FriendsE FCHVF MCHW/VHWG Health Facilities/HospitalsH Others (<i>specify</i>) X</p>																									
<p>UN 13C. DO YOU FACE ANY OF THE FOLLOWING SITUATIONS DURING YOUR MENSTRUAL PERIOD? <i>Ask one by one</i></p> <p>[A] HAVE TO LIVE IN DIFFERENT HOUSE/ [B] HAVE TO LIVE IN DIFFERENT ROOM OF SAME HOUSE [C] HAVE TO LIVE IN ANIMAL SHED [D] HAVE TO EAT DIFFERENT TYPES OF FOOD [E] HAVE TO BATH IN SEPARATE PLACE [F] HAVE TO BE ABSENT FROM SCHOOL OR WORK [G] HAVE TO AVOID SOCIAL GATHERINGS</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Live in different house.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Different room of same house ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal shed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Eat different food.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bath in separate place</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Absent from school/work</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Avoid Social gatherings</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Live in different house.....	1	2	Different room of same house ..	1	2	Animal shed	1	2	Eat different food.....	1	2	Bath in separate place	1	2	Absent from school/work	1	2	Avoid Social gatherings	1	2	
	Yes	No																								
Live in different house.....	1	2																								
Different room of same house ..	1	2																								
Animal shed	1	2																								
Eat different food.....	1	2																								
Bath in separate place	1	2																								
Absent from school/work	1	2																								
Avoid Social gatherings	1	2																								

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV		
<p>DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:</p>				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8
<p>DV2A. SOMETIMES A MOTHER-IN-LAW IS ANNOYED OR ANGERED BY THINGS THAT THEIR DAUGHTER-IN-LAW DOES. IN YOUR OPINION, IS A MOTHER-IN-LAW JUSTIFIED IN VERBAL ABUSE OR THREAT THEIR DAUGHTER-IN-LAW IN THE FOLLOWING SITUATIONS:</p>				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HER?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HER?	Argues with them	1	2	8
[D] IF SHE REFUSES TO OBEY HER ORDER?	Refuses to obey orders	1	2	8
[E] IF SHE DID NOT BRING DOWRY?	Did not bring Dowry	1	2	8
[F] IF SHE DID NOT COMPLETE HER WORK ON TIME?	Didn't complete work on time ...	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, 1	3⇒MA5
	No..... 3	
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe.</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years__ __ DK98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes..... 1	2⇒MA7
	No..... 2	
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number..... __	⇒MA7
	DK 8	8⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married 1	3 ⇒Next Module
	No..... 3	
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1	
	Divorced 2	
	Separated..... 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once 1	
	More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU (FIRST) MARRY?	Date of first marriage	⇒Next Module
	Month__ __	
	DK month98	
	Year.....__ __ __ __	
DK year 9998		
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR (FIRST) HUSBAND?	Age in years__ __	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AIDS?	Yes 1 No 2	2→Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER: [A] DURING PREGNANCY TO HER BABY? [B] DURING DELIVERY TO HER BABY? [C] BY BREASTFEEDING TO HER BABY?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding.....	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAS THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																	

<p>HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>																					
<p>HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?</p>	<p>Yes 1 No 2 DK / Not sure / Depends 8</p>																					
<p>HA13. Check DB1C: Any live birth in last 2 years or not tick appropriate box.</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p> <p>HA14. Check MN1: Received antenatal care or not tick appropriate box</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Things to do.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Tested for AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Offered a test.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother	1	2	8	Things to do.....	1	2	8	Tested for AIDS	1	2	8	Offered a test.....	1	2	8	
	Y	N	DK																			
AIDS from mother	1	2	8																			
Things to do.....	1	2	8																			
Tested for AIDS	1	2	8																			
Offered a test.....	1	2	8																			
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒HA19 8⇒HA19</p>																				
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒HA22 8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes 1 No 2 DK 8</p>	<p>1⇒HA22 2⇒HA22 8⇒HA22</p>																				

HA19. Check MN17: Birth delivered by health professional (A, B or C) or not tick appropriate box.

Yes, birth delivered by health professional ⇒ Continue with HA20

No, birth not delivered by health professional ⇒ Go to HA24

HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes..... 1 No..... 2 DK 8	2⇒HA24 8⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No..... 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..... 1 12-23 months ago 2 2 or more years ago 3	1⇒ Next Module 2⇒ Next Module 3⇒ Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No..... 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago..... 1 12-23 months ago 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2 DK 8	1⇒ Next Module 2⇒ Next Module 8⇒ Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes..... 1 No..... 2	

CONSUMPTION OF TOBACCO OR ALCOHOLIC SUBSTANCES		TA
TA1. HAVE YOU EVER SMOKED A CIGARETTE/ <i>BIDI</i> , EVEN IF A PUFF OR TWO?	Yes..... 1 No..... 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE STICK OF CIGARETTE/ <i>BIDI</i> THE VERY FIRST TIME?	Never smoked af ull stick of cigarete.....00 Age in completedy ears..... ____	00⇒TA6
TA3. DO YOU SMOKE CIGARETTE/ <i>BIDI</i> NOW-A-DAYS?	Yes..... 1 No..... 2	2⇒TA6
TA4. HOW MANY CIGARETTE/ <i>BIDI</i> STICKS HAVE YOU SMOKED IN THE PAST 24 HOURS?	No. of cigarette sticks..... ____	
TA5. HOW MANY DAYS DID YOU SMOKE CIGARETTE/ <i>BIDI</i> IN THE PAST ONE MONTH? <i>Write number of days if less than 10 days. Circle 10 if 10 days or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i>	No. of days..... ____ 10 days or more but less than a month10 Ev ery day/almost every day.....30	
TA6. HAVE YOU EVER CONSUMED A TOBACCO-BASED SUBSTANCE THAT IS SMOKED OTHER THAN CIGARETTE/ <i>BIDI</i> , SUCH AS TOBACCO, <i>KAKKAD</i> , <i>SULFA</i> , <i>HUKKAH</i> (HUBBLE-BUBBLE), <i>CHILIM</i> , CIGAR, ETC.?	Yes..... 1 No..... 2	2⇒TA10
TA7. HAVE YOU SMOKED ANY TOBACCO-BASED SUBSTANCE OTHER THAN CIGARETTE/ <i>BIDI</i> (SUCH AS TOBACCO, <i>KAKKAD</i> , <i>SULFA</i> , <i>HUKKAH</i> , <i>CHILIM</i> , CIGAR, ETC) IN THE PAST ONE MONTH?	Yes..... 1 No..... 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO-BASED SUBSTANCE DID YOU CONSUME IN THE PAST ONE MONTH? <i>Circle on all answers given by respondents.</i>	Cigar..... A Hubble-bubble B Sulfa/Chilim/Kulfi..... D Others (mention)..... X	
TA9. HOW MANY DAYS DID YOU SMOKE A TOBACCO-BASED SUBSTANCE OTHER THAN CIGARETTE/ <i>BIDI</i> (SUCH AS TOBACCO, <i>KAKKAD</i> , <i>SULFA</i> , <i>HUKKAH</i> , <i>CHILIM</i> , CIGAR, ETC) IN THE PAST ONE MONTH? <i>Write number of days if less than 10 days. Circle 10 if 10 days or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i>	No. of days..... ____ 10 days or more but less than a month.....10 Ev ery day/almost every day.....30	
TA10. HAVE YOU EVER CONSUMED SMOKELESS TOBACCO-BASED SUBSTANCES SUCH AS <i>SURTI</i> (TOBACCO PLANT LEAVES), <i>KHAINI</i> , SNUFF?	Yes..... 1 No..... 2	2 ⇒TA14

<p>TA11. HAVE YOU CONSUMED ANY SMOKELESS TOBACCO SUBSTANCES (SUCH AS <i>SURTI</i> TOBACCO PLANT LEAVES, <i>KHAINI</i>, SNUFF) IN THE PAST ONE MONTH?</p>	<p>Yes..... 1 No..... 2 2 ⇒ TA14</p>
<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO DID YOU CONSUME OR CHEW IN THE PAST ONE MONTH?</p> <p><i>Tick circle on every answer.</i></p>	<p>Chewing tobacco..... A Snuff..... B Gutkha..... D Khaini..... E Others (<i>Specify</i>)..... X</p>
<p>TA13. HOW MANY DAYS DID YOU CONSUME SMOKELESS TOBACCO SUBSTANCES (SUCH AS <i>SURTI</i> TOBACCO PLANT LEAVES, <i>KHAINI</i>, SNUFF) IN THE PAST ONE MONTH?</p> <p><i>Write number of days if less than 10 days. Circle 10 if days 10 or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i></p>	<p>No. of days..... ____ ____ 10 days or more but less than a month..... 10 Every day/almost every day..... 30</p>
<p>TA14. NOW, I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT ALCOHOL-DRINKING? HAVE YOU EVER HAD ALCOHOL (SUCH AS BEER, WINE OR HOMEMADE LIQUOR)?</p>	<p>Yes..... 1 No..... 2 2 ⇒ Next Module</p>
<p>TA15A. HOW OLD WERE YOU WHEN YOU FIRST HAD AN ALCOHOLIC DRINK?</p>	<p>Age..... ____ ____</p>
<p>TA16A. HOW MANY DAYS DID YOU DRINK ALCOHOL IN THE PAST ONE MONTH?</p> <p><i>Write number of days if less than 10 days. Circle 10 if 10 days or more but less than a month. Circle on "30" if "everyday" or "almost everyday".</i></p>	<p>Didn't drink any alcohol last month..... 00 00 ⇒ Next Module No. of days..... ____ ____ 10 days or more but less than a month..... 10 Everyday/almost everyday..... 30</p>

LIFE SATISFACTION

LS

LS1. Check WB2: Age of respondent is between 15 and 24 or not and tick appropriate response.

- Age 25-49 ⇒ Go to WM11
- Age 15-24 ⇒ Continue with LS2

LS2. NOW I WOULD LIKE TO ASK YOU SOME VERY SIMPLE QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, I WOULD LIKE TO KNOW WHERE YOU WOULD PLACE YOURSELF: WHETHER YOU ARE VERY OR SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, OR SOMEWHAT OR VERY UNSATISFIED.

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Give response card to respondent and prompt her to look at the card while and after you ask each question from LS2 to LS10.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

- Does not have family..... 0
- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

LS3. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

- Does not have friends 0
- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

LS4. HOW SATISFIED ARE YOU WITH YOUR SCHOOL?

- Does not go to school..... 0
- Very satisfied..... 1
- Somewhat satisfied 2
- Neither satisfied nor unsatisfied 3
- Somewhat unsatisfied 4
- Very unsatisfied 5

<p>LS5. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p>	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS6. HOW SATISFIED ARE YOU WITH YOURSELF?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS7. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p>	<p>Does not have any income 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
<p>LS10. TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY OR SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, OR SOMEWHAT OR VERY UNHAPPY?</p>	<p>Very happy 1</p> <p>Somewhat happy 2</p> <p>Neither happy nor unhappy 3</p> <p>Somewhat unhappy 4</p> <p>Very unhappy 5</p>	
<p>LS11. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED OR WORSENERED, OVERALL?</p>	<p>Improved 1</p> <p>More or less the same 2</p> <p>Worsened 3</p>	
<p>LS12. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER OR WORSE, OVERALL?</p>	<p>Better 1</p> <p>More or less the same 2</p> <p>Worse 3</p> <p>Don't Know 8</p>	

WM11. Record the time.

Hour and minutes :

WM12. See question HL9 of the Household Listing Form and tick appropriate box.

Is the current respondent the mother or caretaker of the child in the age group of 0-4 years of this household?

- Yes ⇒ start administering the Personal Questionnaire for below 5 Children on this respondent for that child.
- No ⇒ Conclude the interview by thanking the respondent for cooperating.

Find out whether there are other women or children below 5 years in this household for administering the questionnaire.

If None, collect all the questionnaires filled in this household. Now fill in the relevant information in the HH8-HH15 in the household information panel in the Household Questionnaire.

After collecting all the questionnaires filled in this households (Household, individual women and children under 5) check the information panel on the first page of each questionnaire to ensure that the details are correctly filled up by comparing the details with the Household listing form of the household questionnaire.

After filling up all necessary information in the covering envelope, keep all the filled questionnaires for this household in this envelope. While keeping in the envelope, put it in the order of HH's questionnaire at the top followed by women's questionnaire (in the order of line number in Household Listing Form) and finally the children questionnaire (in the same order of the line number of U5 Children in the Household Listing form). For example if eligible women are listed in the line number 02, 04 and 07, in the household listing form, arrange the questionnaires in the following order. First the HH's questionnaire, followed by women's questionnaire of line no 02 then 04 and finally 07.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2010

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.		
UF1. Cluster number: _____	UF2. Household serial number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and code number: Name _____ code number _____	UF8. Day / Month / Year of interview in BS: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL ACCORDING TO THE **STATISTICS ACT 2015** **BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

SHALL WE START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
 No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

UF9. Result of interview for children under 5	Completed..... 01
	Not at home..... 02
Codes refer to mother/caretaker.	Refused 03
	Partly completed 04
	Incapacitated 05
	Other (<i>specify</i>) _____ 96
UF10. Field edited by (Name and code number): Name _____ Code Number _____	UF11. Data entry clerk (Name and code number): Name _____ Code Number _____

UF-12 <i>Record the time.</i>	Hour and minutes : ..
-------------------------------	-----------------------------

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

BIRTH REGISTRATION		BR
<p>BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE?</p> <p><i>If yes, ask:</i> MAY I SEE IT?</p>	<p>Yes, seen 1</p> <p>Yes, not seen..... 2</p> <p>No..... 3</p> <p>DK 8</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p>
<p>BR2. HAS (<i>name</i>)'S BIRTH BEEN REGISTERED WITH VDCS OR MUNICIPALITIES?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>1⇒Next Module</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p> <p><i>If none write '00'</i></p>	<p>Number of children's books _ _</p>	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</p>	<p style="text-align: right;">Y N DK</p> <p>Homemade toys..... 1 2 8</p> <p>Toys from a shop 1 2 8</p> <p>Household objects or outside objects 1 2 8</p>	
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>[A] ON HOW MANY DAYS IN THE PAST 7 DAYS WAS <i>(name)</i> LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] ON HOW MANY DAYS IN THE PAST 7 DAYS WAS <i>(name)</i> LEFT IN THE CARE OF ANOTHER CHILD THAT IS, SOMEONE LESS THAN 10 YEARS OLD FOR MORE THAN AN HOUR?</p> <p>If 'none' enter '0'. If 'don't know' enter '8'</p>	<p>Number of days left alone for more than an hour..... _ _</p> <p>Number of days left with other child for more than an hour..... _ _</p>	
<p>EC4. Check AG2 (Age of child) and tick appropriate box.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>		
<p>EC5. 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)</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ EC7</p> <p>8 ⇒ EC7</p>

<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND SUCH ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME?</p>	<p>Number of hours _____</p>																																				
<p>EC7. 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>):</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABIES?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</i>)?</p>	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
	Mother	Father	Other	No one																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1 No 2 DK 8</p>																																				
<p>EC9. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1 No 2 DK 8</p>																																				
<p>EC10. DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1 No 2 DK 8</p>																																				
<p>EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes 1 No 2 DK 8</p>																																				

<p>EC12. Is <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?</p>	<p>Yes 1 No 2 DK 8</p>	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. IS (<i>name</i>) STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF4. DID (<i>name</i>) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times..... ___	
BF6. DID (<i>name</i>) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times..... ___	
BF8. DID (<i>name</i>) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF9. DID (<i>name</i>) DRINK (<u><i>mixed beans soup/ Dhal soup/ /meat soup/vegetable soup</i></u>) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF10. DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	

<p>BF11. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION/JEEVANJAL)</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT/YOGURT DRINK</u> YESTERDAY, DURING THE DAY OR NIGHT?</p> <p>BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT/ <u>YOGURT DRINK</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p> <p>Number of times..... ____</p>	<p>2⇒BF15 8⇒BF15</p>
<p>BF15. DID (<i>name</i>) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD (ROTI, FRUITS, RICE)</u> YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒BF18 8⇒BF18</p>
<p>BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD (<u>ROTI, FRUITS, RICE</u>) YESTERDAY, DURING THE DAY OR NIGHT?</p>	<p>Number of times..... ____</p>	
<p>BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u></p>	<p>Yes 1 No 2 DK 8</p>	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes..... 1 No..... 2 DK 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same..... 3 More 4 Nothing to drink..... 5 DK 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same..... 3 More 4 Stopped food 5 Never gave food..... 6 DK 8	
CA4. [A] WAS (<i>name</i>) GIVEN ORAL REHYDRATION SOLUTION (ORS) BY MIXING NAWAJEEWAN/JEEWANJAL POWDER IN WATER DURING DIARRHOEA?	Yes..... 1 No..... 2 Don't know..... 8	2⇒CA5 8⇒CA5
CA4F. FROM WHERE WAS THE PACKET OF ORS (NAWAJEEVAN) BROUGHT FROM?	Health Posts/Sub health posts..... 11 Female Community Health Volunteer..... 12 Private health facilities..... 13 Pharmacy 14 Others (<i>Specify</i>) 96	
CA4G. HOW MUCH YOU HAD TO PAY FOR ONE PACKET OF ORS (NAWAJEEVAN)? <i>If received for free write '00'.</i>	Price of one packet of ORS (NRs)..... ____ Don't know..... 98	
CA4H. WAS (<i>name</i>) GIVEN TO TAKE ZINC TABLET ALONG WITH ORS DURING THAT EPISODE OF DIARRHOEA?	Yes..... 1 No..... 2 Don't know..... 8	2⇒CA5 8⇒CA5
CA4I. FROM WHERE WAS ZINC TABLETS BROUGHT FROM?	Health Posts/Sub health posts..... 11 Female Community Health Volunteer..... 12 Private health facilities..... 13 Pharmacy 14 Others (<i>Specify</i>) 96	

<p>CA4J. HOW MUCH YOU HAD TO PAY FOR ONE FILE (10 TABLETS) OF ZINC TABLETS? <i>If received for free write '00'.</i></p>	<p>Price of one file of zinc tablets (NRs) ___ Don't know 98</p>	
<p>CA5. WAS ANYTHING ELSE GIVEN TO (<i>name</i>) TO TREAT THE EPISODE OF DIARRHOEA?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒ CA7 8⇒ CA7</p>
<p>CA6. WHAT ELSE WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p><u>Pill or Syrup</u> Antibiotic..... A Antimotility..... B Zinc Tablet..... C Other (Not antibiotic, antimotility)..... G Unknown pill or syrup..... H</p> <p><u>Injection</u> Antibiotic..... L Non-antibiotic..... M Unknown injection..... N</p> <p>Intravenous..... O</p> <p>Home remedy / Herbal medicine..... Q</p> <p>Other (<i>specify</i>)..... X</p>	
<p>CA 6A. WHY DO YOU THINK HE/SHE WAS SUFFERING FROM DIARRHOEA?</p> <p><i>Probe:</i> ANY OTHER REASONS?</p>	<p>Unsafe drinking water..... A Eating unhygienic/stale food..... B Open defecation..... C Eating without washing hands with soap..... D</p> <p>Others (<i>specify</i>)..... X</p> <p>DK..... Z</p>	
<p>CA6B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT FOR DIARRHOEA?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p><u>Public sector</u> Govt. hospital..... A Primary Health Care Centre..... B Health post/Sub health post..... C Village health worker..... D Mobile / Outreach clinic..... E FCHV..... F Other public (<i>specify</i>)..... H</p> <p><u>Private medical sector</u> Private hospital / clinic..... I Private physician..... J Private pharmacy..... K Mobile clinic..... L Other private medical (<i>specify</i>)..... O</p> <p><u>Other source</u> Traditional practitioner..... R Household treatment..... S Other (<i>specify</i>)..... X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒ CA14 8⇒ CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇒ CA14 8⇒ CA14</p>

<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1 Blocked or runny nose only..... 2 Both..... 3 Other (<i>specify</i>) 6 DK..... 8</p>	<p>2⇒CA14 6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p><u>Public sector</u> Govt. hospital A Primary Health Care centre B Health Post / Sub Health Post C Village health worker D Mobile / Outreach clinic E FCHV..... F Other public (<i>specify</i>) H</p> <p><u>Private medical sector</u> Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O</p> <p>Other source Relative / Friend P Shop Q Home remedy S Dhami/Jhakri T Other (<i>specify</i>) X</p>	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p><u>Antibiotic</u> Pill / Syrup/ A Injection B Anti-malarials M Paracetamol / Panadol / Acetaminophen ... P Aspirin..... Q Ibuprofen R Other (<i>specify</i>) X DK Z</p>	
<p>CA14. Check AG2: Child aged under 3 or not and tick the appropriate box?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine 01 Put / Rinsed into toilet or latrine..... 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06 Other (<i>specify</i>) 96 DK 98</p>	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK 8	2⇒Next Module 8⇒Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes 1 No 2 DK 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒ML8 8⇒ML8
ML4. WAS (<i>name</i>) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒ML8 8⇒ML8
ML5. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes 1 No 2 DK 8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (Name of medicine)	<u>Anti-malarials</u> SP / Fansidar A Chloroquine B Amodiaquine C Quinine D Combination with Artemisinin E Other anti-malarial (<i>specify</i>) H <u>Antibiotic drugs</u> Pill / Syrup I Injection J <u>Other medications</u> Paracetamol/ Panadol / Acetaminophen... P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML7. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK 8	1⇒ML9 2⇒ML10 8⇒ML10

<p>ML8. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒ML10 8⇒ML10</p>
<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____ (Name)</p>	<p>Anti-malarials SP / Fansidar A Chloroquine B Amodiaquine C Quinine D Combination with Artemisinin E Other anti-malarial (<i>specify</i>) _____ H</p> <p><u>Antibiotic drugs</u> Pill / Syrup I Injection J</p> <p><u>Other medications</u> Paracetamol/ Panadol/ Acetaminophen P Aspirin Q Ibuprofen R</p> <p>Other (<i>specify</i>) _____ X DK Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with ML11</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG (DAY) AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned and write down the response for the medicine that was taken at first taken after the fever started.</i></p>	<p>Same day 0 Next day 1 2 days after the fever 2 3 days after the fever 3 4 or more days after the fever 4 DK 8</p>	

Information on Vaccination		IM							
If vaccination card is produced by the family, note down all the vaccination dates mentioned in the card in IM3. The questions in IM6-IM16 are for filling in information that are not mentioned in the vaccination card. In case of availability of the vaccination card there is no need to ask the questions from IM6-IM16.									
IM1. IS THERE A VACCINATION CARD FOR THE VACCINATIONS ADMINISTERED TO (<i>name</i>) (IF YES) CAN I SEE THE CARD?	Yes, seen 1 Yes, not seen 2 No card 3	1⇒IM3 2⇒IM6							
IM2. WAS VACCINATION CARD FOR (<i>name</i>) EVER PREPARED?	Yes..... 1 No..... 2	1⇒IM6 2⇒IM6							
IM3. (a) Note the date each vaccination was administered from the vaccination card. (b) If the dates are not mentioned in the vaccination card, write '44' in the column for day.	Vaccination Dates								
	Day	Month	Year						
BCG	BCG								
Polio drop 1	OPV1								
Polio drop 2	OPV2								
Polio drop 3	OPV3								
DPT, Hep B - 1	DPT, HEP B - 1								
DPT, Hep B - 2	DPT, HEP B - 2								
DPT, Hep B - 3	DPT, HEP B - 3								
Measles	Measles								
Vitamin A (Latest dose)	VIT - A								
IM4. SEE QUESTION IM3. HAVE THE DETAILS FOR ALL VACCINATIONS (FROM BCG TO VITAMIN A) HAS BEEN FILLED IN TICK IN THE APPROPRIATE BOX.									
<input type="checkbox"/> Yes ⇒ go to question IM18. <input type="checkbox"/> No ⇒ START FILLING UP FROM QUESTION IM5.									

<p>IM5. HAS (<i>name</i>) BEEN ADMINISTERED ANY VACCINATIONS OTHER THAN THOSE MENTIONED IN THE VACCINATION CARD (EVEN IF ON ANY HEALTH CAMP/CAMPAIGN OR IMMUNIZATION DAY)?</p> <p>Tick 'Yes', only if the respondent mentions the names of the vaccines mentioned in the table above.</p> <p>IM6. WAS ANY DISEASE-PREVENTIVE VACCINE EVER ADMINISTERED TO (<i>name</i>) AT A HEALTH CAMP/CAMPAIGN OR IMMUNIZATION DAY OR ON ANY OTHER OCCASION?</p>	<p>Yes..... 1</p> <p><i>(Find out about vaccines by enquiring in detail and write '66' for every vaccine mentioned by the respondent in the column for vaccination date. Thereafter, go to IM18.)</i></p> <p>No..... 2</p> <p>Don't know..... 8</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>⇒ IM18</p> <p>2⇒ IM18</p> <p>8⇒ IM18</p> <p>2⇒ IM18</p> <p>8⇒ IM18</p>
<p>IM7. HAS THE BCG VACCINE (I.E. INJECTED IN THE ARMS, WHICH ALSO LEAVES MARKS ON THE INJECTED AREA), WHICH IS ADMINISTERED AGAINST TUBERCULOSIS, EVER ADMINISTERED ON (<i>name</i>)</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	
<p>IM8. HAS THE ORAL POLIO DROP AGAINST THE POLIO EVER FED TO (<i>name</i>)?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>2⇒ IM11</p> <p>8⇒ IM11</p>
<p>IM10. HOW MANY TIMES WAS POLIO DROP FED?</p>	<p>No. of times..... _ _</p>	
<p>IM11. HAS (<i>name</i>) EVER BEEN ADMINISTERED DPT/HEPB VACCINE (ADMINISTERED ON THIGHS) AGAINST TETANUS, WHOOPING COUGH, DIPHTHERIA, (I.E. A THROAT-RELATED DISEASE ACCOMPANIED BY DIFFICULTY IN BREATHING)?</p> <p><i>DPT vaccine and polio drop are sometimes administered simultaneously; so, probe to find out.</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>2⇒ IM16</p> <p>8⇒ IM16</p>
<p>IM12. HOW MANY TIMES WAS DPT INJECTION ADMINISTERED?</p>	<p>No. of times..... _</p>	
<p>IM16. HAS (<i>name</i>) EVER BEEN ADMINISTERED VACCINATION AGAINST MEASLES (I.E. INJECTION ADMINISTERED ON ARMS AT THE AGE OF 9 MONTHS OR ABOVE)?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	

<p>IM18. HAS (<i>name</i>) BEEN FED VITAMIN A (SUCH OR ANY OF THE FOLLOWING) WITHIN 6 MONTHS?</p> <p><i>Show the popular, capsules or syrup drugs to the respondent.</i></p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	
<p>IM19. MENTION IF (<i>name</i>) HAS TAKEN PART IN ANY CAMPAIGNS SUCH AS THE NATIONAL IMMUNIZATION DAY, VITAMIN A DAY OR CHILD HEALTH DAY IN THE PAST ONE YEAR?</p> <p>[A] National Vitamin A Day, Vitamin A?</p> <p>[B] National Polio Campaign, against Polio.</p>	<p style="text-align: right;">Yes No DK</p> <p>National Vitamin A Day..... 1 2 8</p> <p>Polio Campaign..... 1 2 8</p>	
<p>IM20A. See Cover Page. Is the name of the district Dang, Banke, Bardiya, Kailali or Kanchanpur written?</p> <p><input type="checkbox"/> Yes, start from IM20B</p> <p><input type="checkbox"/> No, ⇨ go to next module</p>		
<p>IM20B. HAS (<i>name</i>) EVER RECEIVED AN INJECTION FOR JAPANESE ENCEPHALITIS? (AN INJECTION GIVEN IN THE ARM AFTER A CHILD IS ONE YEARS OF AGE TO PROTECT FROM JAPANESE ENCEPHALITIS).</p>	<p>Yes (card seen)..... 1</p> <p>Yes (respondent's memory)..... 2</p> <p>No..... 3</p> <p>Child below 1 Years age..... 4</p> <p>Don't know..... 8</p>	<p>2⇨ NEXT MODULE</p> <p>3⇨ NEXT MODULE</p> <p>4⇨ NEXT MODULE</p> <p>8⇨ NEXT MODULE</p>
<p>IM20C. RECORD THE DATE FROM THE IMMUNIZATION CARD. IF DATE IS NOT MENTIONED IN THE CARD MENTION '44'. IF ANY OF THE DAY, MONTH OR YEAR IS MISSING WRITE '98' OR '9998" AS APPLICABLE</p>	<p>Date (day / month / year in BS)</p> <p style="text-align: center;">___ / ___ / _____</p>	

Child Grant (only for Humla, Jumla, Mugu, Kalikot and Dolpa of Karnali)		CG
CG1. See Cover Page. Is the name of the district Humla, Jumla, Mugu, Kalikot or Dolpa written?		
<input type="checkbox"/> Yes, start from CG2 <input type="checkbox"/> No, ⇨ go to UF13 and note down the time		
CG2. HAS (<i>name</i>) EVER RECEIVED MONEY/CASH FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS CHILD GRANT? <i>(This grant is received by the parents of the caretaker of the child. Thus prove to find out whether parents or caretaker has received on behalf of the child)</i>	Yes.....1 No.....2 Don't know.....8	2⇨UF13 8⇨UF13
CG3. WHEN DID (<i>name</i>) RECEIVE MONEY/CASH FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS THE MOST RECENT INSTALMENT OF THE CHILD GRANT? <i>If less than 7 days ago write in days. If less than a month ago write in weeks. If more than a month, write in months.</i>	Days ago.....1 ___ Weeks ago.....2 ___ Months ago.....3 ___ DK.....998	
CG4. WHO IN YOUR FAMILY RECEIVED THE MONEY/CASH FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) ON BEHALF OF (<i>name</i>)?	Mother1 Father2 Others (<i>Specify</i>).....6	
CG5. HOW MUCH MONEY/CASH WAS RECEIVED MOST RECENTLY FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS CHILD GRANT FOR (<i>name</i>)?	Amount in NRs..... ___ DK.....998	
CG6. HOW MUCH MONEY/CASH IN TOTAL HAS BEEN RECEIVED UNTIL NOW FROM LOCAL GOVERNMENT AUTHORITIES (DDC/VDC) AS CHILD GRANT FOR (<i>name</i>)?	Amount in NRs..... ___ DK.....998	
CG7. IN TOTAL FOR HOW MANY MONTHS GRANT HAS (<i>name</i>) RECEIVED THE CHILD GRANT FROM THE GOVERNMENT AUTHORITIES (DDC/VDC)?	Number of Months..... ___ DK.....98	

UF13. Record the time.

Hour and minutes :

UF14. Read the following instructions carefully and complete the interview as directed below in a sequential manner

1. IS THE MOTHER OR CARETAKER OF THE OTHER UNDER FIVE CHILD OF THE FAMILY THE CURRENT RESPONDENT AND THE QUESTIONNAIRE FOR THE CHILD
 - REMAINING TO BE FILLED UP ⇒ FILL UP THE PERSONAL QUESTIONNAIRE FOR CHILDREN BELOW 5 YEARS WITH THIS RESPONDENT.
 - not remaining ⇒ Conclude the interview by thanking the respondent for cooperation.
2. Check if there are INDIVIDUAL WOMEN'S QUESTIONNAIRE OR UNDER FIVE CHILDREN QUESTIONNAIRE IN THE HOUSEHOLD THAT REMAIN TO BE FILLED UP
 - REMAINING TO BE FILLED UP ⇒ FILL UP THE PERSONAL QUESTIONNAIRE.
 - Not remaining ⇒ Conclude the interview by thanking the respondent for cooperation.

Collect all the questionnaires filled in this household and fill in the necessary information from HH8 to HH15 in the Household Questionnaire.

After all the questionnaires filled up in this household are collected, check the information panel of each individual questionnaire and check its correctness by comparing it with the household listing form (HL). If necessary to correct any information please do so.

After filling up all necessary information in the covering envelope, keep all the filled questionnaires for this household in this envelope. While keeping in the envelope, put it in the order of HH's questionnaire at the top followed by women's questionnaire (in the order of line number in Household Listing Form) and finally the children questionnaire (in the same order of the line number of U5 Children in the Household Listing form). For example if eligible women are listed in the line number 02, 04 and 07, in the household listing form, arrange the questionnaires in the following order. First the HH's questionnaire, followed by women's questionnaire of line no 02 then 04 and finally 07.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations