

Appendix G. Questionnaires



Bhutan Multiple Indicator Survey (BMIS)

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. BLOCK/CHIWOG NAME & CODE: _____		HH1A. GEWOG/TOWN NAME & CODE: _____
HH2. Household serial number: _____		
HH3. Interviewer name and number: Name _____		HH4. Supervisor name and number: Name _____
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. AREA: Urban 1 Rural 2		HH7. DZONGKHAG NAME & CODE: * _____

* HH7: Code for Dzongkhags:

11 Bumthang	16 Lhuntse	21 Samdrup Jongkhar	26 Trashiyangtse
12 Chukha	17 Monggar	22 Samtse	27 Trongsa
13 Dagana	18 Paro	23 Sarpang	28 Tsirang
14 Gasa	19 Pemagatshel	24 Thimphu	29 Wangdue
15 Haa	20 Punakha	25 Trashigang	30 Zhemgang

WE ARE FROM NATIONAL STATISTICS BUREAU. WE ARE CONDUCTING A SURVEY ON THE SITUATION OF HOUSEHOLD, WOMEN AND CHILDREN. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW MIGHT TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL. WHILE YOUR PARTICIPATION IS VOLUNTARY IT IS OF UTMOST IMPORTANCE THAT YOU RESPOND TO THE SURVEY AS THE RESULTS WILL HELP THE GOVERNMENT IN PLANNING AND DECISION MAKING.

IF YOU HAVE NO OBJECTION, MAY I 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 HAVE BEEN COMPLETED, FILL IN THE FOLLOWING INFORMATION:	
HH8. Name of head of household: _____	HH10. Respondent to household questionnaire:
HH9. Status of household questionnaire: 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	Name: _____ Serial Number: _____ HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry keyer (Name and number): Name _____

HH18.		HOUSEHOLD LISTING FORM					HL	
Record the starting time (24 hours):		<p>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4). Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.</p>						
Hour	— —	For all household members					For children age 0-17 years	
Minutes	— —							

HL1. SL. NO.	HL2. NAME	HL3. WHAT IS THE RELATIONSHIP OF (NAME) TO THE HEAD OF THE HOUSEHOLD?	HL4. Is (NAME) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (NAME)'S MONTH AND YEAR OF BIRTH?	HL6. How OLD IS (NAME)? <i>RECORD IN COMPLETED YEARS. If AGE IS 95 OR ABOVE, RECORD '95'</i>	HL7. CIRCLE SL. NO. IF WOMAN IS AGE 15-49	HL8. Who IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL9. Who IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL10. Did (NAME) STAY HERE LAST NIGHT?	HL11. Is (NAME)'s NATURAL MOTHER ALIVE? 1 Yes 2 No⇒ HL13 8 DK⇒ HL13	HL12. Does (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD? RECORD SL. NO. OF MOTHER OR "NO"	HL13. Is (NAME)'s NATURAL FATHER ALIVE? 1 Yes 2 No⇒ Next Sl. No. 8 DK⇒ Next Sl. No.	HL14. Does (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD? RECORD SL. NO. OF FATHER OR "NO" FOR "NO"
	NAME	RELATION*		MONTH	YEAR	AGE	MOTHER	MOTHER			MOTHER		FATHER
01		0 1	—	— —	— — — —	— —	— —	— —	—	—	— —	—	— —
02		— —	—	— —	— — — —	02	— —	— —	—	—	— —	—	— —
03		— —	—	— —	— — — —	03	— —	— —	—	—	— —	—	— —
04		— —	—	— —	— — — —	04	— —	— —	—	—	— —	—	— —
05		— —	—	— —	— — — —	05	— —	— —	—	—	— —	—	— —
06		— —	—	— —	— — — —	06	— —	— —	—	—	— —	—	— —
07		— —	—	— —	— — — —	07	— —	— —	—	—	— —	—	— —
08		— —	—	— —	— — — —	08	— —	— —	—	—	— —	—	— —
09		— —	—	— —	— — — —	09	— —	— —	—	—	— —	—	— —
10		— —	—	— —	— — — —	10	— —	— —	—	—	— —	—	— —

HL1. SL. NO.	HL2. NAME	HL3. WHAT IS THE RELATIONSHIP OF (NAME) TO THE HEAD OF HOUSEHOLD?	HL4. Is (NAME) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (NAME)'S MONTH AND YEAR OF BIRTH?	HL6. HOW OLD IS (NAME)? <i>RECORD IN COM- PLETED YEARS. If AGE 15-49</i>	HL7. CIRCLE SL. NO. IF WOMAN IS AGE 15-49	HL8. Who is the MOTHER OR PRIMARY CARE- TAKER OF THIS CHILD? RECORD SL. NO. OF MOTHER/ CARETAKER	HL9. Who is the MOTHER OR PRIMARY CARETAKER OF THIS CHILD? RECORD SL. NO. OF MOTHER/ CARETAKER	HL10. Did (NAME) STAY HERE LAST NIGHT?	HL11. Is (NAME)'s NATURAL MOTHER ALIVE? 1 Yes 2 No⇒ HL13 8 DK⇒ HL13	HL12. Does (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD? RECORD SL. NO. OF MOTHER OR 00 FOR "NO"	HL13. Is (NAME)'s NATURAL FATHER ALIVE? 1 Yes 2 No⇒ Next SL. No. 8 DK⇒	HL14. Does (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD? RECORD SL. NO. OF FATHER OR 00 FOR "NO"
10				MONTH YEAR	AGE 15 OR ABOVE RECORD 95	15-49	MOTHER	MOTHER			MOTHER	Next SL No.	FATHER
11						10							
12						11							
13						12							
14						13							
15						14							
						15							

TICK HERE IF ADDITIONAL HOUSEHOLD LISTING SHEET 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 serial 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 serial number AND the serial 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 and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head	06 Parent	11 Niece / Nephew
02 Spouse	07 Parent-In-Law	12 Other relative
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
05 Grandchild	10 Uncle / Aunt	98 Don't know

EDUCATION			FOR HOUSEHOLD MEMBERS AGE 4 AND ABOVE						FOR HOUSEHOLD MEMBERS AGE 4-24 YEARS				ED
ED1	ED2. NAME AND AGE COPY FROM HOUSEHOLD LISTING FORM, HL2 AND HL6	ED2A. HAS (NAME) EVER ATTENDED NON-FORMAL OR MONASTIC EDUCATION?	ED3. HAS (NAME) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (NAME) ATTENDED? WHAT IS THE HIGHEST GRADE (NAME) COMPLETED AT THIS LEVEL?		ED5. DURING THE (2009-2010) YEAR, DID (NAME) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME?	ED5A. IS NAME ATTENDING IN OR OUTSIDE BHUTAN?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (NAME) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008-2009), DID (NAME) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (NAME) ATTEND?		
				Level: 0 PRESCHOOL 1 PRIMARY(pp-6) 2 LOWER SECONDARY(7-8) 3 MIDDLE SECONDARY(9-10) 4 HIGHER SECONDARY(11-12) 5 COLLEGE/UNIVERSITY 8 DK	00 PP Grade 01...12 13 Diploma 14 Degree 15 Masters 16 >Masters 17 No grade 98 DK If less than a full grade then, enter 17	1 Yes 2 NO => Next Sl. No.	1 In BHUTAN 2 OUTSIDE BHUTAN	Level: 0 PRESCHOOL 1 PRIMARY(pp-6) 2 LOWER SECONDARY(7-8) 3 MIDDLE SECONDARY(9-10) 4 HIGHER SECONDARY(11-12) 5 COLLEGE/UNIVERSITY 8 DK	00 PP Grade 01...12 13 Diploma 14 Degree 15 Masters 16 >Masters 17 No grade 98 DK	Level: 0 PRESCHOOL 1 PRIMARY(pp-6) 2 LOWER SECONDARY(7-8) 3 MIDDLE SECONDARY(9-10) 4 HIGHER SECONDARY(11-12) 5 COLLEGE/UNIVERSITY 8 DK	00 PP Grade 01...12 13 Diploma 14 Degree 15 Masters 16 >Masters 17 No grade 98 DK		
	NAME	AGE		LEVEL	GRADE			LEVEL	GRADE		LEVEL		
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

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

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p>PROBE:</p> <p>IS THIS PERSON UNDER AGE 15?</p> <p>WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1</p> <p>Adult man (age 15+ years)..... 2</p> <p>Female child (under 15)..... 3</p> <p>Male child (under 15)..... 4</p> <p>DK 8..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒WS8</p> <p>8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p>PROBE:</p> <p>ANYTHING ELSE?</p> <p>RECORD ALL ITEMS MENTIONED.</p>	<p>Boil.....A</p> <p>Add bleach / chlorineB</p> <p>Strain it through a cloth.....C</p> <p>Use water filter (ceramic, sand, composite, etc.)..... D</p> <p>Solar disinfectionE</p> <p>Let it stand and settleF</p> <p>Other (specify) X</p> <p>DKZ</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p>IF “FLUSH” OR “POUR FLUSH”, PROBE:</p> <p>WHERE DOES IT FLUSH TO?</p> <p>IF NECESSARY, ASK PERMISSION TO OBSERVE THE FACILITY.</p>	<p>Flush / Pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank (without soak pit)..... 12</p> <p>Flush to septic tank (with soak pit)..... 16</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place / Not sure /</p> <p>DK where15</p> <p>Pit latrine</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / Open pit..... 23</p> <p>Long drop latrine 24</p> <p>Composting toilet..... 31</p> <p>Bucket 41</p> <p>No facility, Bush, Field 95</p> <p>Other (specify) 96</p>	<p>95⇒Next</p> <p>Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next</p> <p>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</p> <p>Public facility 2</p>	<p>2⇒Next</p> <p>Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 _</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _	
HC2A. HOW MANY ROOMS ARE THERE IN THIS DWELLING UNIT? (EXCLUDE TOILET AND KITCHEN)	Number of rooms _ _	
HC3. MAIN MATERIAL OF THE DWELLING FLOOR. RECORD OBSERVATION.	Natural floor Earthen / clay floor..... 11 Rudimentary floor Planks / shingles 21 Bamboo..... 22 Finished floor Polished wood..... 31 Tiles / marble 33 Cement / concrete / terrazzo 34 Other (specify)..... 96	
HC4. MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	Natural roofing No Roof 11 Thatch 12 Rudimentary Roofing Bamboo..... 22 Planks / shingles 23 Cardboard..... 24 Tarpaulin 25 Finished roofing Metal sheets 31 Tiles / slates..... 34 Concrete / cement 35 Other (specify)..... 96	
HC5. MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	Natural walls No walls 11 Cane / Palm / Trunks/ Bamboo 12 Rudimentary walls Bamboo with mud..... 21 Stone with mud 22 Plywood 24 Cardboard..... 25 Finished walls Cement / RCC wall 31 Stone with lime / cement 32 Bricks 33 Cement blocks..... 34 Wood planks 36 Rammed earth..... 37 Mud blocks..... 38 Other (specify)..... 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOK- ING?</p>	<p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG) 02</p> <p>Kerosene 05</p> <p>Coal 06</p> <p>Wood 08</p> <p>Straw / Shrubs / Grass 09</p> <p>Dung cake 10</p> <p>No food cooked in household 95</p> <p>Other (specify) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																											
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILD- ING, OR OUTDOORS?</p> <p>If 'IN THE HOUSE', PROBE: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</p>	<p>In the house</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 (specify) 6</p>																												
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A FIXED TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A SOFA SET?</p> <p>[G] A WASHING MACHINE?</p> <p>[H] A SEWING MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fixed telephone 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa set 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sewing machine 1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity 1	1	2	Radio 1	1	2	Television 1	1	2	Fixed telephone 1	1	2	Refrigerator 1	1	2	Sofa set 1	1	2	Washing machine 1	1	2	Sewing machine 1	1	2	
	Yes	No																											
Electricity 1	1	2																											
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Sofa set 1	1	2																											
Washing machine 1	1	2																											
Sewing machine 1	1	2																											
<p>[I] A POWER-TILLER?</p> <p>[J] A VACCUUM CLEANER?</p> <p>[K] A RICE COOKER?</p>	<p>Power-Tiller 1 2</p> <p>Yes No</p> <p>Vacuum cleaner 1 2</p> <p>Rice cooker 1 2</p>																												
<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WRIST WATCH?</p> <p>[B] A MOBILE PHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] A CAR OR TRUCK?</p> <p>[F] A COMPUTER?</p> <p>[G] A FOREIGN BOW?</p> <p>[H] A CAMERA?</p> <p>[I] A VCR/VCD/DVD PLAYER?</p> <p>[J] A SERSHO GHO/KIRA?</p>	<p>Wrist watch 1 2</p> <p>Mobile phone 1 2</p> <p>Bicycle 1 2</p> <p>Motorcycle / Scooter 1 2</p> <p>Car/truck 1 2</p> <p>Computer 1 2</p> <p>Foreign bow 1 2</p> <p>Camera 1 2</p> <p>VCR/VCD/DVD Player 1 2</p> <p>Sersho Gho/Kira 1 2</p>																												

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", THEN ASK:</i></p> <p>DO YOU RENT THIS DWELLING FOR PAY OR ARE YOU LIVING THERE RENT FREE?</p> <p><i>If "RENTED FROM SOMEONE ELSE FOR PAY", CIRCLE "2". If it is "RENT FREE", CIRCLE "3". For other responses, circle "6".</i></p>	<p>Own..... 1</p> <p>Renting for pay 2</p> <p>Rent free..... 3</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</p> <p>No 2</p>	<p>2⇒HC13</p>
<p>HC12. HOW MANY ACRES/DECIMALS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>If less than 1 acre, record "00" followed by the number of decimals.</p> <p>If 95 or more, record '95.00'.</p> <p>If acre not known, record '99.98'.</p>	<p>Acres _ _ . _ _</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HC15</p>
<p>HC14. HOW MANY OF THE FOLLOWING FARM ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] BUFFALO?</p> <p>[H] YAKS?</p> <p>If none, record '00'.</p> <p>If 95 or more, record '95'.</p> <p>If unknown, record '98'.</p>	<p>Cattle _ _</p> <p>Horses, donkeys, or mules _ _</p> <p>Goats _ _</p> <p>Sheep _ _</p> <p>Chickens _ _</p> <p>Pigs _ _</p> <p>Buffalo _ _</p> <p>Yaks _ _</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>HC16. NOW I WOULD LIKE TO TALK ABOUT FOOD SECURITY.</p> <p>IN THE LAST 12 MONTHS HAS A SITUATION BEEN FACED WHEN THERE WAS NOT ENOUGH FOOD TO FEED ALL MEMBERS OF THE HOUSEHOLD?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next module</p>
<p>HC17. IN WHAT MONTH(S) DID YOU EXPERIENCE THIS SITUATION?</p> <p>Circle all that apply.</p>	<p>January A</p> <p>February B</p> <p>March C</p> <p>April D</p> <p>May E</p> <p>June F</p> <p>July G</p> <p>August H</p> <p>September I</p> <p>October J</p> <p>November K</p> <p>December L</p>	

CHILD LABOUR										CL
TO BE ADMINISTERED FOR CHILDREN IN THE HOUSEHOLD AGE 5-17 YEARS. FOR HOUSEHOLD MEMBERS BELOW AGE 5 OR ABOVE AGE 17, LEAVE ROWS BLANK.										
Now I would like to ask about any work children in this household may do.										
CL1.	CL2.	CL3.	CL4.	CL5.	CL6.	CL7.	CL8.	CL9.	CL10.	
SL.	NAME AND AGE	DURING THE PAST WEEK, DID (NAME) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?	SINCE LAST (DAY OF THE WEEK), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?	DURING THE PAST WEEK, DID (NAME) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	SINCE LAST (DAY OF THE WEEK), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	DURING THE PAST WEEK, DID (NAME) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET?	SINCE LAST (DAY OF THE WEEK), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?	DURING THE PAST WEEK, DID (NAME) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING, OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?	SINCE LAST (DAY OF THE WEEK), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	
NO.	Copy FROM HOUSEHOLD LISTING FORM, HL2 AND HL6	If YES: For pay in cash or kind? 1 Yes, for pay (CASH OR KIND) 2 Yes, UNPAID 3 No ⇒ CL5	IF MORE THAN ONE JOB, INCLUDE ALL HOURS AT ALL JOBS.	1 Yes 2 No ⇒ CL7		INCLUDE WORK FOR A BUSINESS RUN BY THE CHILD ALONE OR WITH ONE OR MORE PARTNERS. 1 Yes 2 No ⇒ CL9		1 Yes 2 No ⇒ Next SL No		
	Name	Age	Number of hours	Number of hours	Number of hours	Number of hours	Number of hours	Number of hours	Number of hours	
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

DISABILITY										DA		
To be administered to mothers/caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank												
I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.												
DA1.	DA2.	DA3.	DA4.	DA5.	DA6.	DA7.	DA8.	DA9.	DA10.	DA11.	DA12.	DA13.
SL. No.	CHILD'S NAME <i>COPY FROM</i> <i>HOUSEHOLD</i> <i>LISTING FORM,</i> <i>HL2</i>	COMPARED WITH OTHER CHILDREN, DOES OR DID (NAME) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	COMPARED WITH OTHER CHILDREN, DOES (NAME) HAVE DIFFICULTY SEEING, EITHER IN THE DAY-TIME OR AT NIGHT?	DOES (NAME) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	WHEN YOU TELL (NAME) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DOES (NAME) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DOES (NAME) HAVE TIMES HE/HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	DOES (NAME) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DOES (NAME) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS)?	(FOR 3-9 YEAR OLDS): Is (NAME)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	(FOR 2-YEAR-OLDS): CAN (NAME) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (NAME) APPEAR IN ANY WAY MEN-TALLY BACK-WARD, DULL OR SLOW?
01	NAME											
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed 1 Not observed Not in dwelling / plot / yard..... 2 No permission to see..... 3 Other reason..... 6	 2 ⇒HW4 3 ⇒HW4 6 ⇒HW4
HW2. <i>OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HAND WASHING</i> <i>VERIFY BY CHECKING THE TAP/PUMP, OR BASIN, BUCKET, WATER CONTAINER OR SIMILAR OBJECTS FOR PRESENCE OF WATER</i>	Water is available 1 Water is not available 2	
HW3. <i>RECORD IF SOAP OR DETERGENT IS PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING.</i> <i>CIRCLE ALL THAT APPLY.</i>	Bar soap A Detergent (Powder / Liquid / Paste)..... B Liquid soap..... C Ash / Mud / Sand D None..... Y	HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT (OR OTHER LOCALLY USED CLEANSING AGENT) IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes 1 No 2	2⇒HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>RECORD OBSERVATION. CIRCLE ALL THAT APPLY</i>	Bar soap A Detergent (Powder / Liquid / Paste)..... B Liquid soap..... C Ash / Mud / Sand D Not able / Does not want to show Y	

HH19. RECORD THE END TIME. (24 HOURS)	HOUR AND MINUTES.....__ : __
<p>HH20. DOES ANY ELIGIBLE WOMAN AGE 15-49 RESIDE IN THE HOUSEHOLD?</p> <p>CHECK HOUSEHOLD LISTING, COLUMN HL7 FOR ANY ELIGIBLE WOMAN.</p> <p>YOU SHOULD HAVE A QUESTIONNAIRE WITH THE INFORMATION PANEL FILLED IN FOR EACH ELIGIBLE WOMAN.</p> <p><input type="checkbox"/> YES. ⇒ GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN</p> <p style="padding-left: 40px;">TO ADMINISTER THE QUESTIONNAIRE TO THE FIRST ELIGIBLE WOMAN.</p> <p><input type="checkbox"/> NO.⇒ CONTINUE.</p>	
<p>HH21. DOES ANY CHILD UNDER THE AGE OF 5 RESIDE IN THE HOUSEHOLD?</p> <p>CHECK HOUSEHOLD LISTING, COLUMN HL9 FOR ANY ELIGIBLE CHILD UNDER AGE 5.</p> <p>YOU SHOULD HAVE A QUESTIONNAIRE WITH THE INFORMATION PANEL FILLED IN FOR EACH ELIGIBLE CHILD.</p> <p><input type="checkbox"/> YES. ⇒ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE</p> <p style="padding-left: 40px;">TO ADMINISTER THE QUESTIONNAIRE TO MOTHER OR CARETAKER OF THE FIRST ELIGIBLE CHILD.</p> <p><input type="checkbox"/> No. ⇒ End the interview by thanking the respondent for his/her cooperation.</p> <p style="padding-left: 40px;">GATHER TOGETHER ALL QUESTIONNAIRES FOR THIS HOUSEHOLD AND COMPLETE THE RELEVANT INFORMATION ON THE COVER PAGE.</p>	

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



Bhutan Multiple Indicator Survey (BMIS)

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL WM	
<i>This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman</i>	
WM1. Block/Chiwog name and code: _____	WM1A. Gewog/Town name and code: _____
WM1B. DZONGKHAG NAME & CODE: _____	WM2. Household serial number: ____
WM3. Woman's name: Name _____	WM4. Woman's serial number: ____
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ____ / ____ / ____

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

WE ARE FROM NATIONAL STATISTICS BUREAU. WE ARE CONDUCTING A SURVEY ON THE SITUATION OF HOUSEHOLD, WOMEN AND CHILDREN. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW MIGHT TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL. WHILE YOUR PARTICIPATION IS VOLUNTARY IT IS OF UTMOST IMPORTANCE THAT YOU RESPOND TO THE SURVEY AS THE RESULTS WILL HELP THE GOVERNMENT IN PLANNING AND DECISION MAKING.

IF YOU HAVE NO OBJECTION, 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

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 YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL

WM7. Status of woman's questionnaire	Completed.....	1
	Not at home.....	2
	Refused	3
	Partly completed	4
	Incapacitated	5
	Other (specify).....	6

WM8. Field edited by (Name and number): Name _____	WM9. Data entry keyer (Name and number): Name _____
WM10. Record the starting time.(24 hours)	Hours and minutes..... : ____

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... __ __ DK month 98 Year __ __ DK year 9998	
WB2. HOW OLD ARE YOU? <i>PROBE: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>COMPARE AND CORRECT WB1 AND/OR WB2 IF INCONSISTENT</i>	Age (in completed years)..... __ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	PRESCHOOL.....0 PRIMARY(PP-6).....1 LOWER SECONDARY(7-8).....2 MIDDLE SECONDARY(9-10).....3 HIGHER SECONDARY(11-12).....4 COLLEGE/UNIVERSITY.....5 DK.....8	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>IF LESS THAN A FULL GRADE THEN ENTER 17.</i>	Grade PP-00 __ __ Grade 01-12 __ __ Diploma-13 __ __ Degree-14..... __ __ Masters-15..... __ __ >Masters-16 __ __ No grade-17 __ __ DK(write98)..... __ __	
WB6. Check WB4: <input type="checkbox"/> Lower Secondary or higher. ⇒ Go to Next Module (Primary(Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME? <i>EXAMPLES OF SENTENCES FOR LITERACY TEST:</i> 1. THE CHILD IS READING A BOOK 2. TODAY IS LOSAR, WE ARE GOING TO THE DZONG 3. PARENTS MUST CARE FOR THEIR CHILDREN 4. FARMING IS HARD WORK	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 (specify language) Blind / mute, visually / speech impaired..... 5	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes1 No2	⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. CM4CM3.	Date of first birth Day.....98 DK day.....98 Month.....98 DK moth.....98 Year.....9998 DK year.....9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH	Completed years since first birth.....	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes.....1 No2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? IF NONE, RECORD '00'.	Sons at home..... Daughters at home.....	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes.....1 No2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? IF NONE, RECORD '00'.	Sons elsewhere..... Daughters elsewhere.....	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes.....1 No2	2⇒CM10
IF "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?		
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? IF NONE, RECORD '00'.	Boys dead..... Girls dead.....	
CM10. Sum answers to CM5, CM7, and CM9.	Sum.....	

<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (TOTAL NUMBER) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p><input type="checkbox"/> No births ⇒ Go to contraception module</p> <p>(One or more births ⇒ Continue with CM12</p> <p>⇒No⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</p>		
<p>CM12. OF THESE (TOTAL NUMBER) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>Month and year must be recorded.</p>	<p>Date of last birth</p> <p>Day _ _</p> <p>DK day 98</p> <p>Month _ _</p> <p>Year _ _ _ _</p>	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) 2008</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Continue with the Contraception module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Ask for the name of the child</p> <p>Name of child _____</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p> <p>Continue with the next module.</p>		

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p> <p><i>Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (NAME), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒NEXT MODULE
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	2⇒NEXT MODULE
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months 1 __ __ Years 2 __ __ DK(Write 98)..... 9 __ __	

MATERNAL AND NEWBORN HEALTH		MN												
This module is to be administered to all women with a live birth in the 2 years preceding date of interview.														
Check child mortality module CM13 and record name of last-born child here _____.														
Use this child's name in the following questions, where indicated.														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (NAME)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE? <i>PROBE:</i> ANYONE ELSE? Probe for the type of person seen and circle all answers given.	Health professional: Doctor A Nurse / Midwife B HA/BHW C Asst. Clinical Officer (ACO)..... D Other person Traditional birth attendant..... F Village health worker..... G Other (specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times — — DK 98													
MN3A DURING (ANY OF) YOUR ANTE NATAL CARE VISIT(S), WERE YOU TOLD ABOUT THE SIGNS OF PREGNANCY COMPLICATIONS?	Yes 1 No 2 DK 8													
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 MATERNAL CARD OR MOTHER AND CHILD HEALTH HANDBOOK WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card/handbook 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 SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes 1 No 2 DK 8	2⇒MN9 8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (NAME)? <i>If 7 or more times, record '7'.</i>	Number of times — DK 8	8⇒MN9												

<p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN17</p> <p><input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</p>		
<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (NAME), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN17</p> <p>8⇒MN17</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (NAME)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times _</p> <p>DK 8</p>	<p>8⇒MN17</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (NAME)?</p> <p><i>If less than 1 year, record 00.</i></p>	<p>Years ago _ _</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (NAME)?</p> <p><i>PROBE:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Nurse / Midwife B</p> <p>HA/BHW C</p> <p>Asst. Clinical Officer (ACO)..... D</p> <p>Other person</p> <p>Traditional birth attendant..... F</p> <p>Village health worker..... G</p> <p>Relative / Friend..... H</p> <p>Other (specify) _____ X</p> <p>No one..... Y</p>	

<p>MN22C WHO CHECKED ON YOUR HEALTH AT THAT TIME?</p> <p>Probe for most qualified person.</p>	<p>Health professional:</p> <p>Doctor 10</p> <p>Nurse / Midwife 11</p> <p>HA/BHW 12</p> <p>Asst. Clinical Officer (ACO) 13</p> <p>Other person</p> <p>Traditional birth attendant 14</p> <p>Village health worker 15</p> <p>Relative / Friend 16</p> <p>Other (specify) 96</p>	
<p>MN22D IN THE TWO MONTHS AFTER (NAME) WAS BORN, DID ANY HEALTH CARE PROVIDER CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22E HOW MANY HOURS, DAYS OR WEEKS AFTER THE BIRTH OF (NAME) DID THE FIRST CHECK TAKE PLACE?</p> <p>If less than one day record hours.</p> <p>If less than one week record days.</p>	<p>Hours after birth 1 ____</p> <p>Days after birth 2 ____</p> <p>Weeks after birth 3 ____</p> <p>DK(Write 98) 9 ____</p>	
<p>MN22F WHO CHECKED ON (NAME)'S HEALTH AT THAT TIME?</p> <p>Probe for most qualified person.</p>	<p>Health professional:</p> <p>Doctor 10</p> <p>Nurse / Midwife 11</p> <p>HA/BHW 12</p> <p>Asst. Clinical Officer (ACO) 13</p> <p>Other person</p> <p>Traditional birth attendant 14</p> <p>Village health worker 15</p> <p>Relative / Friend 16</p> <p>Other (specify) 96</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (NAME)?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (NAME)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒NEXT MODULE</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (NAME) TO THE BREAST?</p> <p>If less than 1 hour, record '00' hours.</p> <p>If less than 24 hours, record hours.</p> <p>Otherwise, record days.</p>	<p>Immediately(write 00) 0 ____</p> <p>Hours 1 ____</p> <p>Days 2 ____</p> <p>Don't know / remember(write 98) 9 ____</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒NEXT MODULE</p>
<p>MN27. WHAT WAS (NAME) GIVEN TO DRINK?</p> <p>PROBE:</p> <p>ANYTHING ELSE?</p>	<p>Milk (other than breast milk) A</p> <p>Plain water B</p> <p>Sugar or glucose water C</p> <p>Sugar-salt-water solution E</p> <p>Fruit juice F</p> <p>Infant formula G</p> <p>Tea / Infusions H</p> <p>Honey I</p> <p>Butter J</p> <p>Other (specify) X</p>	

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU 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⇒CP4
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>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⇒CP4
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt.</p> <p>If more than one method is mentioned, circle each one.</p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD (Loop/Copper T) C</p> <p>Injectables D</p> <p>Implants E</p> <p>Oral Contraceptive Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Foam / Jelly 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>	
<p>CP4 IN THE LAST 12 MONTHS HAVE YOU VISITED A HEALTH FACILITY FOR CARE FOR YOURSELF OR YOUR CHILDREN?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒NEXT MODULE
<p>CP5 DID ANY STAFF MEMBER AT THE HEALTH FACILITY SPEAK TO YOU ABOUT FAMILY PLANNING?</p>	<p>Yes 1</p> <p>No 2</p>	

UNMET NEED		UN
UN1. <i>CHECK CP1. CURRENTLY PREGNANT?</i> <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. <i>CHECK CP3. CURRENTLY USING "FEMALE STERILIZATION"?</i> <input type="checkbox"/> Yes.⇒ Go to UN13 <input type="checkbox"/> No. ⇒ Continue with UN6		
UN6. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child..... 1 No more / None..... 2 Says she cannot get pregnant 3 Undecided / Don't know 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. How long would you like to wait before the birth of (a/another) child?	Months 1 ____ Years..... 2 ____ Soon / Now 993 Says she cannot get pregnant 994 After marriage 995 Other 996 Don't know 998	994⇒UN11
UN8. <i>CHECK CP1. CURRENTLY PREGNANT?</i> <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

UN9. CHECK CP2. CURRENTLY USING A METHOD?		
<input type="checkbox"/> Yes. ⇒ Go to UN13		
<input type="checkbox"/> No ⇒ Continue with UN10		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1 ⇒ UN13 8 ⇒ UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrheic F Breastfeeding G Too old H Fatalistic I Other (specify) X Don't know Z	
UN12. CHECK UN11. "NEVER MENSTRUATED" MENTIONED?		
<input type="checkbox"/> Yes. ⇒ Go to Next Module		
<input type="checkbox"/> No ⇒ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago 1 ____ Weeks ago 2 ____ Months ago 3 ____ Years ago 4 ____ In menopause / Has had hysterectomy 994 Before last birth 995 Never menstruated 996	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man..... 2 No, not in union 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>PROBE: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTH-DAY?</i>	Age in years _ _ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes 1 No 2 DK 9	2⇒MA7 9⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number _ _ DK 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3⇒NEXT MODULE
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced..... 2 Separated..... 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month..... _ _ DK month..... 98 Year _ _ _ _ DK year 9998	⇒NEXT MODULE
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years _ _	

ATTITUDES TOWARD AND EXPERIENCE OF 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> <p>[A] IF SHE GOES OUT WITHOUT TELLING HIM?</p> <p>[B] IF SHE NEGLECTS THE CHILDREN?</p> <p>[C] IF SHE ARGUES WITH HIM?</p> <p>[D] IF SHE REFUSES TO HAVE SEX WITH HIM?</p> <p>[E] IF SHE BURNS THE FOOD?</p>	<p>Yes No DK</p> <p>Goes out without telling.....1 2 8</p> <p>Neglects children1 2 8</p> <p>Argues1 2 8</p> <p>Refuses sex.....1 2 8</p> <p>Burns food.....1 2 8</p>	
<p>DV2. Check MA1 and MA5:</p> <p><input type="checkbox"/> Yes, Currently married or living with a man, or formerly married or formerly lived with a man⇒ Go to DV3</p> <p><input type="checkbox"/> No, not married or living with a man , or never married or lived with a man ⇒ Go to Next module</p>		
<p>NOW I WOULD LIKE TO ASK YOU QUESTIONS ABOUT SOME IMPORTANT ASPECTS OF A WOMAN'S LIFE. I KNOW THAT SOME OF THESE QUESTIONS ARE VERY PERSONAL. HOWEVER, YOUR ANSWERS ARE CRUCIAL FOR HELPING TO UNDERSTAND THE CONDITION OF WOMEN IN BHUTAN. LET ME ASSURE YOU THAT YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL AND WILL NOT BE TOLD TO ANYONE AND NO ONE ELSE WILL KNOW THAT YOU WERE ASKED THESE QUESTIONS. IF WE SHOULD COME TO ANY QUESTION THAT YOU DO NOT WANT TO ANSWER, JUST LET ME KNOW AND WE WILL GO ON TO THE NEXT QUESTION.</p>		
DV3. (DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER SAY OR DO ANYTHING TO HUMILIATE YOU IN FRONT OF OTHERS?	<p>Yes 1</p> <p>No 2</p>	2⇒DV6
DV4. How often did this happen during the last 12 months: often or only sometimes?	<p>Often 1</p> <p>Sometimes..... 2</p>	
DV5. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER THREATEN TO HURT OR HARM YOU OR SOMEONE CLOSE TO YOU?	<p>Yes 1</p> <p>No 2</p>	2⇒DV8
DV6. How often did this happen during the last 12 months: often or only sometimes?	<p>Often 1</p> <p>Sometimes..... 2</p>	
DV7. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER INSULT YOU OR MAKE YOU FEEL BAD ABOUT YOURSELF?	<p>Yes 1</p> <p>No 2</p>	2⇒DV10
DV8. How often did this happen during the last 12 months: often or only sometimes?	<p>Often 1</p> <p>Sometimes..... 2</p>	
DV9. (DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER PUSH YOU, SHAKE YOU OR THROW SOMETHING AT YOU?	<p>Yes 1</p> <p>No 2</p>	2⇒DV12
DV10. How often did this happen during the last 12 months: often or only sometimes?	<p>Often 1</p> <p>Sometimes..... 2</p>	
DV11. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER SLAP YOU?	<p>Yes 1</p> <p>No 2</p>	2⇒DV14
DV12. How often did this happen during the last 12 months: often or only sometimes?	<p>Often 1</p> <p>Sometimes..... 2</p>	
DV13. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER TWIST YOUR ARM OR PULL YOUR HAIR?	<p>Yes 1</p> <p>No 2</p>	2⇒DV16
DV14. How often did this happen during the last 12 months: often or only sometimes?	<p>Often 1</p> <p>Sometimes..... 2</p>	
DV15. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER PUNCH YOU WITH HIS FIST OR SOMETHING THAT COULD HURT YOU?	<p>Yes 1</p> <p>No 2</p>	2⇒DV18
DV16. How often did this happen during the last 12 months: often or only sometimes?	<p>Often 1</p> <p>Sometimes..... 2</p>	

DV17. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER KICK YOU, DRAG YOU OR BEAT YOU UP?	Yes 1 No 2	2⇒DV20
DV18. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?	Often 1 Sometimes 2	
DV19. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER TRY TO CHOKE YOU OR BURN YOU ON PURPOSE?	Yes 1 No 2	2⇒DV22
DV20. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?	Often 1 Sometimes 2	
DV21. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER THREATEN OR ATTACK YOU WITH A KNIFE, GUN OR ANY OTHER WEAPON?	Yes 1 No 2	2⇒DV24
DV22. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?	Often 1 Sometimes 2	
DV23. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER PHYSICALLY FORCE YOU TO HAVE SEXUAL INTERCOURSE WITH HIM EVEN WHEN YOU DID NOT WANT TO?	Yes 1 No 2	2⇒DV26
DV24. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?	Often 1 Sometimes 2	
DV25. DOES/DID) YOUR (LAST) HUSBAND/PARTNER EVER FORCE YOU TO PERFORM ANY SEXUAL ACTS YOU DID NOT WANT TO?	Yes 1 No 2	2⇒DV27
DV26. HOW OFTEN DID THIS HAPPEN DURING THE LAST 12 MONTHS: OFTEN OR ONLY SOMETIMES?	Often 1 Sometimes 2	
DV27. HAVE YOU BEEN ABLE TO COMPLETE THIS MODULE WITHOUT INTERRUPTION?	Yes, fully 1 Yes, partially 2 No 3	
<i>Thank the respondent for her cooperation and reassure her about the confidentiality of her answers.</i>		

SEXUAL BEHAVIOUR		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
SB1. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. The information you supply will remain strictly confidential. How old were you when you had sexual intercourse for the very first time?	Never had intercourse 00 Age in years First time when started living with (first) husband/partner 95	00⇒NEXT MODULE
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.	Days ago 1 Weeks ago 2 Months ago 3 Years ago 4	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>PROBE TO ENSURE THAT THE RESPONSE REFERS TO THE RELATIONSHIP AT THE TIME OF SEXUAL INTERCOURSE</i> If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'YES', CIRCLE '2'. If 'NO', CIRCLE '3'.	Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Other (specify) 6	3⇒SB7 4⇒SB7 6⇒SB7
SB6. CHECK MA1: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) <input type="checkbox"/> Go to SB8 <input type="checkbox"/> Not married / Not in union (MA1 = 3) <input type="checkbox"/> Continue with SB7		
SB7. HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner DK 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>PROBE TO ENSURE THAT THE RESPONSE REFERS TO THE RELATIONSHIP AT THE TIME OF SEXUAL INTERCOURSE</i></p> <p>If 'boyfriend' then ask:</p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p>If 'yes', circle '2'. If 'no', circle '3'.</p>	<p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Other (specify) 6</p>	<p>3⇒SB12</p> <p>4⇒SB12</p> <p>6⇒SB12</p>
<p>SB11. CHECK MA1 AND MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2)</p> <p>AND</p> <p>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
<p>SB12. How OLD IS THIS PERSON?</p> <p>If response is DK, probe:</p> <p>ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner _ _</p> <p>DK 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners _ _</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p>If a non-numeric answer is given, probe to get an estimate.</p> <p>If number of partners is 95 or more, write '95'.</p>	<p>Number of lifetime partners _ _</p> <p>DK 98</p>	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1																	
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	No 2	2⇒MM1																
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 SUPER-NATURAL 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 TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>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 No2 DK / Not sure / Depends.....8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes.....1 No2 DK / Not sure / Depends.....8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1 No2 DK / Not sure / Depends.....8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes.....1 No2 DK / Not sure / Depends.....8																	
HA13. Check CM13: Any live birth in last 2 years?																		
<input type="checkbox"/> No live birth in last 2 years. ⇒ Go to HA24. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.																		
HA14. Check MN1: Received antenatal care?																		
<input type="checkbox"/> Yes, antenatal care received.⇒ Continue with HA15 <input type="checkbox"/> No antenatal care received ⇒ Go to HA24																		

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (NAME), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS VIRUS?	Yes 1 No 2 DK 8	
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes 1 No 2 DK 8	2⇒HA19 8⇒HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	2⇒HA22 8⇒HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes 1 No 2 DK 8	1⇒HA22 2⇒HA22 8⇒HA22
HA19. Check MN17: Birth delivered by health professional (A, B, C or D)? <input type="checkbox"/> Yes, birth delivered by health professional⇒ Continue with HA20 <input type="checkbox"/> 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	2⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes 1 No 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3	1⇒MM1 2⇒MM1 3⇒MM1
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⇒MM1 2⇒MM1 8⇒MM1
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

MATERNAL MORTALITY			MM	
Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother. Please include those who are living with you, those who are living elsewhere, and those who have died.				
MM1. How many children did your mother give birth to, including you?	Number of births to natural mother _ _			
MM2. <i>CHECK MM1.</i> <input type="checkbox"/> <i>TWO OR MORE BIRTHS ⇒ CONTINUE WITH MM3</i> <input type="checkbox"/> <i>ONLY ONE BIRTH (RESPONDENT ONLY) ⇒ GO TO WM11</i>				
MM3. How many of these births did your mother have before you were born?	Number of preceding births _ _			
	(1) OLDEST	(2) NEXT OLDEST	(3) NEXT OLDEST	(4) NEXT OLDEST
MM4. What name was given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____
MM5. Is (NAME) male or female?	Male 1 Female 2	Male 1 Female 2	Male 1 Female 2	Male 1 Female 2
MM6. Is (NAME) still alive?	Yes 1 No 2 ⇒MM8 DK 8 ⇒(2)	Yes 1 No 2 ⇒MM8 DK 8 ⇒(3)	Yes 1 No 2 ⇒MM8 DK 8 ⇒(4)	Yes 1 No 2 ⇒MM8 DK 8 ⇒(5)
MM7. How old is (NAME)?	_ _ ⇒ Go to (2)	_ _ Go to (3)	_ _ Go to (4)	_ _ Go to (5)
MM8. How many years ago did (NAME) die?	_ _	_ _	_ _	_ _
MM9. How old was (NAME) when he/she died?	_ _ <i>If male or died before age 12, go to (2)</i>	_ _ <i>If male or died before age 12, go to (3)</i>	_ _ <i>If male or died before age 12, go to (4)</i>	_ _ <i>If male or died before age 12, go to (5)</i>
MM10. Was (NAME) pregnant when she died?	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2
MM11. Did (NAME) die during childbirth?	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2
MM12. Did (NAME) die within two months after the end of a pregnancy or childbirth?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
MM13. How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	_ _	_ _	_ _	_ _
MM14.	<i>If no more siblings, go to WM11</i>	<i>If no more siblings, go to WM11</i>	<i>If no more siblings, go to WM11</i>	<i>If no more siblings, go to WM11</i>

	(5) OLDEST	(6) NEXT OLDEST	(7) NEXT OLDEST	(8) NEXT OLDEST
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____
MM5. Is (NAME) MALE OR FEMALE?	Male 1 Female..... 2	Male 1 Female..... 2	Male 1 Female..... 2	Male 1 Female..... 2
MM6. Is (NAME) STILL ALIVE?	Yes 1 No 2 ⇒MM8 DK 8 ⇒(6)	Yes 1 No 2 ⇒MM8 DK 8 ⇒(7)	Yes 1 No 2 ⇒MM8 DK 8 ⇒(8)	Yes 1 No 2 ⇒MM8 DK 8 ⇒(9)
MM7. How OLD IS (NAME)?	___ __ ⇒ Go to (6)	___ __ Go to (7)	___ __ Go to (8)	___ __ Go to (9)
MM8. How MANY YEARS AGO DID (NAME) DIE?	___ __	___ __	___ __	___ __
MM9. How OLD WAS (NAME) WHEN HE/SHE DIED?	___ __ <i>If male or died before age 12, go to (6)</i>	___ __ <i>If male or died before age 12, go to (7)</i>	___ __ <i>If male or died before age 12, go to (8)</i>	___ __ <i>If male or died before age 12, go to (9)</i>
MM10. WAS (NAME) PREGNANT WHEN SHE DIED?	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2
MM11. DID (NAME) DIE DURING CHILDBIRTH?	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No 2
MM12. DID (NAME) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
MM13. How MANY LIVE BORN CHILDREN DID (NAME) GIVE BIRTH TO DURING HER LIFETIME (BEFORE THIS PREGNANCY)?	___ __	___ __	___ __	___ __
MM14.	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>

WM11. RECORD THE END TIME.(24 HOURS)	Hour and minutes..... : ____
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<p>Check household listing, column HL9.</p> <p>WM12. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes. ⇒ Go to <u>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</u> for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking her for her cooperation.</p> <p>Check for the presence of any other eligible woman or children under-5 in the household.</p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



Bhutan Multiple Indicator Survey (BMIS)

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>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).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Block/Chiwog name and code: _____	UF1A. Gewog/Town name and code: _____	
UF1B. DZONGKHAG NAME & CODE: _____	UF2. Household Serial number: ____	
UF3. Child's name: Name _____	UF4. Child's serial number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's serial number: _____	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / ____	

Repeat greeting if not already read to this respondent:

IF GREETING AT THE BEGINNING OF THE HOUSEHOLD QUESTIONNAIRE HAS ALREADY BEEN READ TO THIS WOMAN, THEN READ THE FOLLOWING:

WE ARE FROM NATIONAL STATISTICS BUREAU. WE ARE CONDUCTING A SURVEY ON THE SITUATION OF HOUSEHOLD, WOMEN AND CHILDREN. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW MIGHT TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL. WHILE YOUR PARTICIPATION IS VOLUNTARY IT IS OF UTMOST IMPORTANCE THAT YOU RESPOND TO THE SURVEY AS THE RESULTS WILL HELP THE GOVERNMENT IN PLANNING AND DECISION MAKING.

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 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

IF YOU HAVE NO OBJECTION, MAY I 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

UF9. Status of questionnaire for children under 5	Completed 1
	Not at home 2
	Refused 3
	Partly completed 4
	Incapacitated 5
Codes refer to mother/caretaker.	Other (specify) 6

UF10. Field edited by (Name and number): Name _____	UF11. Data entry keyer (Name and number): Name _____
--	---

UF12. RECORD THE STARTING TIME, (24 HOURS)	Hours and minutes : ..
--	------------------------------

AGE		AG
<p>AG1. Now I would like to ask you some questions about the health of (NAME).</p> <p>IN WHAT MONTH AND YEAR WAS (NAME) BORN?</p> <p>PROBE:</p> <p>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 (NAME)?</p> <p>PROBE:</p> <p>HOW OLD WAS (NAME) 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
BR1. DOES (NAME) HAVE A BIRTH CERTIFICATE OR HEALTH CARD? <i>IF YES, ASK:</i> MAY I SEE IT?	Yes, seen..... 1 Yes, not seen..... 2 No 3 DK 8	1⇒NEXT MODULE 2⇒NEXT MODULE
BR2. HAS (NAME)'S BIRTH BEEN REGISTERED WITH THE CIVIL REGISTRATION OFFICE?	Yes 1 No 2 DK 8	1⇒NEXT MODULE
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2	2⇒NEXT MODULE
BR4. WHY IS (NAME)'S BIRTH NOT REGISTERED?	Must travel too far..... 02 Did not know it should be registered..... 03 Does not know where to register 05 Father unknown 07 Parent(s) not registered 09 Parent(s) non-Bhutanese 10 Because of travel costs..... 11 Parent(s) living abroad..... 12 Other (specify) 96 DK 98	

EARLY CHILDHOOD DEVELOPMENT

EC

<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (NAME)?</p>	<p>None 00</p> <p>Number of children's books 0 __</p> <p>Ten or more books 10</p>	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (NAME) 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>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>ON HOW MANY DAYS IN THE PAST WEEK WAS (NAME):</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] 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</p> <p><input type="checkbox"/> Child age 3 or 4 <input type="checkbox"/> Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 <input type="checkbox"/> Go to Next Module</p>		
<p>EC5. DOES (NAME) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (NAME) ATTEND?</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 (NAME):</p> <p>IF YES, ASK:</p> <p>WHO ENGAGED IN THIS ACTIVITY WITH (NAME)?</p> <p>CIRCLE ALL THAT APPLY.</p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (NAME)?</p> <p>[B] TOLD STORIES TO (NAME)?</p> <p>[C] SANG SONGS TO (NAME) OR WITH (NAME), INCLUDING LULLABIES?</p> <p>[D] TOOK (NAME) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (NAME)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (NAME)?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>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	
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<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 (NAME) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC9. CAN (NAME) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC10. DOES (NAME) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC11. CAN (NAME) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC12. IS (NAME) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC13. DOES (NAME) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				
<p>EC14. WHEN GIVEN SOMETHING TO DO, IS (NAME) ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																																				

EC15. DOES (NAME) GET ALONG WELL WITH OTHER CHILDREN?	Yes 1 No 2 DK 8	
EC16. DOES (NAME) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes 1 No 2 DK 8	
EC17. DOES (NAME) GET DISTRACTED EASILY?	Yes 1 No 2 DK 8	

BREASTFEEDING		BF
BF1. HAS (NAME) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (NAME) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (NAME) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (NAME) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF4. DID (NAME) <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 (NAME) DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID (NAME) <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 (NAME) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF8. DID (NAME) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF9. DID (NAME) <u>DRINK SOUP</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF10. DID (NAME) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF11. DID (NAME) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	

BF12. Did (NAME) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF13. Did (NAME) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF15 8⇒BF15
BF14. How many times did (NAME) drink or eat yogurt yesterday, during the day or night?	Number of times _ _	
BF15. Did (NAME) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BF16. Did (NAME) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	2⇒BF18 8⇒BF18
BF17. How many times did (NAME) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Number of times _ _	
BF18. Yesterday, during the day or night, <u>did (NAME) drink anything from a bottle with a nipple?</u>	Yes 1 No 2 DK 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (NAME) HAD DIARRHOEA?	Yes 1 No 2 DK 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (NAME) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (NAME) 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 (NAME) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If “less”, probe: 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. DURING THE EPISODE OF DIARRHOEA, WAS (NAME) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? [C] RICE WATER/ RICE PORRIDGE? [D] WHEY (DACHU)? [E] WEAK TEA (PHEKHA) WITH SALT?	<div style="text-align: right;">Y N DK</div> Fluid from ORS packet..... 1 2 8 Pre-packaged ORS fluid..... 1 2 8 Rice water/Rice porridge 1 2 8 Whey(Dachu)..... 1 2 8 Weak Tea (Phekha) with salt..... 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No 2 DK 8	2⇒CA7 8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>PROBE:</i></p> <p>ANYTHING ELSE?</p> <p>_____</p> <p>(Name)</p> <p>RECORD ALL TREATMENTS GIVEN. WRITE BRAND NAME(S) OF ALL MEDICINES MENTIONED.</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility..... B</p> <p>Zinc C</p> <p>Other (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection..... N</p> <p>Intravenous..... O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (specify) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (NAME) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (NAME) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>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..... 1</p> <p>Blocked or runny nose 2</p> <p>Both..... 3</p> <p>Other (specify) _____ 6</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>PROBE:</i></p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned,</p> <p>but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Hospital A</p> <p>BHU B</p> <p>Satellite clinic C</p> <p>Village health worker..... D</p> <p>Outreach clinic E</p> <p>Private medical sector</p> <p>Private physician..... J</p> <p>Private pharmacy K</p> <p>Other source</p> <p>Relative / Friend..... P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (specify) _____ X</p>	

CA12. WAS (NAME) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes 1 No 2 DK 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (NAME) GIVEN? <i>PROBE:</i> ANY OTHER MEDICINE? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Antibiotic Pill / Syrup A Injection B Paracetamol / Panadol / Acetaminophen P Aspirin Q Ibuprofen R Other (specify) X DK Z	
CA14. Check AG2: Child aged under 3? <input type="checkbox"/> Yes.⇒ Continue with CA15 <input type="checkbox"/> No.⇒ UF13		
CA15. THE LAST TIME (NAME) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine 01 Put / Rinsed into toilet or latrine 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06 Other (specify) 96 DK 98	

UF13. RECORD THE END TIME.(24 HOURS)	Hour and minutes : ..
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UF13. RECORD THE END TIME.(24 HOURS)	Hour and minutes : ..
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UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household? <input type="checkbox"/> Yes. ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next <u>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</u> to be administered to the same respondent <input type="checkbox"/> No.⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child.. Check to see if there are other woman's or under-5 questionnaires to be administered in this household. Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

AN

Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.

<p><i>the household using before recording measurements.</i></p> <p>AN1. MEASURER'S NAME AND NUMBER:</p>		
AN2. RESULT OF HEIGHT / LENGTH AND WEIGHT MEASUREMENT	<p>Name _____</p> <p>Either or both measured 1</p> <p>Child not present 2</p> <p>Child or caretaker refused 3</p> <p>Other (specify) 6</p>	<p>2⇒AN6</p> <p>3⇒AN6</p> <p>6⇒AN6</p>
AN3. CHILD'S WEIGHT	<p>Kilograms (kg)..... ____ . ____</p> <p>Weight not measured 99.999</p>	
AN4. CHILD'S LENGTH OR HEIGHT	<p>Check age of child in AG2:</p> <p><input type="checkbox"/> Child under 2 years old. <input type="checkbox"/> Measure length (lying down).</p> <p><input type="checkbox"/> Child age 2 or more years. <input type="checkbox"/> Measure height (standing up).</p> <p>Length (cm) Lying down 1 ____ . ____</p> <p>Height (cm) Standing up 2 ____ . ____</p> <p>Length / Height not measured 999.9</p>	
AN5. OEDEMA	<p>Checked</p> <p>Oedema present 1</p> <p>Oedema not present 2</p> <p>Unsure 3</p> <p>Not checked</p> <p>(specify reason) 7</p>	
OBSERVE AND RECORD		

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations