

APPENDIX H. HOUSEHOLD QUESTIONNAIRE



HOUSEHOLD QUESTIONNAIRE BELIZE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban 1 Rural 2	HH7. Region: Corozal 1 Orange Walk 2 Belize (Excluding Belize City South Side) 3 Cayo 4 Stann Creek 5 Toledo 6 Belize City South Side 7	

WE ARE FROM THE STATISTICAL INSTITUTE OF BELIZE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION WITH UNICEF. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.

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: _____	
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 women's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH15A. Number of children age 2-9 years: _____	HH15B. Number of questionnaires completed for children age 2-9: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18.
Record the time.

Hour — m

Minutes —

am/pm — m

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE AND SHARES A MEAL IN THE HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. List the head of the household in HL2, line 01. List all other household members (HL2), their relationship to the household head (HL3), and their sex (HL4).

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? THESE MAY INCLUDE CHILDREN IN SCHOOL OR ADULTS AT WORK. 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.

				For children age 0-17 years									
				For women age 15-49	For children age 5-14	For children under age 5	For children age 2-9						
HL1. Line number	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 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 THIS CHILD? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9A. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No ³ 8 DK ³ 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 ³ 8 DK ³ 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	Mother	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	—
09		— —	1 2	—	—	—	—	—	—	1 2 8	—	1 2 8	—

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION -SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	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 THIS CHILD? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9A. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No's 8 DK's HL13 HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 'No' 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No's Next Line 8 DK's Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 'No' 00 for "No"
Line	Name	Relation*	M F	Month Year	Age	15-49	Mother	Mother	Mother	Y N DK	Mother	Y N DK	Father
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	

Codes for HL3: Relationship to head of household:

01 Head	04 Son-in-Law/Daughter-in-Law	07 Parent-in-Law	10 Uncle/Aunt	13 Adopted/Foster/Stepchild
02 Wife / Husband	05 Grandchild	08 Brother/Sister	11 Niece/Nephew	14 Not related
03 Son / Daughter	06 Parent	09 Brother-in-Law/Sister-in-Law	12 Other relative	98 Don't know

Tick here if additional questionnaire is used ☐

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 5 years, 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.
 For each child age 2 – 9 years, write his/her name and line number AND the name and line number of his/her mother or caretaker in the information panel of a separate Child Disability Questionnaire.

You should now have a separate questionnaire for each eligible woman, each child under five and each child age 2 – 9 years in the household.

EDUCATION										ED									
For household members age 5 and above										For household members age 5-24 years									
ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?	ED4B. WHAT IS THE HIGHEST STANDARD (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE 2010-2011 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND STANDARD /FORM/YEAR IS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2009- 2010, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND STANDARD /FORM/YEAR DID (name) ATTEND?									
			Level: 0 Preschool 1 Infant 2 Primary 3 Secondary 4 Associates 5 Bachelors & Higher 6 CET/ITVET/NOTEC 8 DK 9 Other If level=0, skip to ED5	98 DK If less than 1 year, enter 00.	1 Yes 2 No ED7	Level: 0 Preschool 1 Infant 2 Primary 3 Secondary 4 Associates 5 Bachelors & Higher 6 ET/ITVET/NOTEC 8 DK 9 Other If level=0, skip to ED7	Standard /Form /Year: 98 DK	1 Yes 2 No 8 DK Next Line Next Line	Level: 0 Preschool 1 Infant 2 Primary 3 Secondary 4 Associates 5 Bachelors & Higher 6 CET/ITVET/NOTEC 8 DK 9 Other If level=0, go to next line.	Standard /Form /Year: 98 DK									
Line	Name	Age	Yes	No	Yes	No	Level	Std/Form/ Year	Yes	No	Y	N	DK	Level	Std/Form/ Year				
01			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
02			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
03			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
04			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
05			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
06			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
07			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
08			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
09			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
10			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
11			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
12			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
13			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
14			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						
15			1	2	0	1 2 4 5 6 7 8 9			1	2	8	0	1 2 4 5 6 7 8 9						

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap/standpipe..... 14 Hand pump 21 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 (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap/standpipe..... 14 Hand pump 21 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 (<i>specify</i>) 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 FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Female (age 15+ years) 1 Male (age 15+ years) 2 Female (under 15) 3 Male (under 15) 4 DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS8 8⇒WS8</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>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush 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 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 Hanging toilet, Hanging latrine 51 No facilities, Bush, Field 95 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⇒Next 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 ____ Ten or more households 10 DK 98</p>	

HOUSEHOLD CHARACTERISTICS		
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Anglican.....01 Baptist.....02 Jehovah's Witness.....03 Mennonite.....04 Methodist.....05 Nazarene.....06 Pentecostal.....07 Roman Catholic.....08 Seventh-Day Adventist.....09 None.....95 Other (specify) _____ 96 Don't Know.....98	
HC1B. WHAT IS THE FIRST LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	English.....01 Spanish.....02 Garifuna.....03 Ketchi/Mopan/Yucatecan.....04 German.....05 Indian.....06 Chinese/Taiwanese.....07 Creole.....08 Other (specify) _____ 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Creole.....01 East Indian.....02 Garifuna.....03 Maya (Ketchi/Mopan/Yucatecan).....04 Mennonite.....05 Mestizo/Spanish/Latino/Hispanic.....06 Asian (China/Hong Kong/Taiwan).....07 Caucasian/White.....08 Other (specify) _____ 96 DK/NS.....98	
HC2. HOW MANY ROOMS IN THIS DWELLING UNIT ARE USED FOR SLEEPING BY THE MEMBERS OF THIS HOUSEHOLD?	Number of rooms _ _	
HC3. <i>Main material of the dwelling unit floor.</i> <i>Record observation.</i> <i>If there is more than one kind of material, record the main flooring material.</i>	Natural floor Earth/ Sand 11 Rudimentary floor Wood planks 21 Plywood 23 Finished floor Parquet or polished wood..... 31 Concrete..... 34 Other (specify) _____ 96	

<p>HC4. <i>Main material of the roof.</i></p> <p><i>Record observation.</i></p>	<p>Natural roofing Thatch/Bay leaf 12</p> <p>Rudimentary Roofing Rubber rye..... 25</p> <p>Finished roofing Sheet metal/corrugated zinc 31 Concrete..... 35 Roofing shingles..... 36</p> <p>Other (<i>specify</i>) 96</p>										
<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls No walls 11 Palmetto/Wildcane/Sticks 12</p> <p>Rudimentary walls Bamboo with mud..... 21 Stone with mud..... 22 Plywood..... 24 Carton 25 Reused wood 26</p> <p>Finished walls Concrete..... 31 Stone with lime/concrete 32 Bricks 33 Cement blocks..... 34 Wood planks/shingles 36 Wood and concrete..... 37 Stucco 38</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 Butane..... 02 Biogas 04 Kerosene..... 05 Charcoal..... 07 Wood..... 08 Agricultural crop residue..... 11</p> <p>No food cooked in household 95 Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 04⇒HC8 05⇒HC8</p> <p>95⇒HC8</p>									
<p>HC7. IS THE COOKING USUALLY DONE IN THE 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>In the house In a separate room used as kitchen..... 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>										
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	
	Yes	No									
Electricity.....	1	2									
Radio.....	1	2									

		Yes	No
[C] A TELEVISION?	Television	1	2
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone	1	2
[E] A REFRIGERATOR?	Refrigerator	1	2
[F] A FAN?	Fan	1	2
[G] A MICRO WAVE OVEN?	Micro Wave Oven	1	2
[H] A SECURITY ALARM SYSTEM?	Security Alarm System	1	2
[I] A WASHING MACHINE?	Washing Machine	1	2
[J] A DVD PLAYER?	DVD Player	1	2
[K] A GAS BAR-B-Q GRILL?	Gas Bar-B-Q Grill	1	2
[L] AN AIR CONDITIONER?	Air Conditioner	1	2
[M] A WATER COOLER?	Water Cooler	1	2
[N] A SOFA?	Sofa	1	2
[O] A DINING ROOM TABLE?	Dining Room Table	1	2
[P] A CLOTHES CLOSET?	Clothes Closet	1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:			
		Yes	No
[A] A WATCH?	Watch	1	2
[B] A CELL TELEPHONE?	Cell telephone	1	2
[C] A BICYCLE?	Bicycle	1	2
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter	1	2
[F] A CAR OR TRUCK?	Car/Truck	1	2
[G] A BOAT WITH A MOTOR?	Boat with motor	1	2
[H] AN MP3/MP4 PLAYER?	Mp3/mp4 player	1	2
[I] A FISHING ROD?	Fishing Rod	1	2
[J] A WEIGHT TRAINING MACHINE?	Weight Training Machine	1	2
[K] A COMPUTER	Computer	1	2

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>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 No 2</p>	2⇒HC13
<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Acres..... ____ ____</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes..... 1 No 2</p>	2⇒HC15
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD OWN?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</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><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls..... ____ ____</p> <p>Horses, donkeys, or mules..... ____ ____</p> <p>Goats ____ ____</p> <p>Sheep..... ____ ____</p> <p>Chickens ____ ____</p> <p>Pigs ____ ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT, A BANK BOOK OR CREDIT UNION BOOK?</p>	<p>Yes..... 1 No 2</p>	

CHILD LABOUR												CL											
<p>To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.</p> <p>Now I would like to ask about any work children age 5-14 in this household may do.</p>																							
CL1. Line number	CL2. Name and Age		CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i>	CL4. 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?	CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK FOR A HOUSEHOLD MEMBER ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET?	CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?	CL9. 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?	CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL11. DURING THE PAST WEEK, WHEN DID (name) CARRY OUT THESE HOUSEHOLD CHORES?	CL12. DURING THE PAST WEEK, WHICH HOUSEHOLD CHORES WAS (name) MAINLY CARRYING OUT?											
	Copy from Household Listing Form, HL2 and HL6		1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No CL5	<i>If more than one job, include all hours at all jobs.</i> 1 Yes 2 No CL7	1 Yes 2 No CL7	1 Yes 2 No CL9	<i>Include work for a business run by the child, alone or with one or more partners.</i> 1 Yes 2 No CL9	1 Yes 2 No Next Line	1 Yes 2 No Next Line		Circle all that apply Times: A. Morning B. Afternoon C. Evening D. Night	Circle all that apply Chores: A. Cooking/Serving Food B. Shopping for H. hold C. Cleaning Utensils/ house D. Washing clothes E. Minor household repairs F. Caring for children G. Caring for elderly or sick H. Other											
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	Times	Chores	
01			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
02			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
03			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
04			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
05			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
06			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
07			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
08			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
09			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
10			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
11			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
12			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
13			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
14			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H
15			1	2	3			1	2			1	2			1	2					A B C D	A B C D E F G H

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. Sex 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 <u>(name)</u> <u>IN THE PAST MONTH</u> . CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes 1 No 2	
CD12. EXPLAINED WHY <u>(name)</u> 'S BEHAVIOUR WAS WRONG.	Yes 1 No 2	
CD13. SHOOK HIM/HER.	Yes 1 No 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No 2	
CD18. CALLED HIM/HER STUPID, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD21. BEAT HIM/HER 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	

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> <i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D None Y	A ⇒ HH19 B ⇒ HH19 C ⇒ HH19 D ⇒ HH19
HW4. DO YOU HAVE ANY BAR SOAP, SOAP POWDER OR LIQUID SOAP 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. <i>Record the time.</i>	Hour, minutes and am/pm ____ : ____	____ m
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HH20. *Does any eligible woman age 15-49 reside in the household?*

Check Household Listing Form, column HL7 for any eligible woman.

You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR INDIVIDUAL WOMEN*
to administer the questionnaire to the first eligible woman.

☐ No ⇒ Continue.

HH21. *Does any child under the age of 5 reside in the household?*

Check Household Listing Form, column HL9 for any eligible child under age 5.

You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE*
to administer the questionnaire to mother or caretaker of the first eligible child.

☐ No ⇒ Continue.

HH22. *Does any child age 2-9 reside in the household?*

Check Household Listing Form, column HL9A for any eligible child.

You should have a questionnaire with the Information Panel filled in for each eligible child age 2-9.

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR CHILD DISABILITY*
to administer the questionnaire for the first eligible child.

☐ No ⇒ End the interview by thanking the respondent for his/her cooperation.
Gather together all questionnaires for this household and complete HH8 to HH15B on
the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

APPENDIX I. QUESTIONNAIRE FOR INDIVIDUAL WOMEN



QUESTIONNAIRE FOR INDIVIDUAL WOMEN BELIZE

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). Fill in a separate questionnaire for each eligible woman.</i>		
WM1. Cluster number ___ ___	WM2. Household number ___ ___	
WM3. Woman's name: Name _____	WM4. Woman's line 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 THE STATISTICAL INSTITUTE OF BELIZE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION WITH UNICEF. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.

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 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.

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 (specify) _____	96

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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CHILD MORTALITY		CM
<i>All of the following questions refer only to LIVE births</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE LIVE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes.....1 No.....2	2⇒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. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day..... DK day.....98 Month..... DK month.....98 Year..... 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 No.....2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	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 No.....2	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? <i>If none, record '00'.</i>	Sons elsewhere..... Daughters elsewhere.....	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes.....1 No.....2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead..... Girls dead.....	
CM10. Sum answers to CM5, CM7, and CM9.	Sum.....	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTH/S DURING YOUR LIFE. IS THIS CORRECT?

☐ Yes. Check below:

☐ No live births ⇒ Go to ILLNESS SYMPTOMS Module.

☐ One or more live births ⇒ Continue with CM12

☐ No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding.

CM12. OF THESE (*total number in CM10*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

Month and year must be recorded.

Date of last birth

Day.....__

DK day.....98

Month.....__

Year__ __ __ __

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2009**

No ☐ No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module

Yes ☐ One or more live births in last 2 years. ⇒ Ask for the name of the child

Name of child _____

If child has died, take special care when referring to this child by name in the following modules.

If more than one live birth in last 2 years record the number here. ____

Go to the next module DESIRE FOR LAST BIRTH.

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. Check child mortality module CM13 and record name of last-born child here _____. 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 IS IT THAT YOU DID 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 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR PRENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Other (specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE PRENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98													
MN4. AS PART OF YOUR PRENATAL 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 PRENATAL CLINIC CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? 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?	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												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> Two or more tetanus injections during last pregnancy. ⇒ Go to MN17 <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9														

<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>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>Auxiliary midwife C</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative/Friend H</p> <p>Other (specify) X</p> <p>No one Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO(name)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>Write the name or description of the place below.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Govt. clinic/health centre 22</p> <p>Govt. health post 23</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (specify) 36</p> <p>Other (specify) 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION (C-SECTION)? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>DK 8</p>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>

<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p> <p><i>Write the weight: Lbs _____ Oz _____ .</i></p>	<p>From card.....1 (lbs) ____ . ____</p> <p>From recall 2 (lbs) ____ . ____</p> <p>DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒Next Module
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours 1 ____</p> <p>Days..... 2 ____</p> <p>Don't know/remember 998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS <i>(name)</i> GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK??</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒Next Module
<p>MN27. WHAT WAS <i>(name)</i> GIVEN TO DRINK?</p> <p><i>(Circle all responses given)</i></p> <p><i>Probe:</i></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>Gripe water..... D</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>Other (<i>specify</i>) X</p>	

POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the 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.</i></p>		
<p>PN1. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 ____</p> <p>Days..... 2 ____</p> <p>Weeks 3 ____</p> <p>Don't know / remember 998</p>	
<p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU GAVE BIRTH AT (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17 = A-G) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN10</p>		

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN11</p> <p>2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once 1</p> <p>More than once 2</p>	<p>1⇒PN12A</p> <p>2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>Hours 1 ____</p> <p>Days 2 ____</p> <p>Weeks 3 ____</p> <p>Don't know / remember 998</p>	
<p>PN13. WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>Doctor A</p> <p>Nurse/ Midwife B</p> <p>Auxiliary midwife C</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative/Friend H</p> <p>Other (<i>specify</i>) X</p>	

<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>Write the name of the place below.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Govt. hospital.....21</p> <p>Govt. clinic/health centre22</p> <p>Govt. health post23</p> <p>Other public (<i>specify</i>) 26</p> <p>Private medical sector</p> <p>Private hospital31</p> <p>Private clinic32</p> <p>Private maternity home.....33</p> <p>Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p>PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1</p> <p>More than once 2</p>	<p>1⇒PN21A</p> <p>2⇒PN21B</p>

ILLNESS SYMPTOMS

IS

IS1. Check Household Listing, column HL9

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
Child has diarrhoea H
Child has vomiting I

Other (specify) _____ X

Other (specify) _____ Y

Other (specify) _____ Z

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⇒Next Module
<p>CP2. SOME PEOPLE 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⇒Next Module
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i></p> <p><i>Do not read methods.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization (tie-off) A</p> <p>Male sterilization (vasectomy) B</p> <p>IUD/Coil..... C</p> <p>Injections..... D</p> <p>Implants E</p> <p>Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam/ Jelly..... J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence/Rhythm/Calendar L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <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 IS IT THAT YOU DID 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 / No 2 Undecided / Don't know 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using "Female sterilization"? <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. Check CP1. Currently pregnant? <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 method?</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><i>Circle all codes that apply.</i></p>	<p>Infrequent sex / No sex A</p> <p>Menopausal B</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 result E</p> <p>Postpartum amenorrheic F</p> <p>Breastfeeding G</p> <p>Too old H</p> <p>Fatalistic I</p> <p>Other (<i>specify</i>) X</p> <p>Don't know Z</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned?</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 /</p> <p>Has had hysterectomy 994</p> <p>Before last birth 995</p> <p>Never menstruated 996</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV
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:		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 QUARRELS WITH HIM?	Quarrels 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
[F] IF SHE HAS SEX WITH ANOTHER MAN?	Sex with another man	1	2	8
[G] IF SHE WASTES THE MONEY?	Wastes the money	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING 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 CURRENT HUSBAND/ PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND / PARTNER ON HIS LAST BIRTHDAY?	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 98	2⇒MA7 98⇒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/union 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 _ _	

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
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 DK/Don't remember.....98	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? <i>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.</i>	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 DK / Don't remember 8	
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> <i>If 'boyfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	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) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> 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><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></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) AND 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><i>If response is DK, probe:</i> 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><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></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. HAVE YOU EVER HEARD OF AN ILLNESS CALLED 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 OBEAH 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 THE AIDS VIRUS?	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><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><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></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 HAD THE AIDS VIRUS?	Yes..... 1 No 2 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 No 2 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 No 2 DK/Not sure/Depends 8																	

<p>HA13. Check CM13: Any live birth in last 2 years?</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 prenatal care?</p> <p><input type="checkbox"/> Received prenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive prenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE PRENATAL 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> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test</td> <td>1</td> <td>2</td> <td>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	
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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 PRENATAL CARE?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒HA19</p> <p>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</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA19. Check MN17: Birth delivered by health professional (A, B or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>																						
<p>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?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒HA24</p>																				
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes..... 1</p> <p>No 2</p>																					
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>1⇒HA25</p>																				

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, 2 & 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?	Yes1 No.....2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago.....2 2 or more years ago3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No.....2 DK8	1, 2 & 8 ⇒NEXT MODULE
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes1 No.....2	

LIFE SATISFACTION		LS
<p>LS1. Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to WM11</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2</p>		
<p>LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed to by the respondent.</i></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>LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</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>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</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>LS5. DURING THE CURRENT (2010-2011) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes 1</p> <p>No 2</p>	2 ⇒ LS7

LS6. HOW SATISFIED ARE/WERE YOU WITH YOUR SCHOOL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he/she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent responds that he/she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved 1 More or less the same 2 Worsened 3	

LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better 1 More or less the same 2 Worse..... 3	
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WM11. Record the time.	Hour, minutes and am/pm : m
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WM12. Check Household Listing Form, column HL9.
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.

☐ No ⇒ Continue.

WM13. Check Household Listing Form, column HL9.
Is the respondent the mother or caretaker of any child age 2 - 9 living in this household?

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR CHILD DISABILITY* for that child and start the interview with this respondent.

☐ No ⇒ End the interview with this respondent by thanking her for her cooperation.
Check for the presence of any other eligible woman or children under-5 in the household.

Supervisor's Observations

Interviewer's Observations

Field Editor's Observations

APPENDIX J. QUESTIONNAIRE FOR CHILDREN UNDER FIVE



QUESTIONNAIRE FOR CHILDREN UNDER FIVE BELIZE

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). A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household 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 number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE STATISTICAL INSTITUTE OF BELIZE.
WE ARE WORKING ON A PROJECT CONCERNED WITH
FAMILY HEALTH AND EDUCATION WITH UNICEF. I
WOULD LIKE TO TALK TO YOU ABOUT THIS. THE
INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE
INFORMATION WE OBTAIN WILL REMAIN STRICTLY
CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE
IDENTIFIED.

*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 20
MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN
WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR
ANSWERS WILL NEVER BE IDENTIFIED.

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. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (specify) _____ 96
--	--

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

UF12. <i>Record the time.</i>	Hour, minutes and am/pm.....__ : __	__ m
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AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU 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><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day__</p> <p>DK day98</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><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years).....__</p>	

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

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

EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	Number of hours _ _																																				
<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><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)? – THE MOTHER, THE CHILD’S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT).</p> <p><i>Circle all that apply.</i></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="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																																	
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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 (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>																																				

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

BREASTFEEDING		BF
BF1. HAS <i>(name)</i> EVER BEEN BREASTFED?	Yes..... 1 No 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes..... 1 No 2 DK..... 8	
BF3. 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> DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF4. DID <i>(name)</i> DRINK INFANT FORMULA 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> DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK 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> DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF9. DID <i>(name)</i> DRINK WATERY SOUP YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF10. DID <i>(name)</i> DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF11. DID <i>(name)</i> DRINK ORS (ORAL RE-HYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	

BF12. DID (<i>name</i>) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF13. DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... _ _	
BF15. DID (<i>name</i>) EAT PORRIDGE/LAB YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF16. DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes..... 1 No 2 DK..... 8	

CARE OF ILLNESS		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK).</p> <p>DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, MORE THAN USUAL OR NOTHING TO DRINK?</p> <p><i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less..... 1</p> <p>Somewhat less..... 2</p> <p>About the same..... 3</p> <p>More..... 4</p> <p>Nothing to drink..... 5</p> <p>DK..... 8</p>	
<p>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?</p> <p><i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less..... 1</p> <p>Somewhat less..... 2</p> <p>About the same..... 3</p> <p>More..... 4</p> <p>Stopped food..... 5</p> <p>Never gave food..... 6</p> <p>DK..... 8</p>	
<p>CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] A FLUID MADE FROM ORAL REHYDRATION SALT?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p> <p>[C] PEDIALYTE?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS 1 2 8</p> <p>Pre-packaged ORS fluid 1 2 8</p> <p>Pedialyte 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA7</p> <p>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>Pill or Syrup</p> <p>Antibiotic..... A</p> <p>Antimotility (anti-diarrhoea)..... 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/drip O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) 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 only..... 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) 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> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If source is hospital, health centre, or clinic, write the name of the place below. If unable to determine if public or private sector, write the name of the place below.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital A</p> <p>Govt. health centre B</p> <p>Govt. health post C</p> <p>Village health worker D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) 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? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> _____ <i>(Names of medicines)</i>	Antibiotic Pill / Syrup A Injection..... B Anti-malarial M Paracetamol / Panadol / Acetaminophen ... P Aspirin Q Ibuprofen..... R Other (<i>specify</i>) X DK..... Z	
CA14. Check AG2: Child aged under 3? <input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to Next Module		
CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine 01 Put into toilet or latrine 02 Put 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	

IMMUNIZATION										IM
<p>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16A are for registering vaccinations that are not recorded on the card. IM6-IM16A will only be asked when a card is not available.</p>										
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?				Yes, seen 1 Yes, not seen 2 No card 3				1⇒IM3 2⇒IM6		
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?				Yes..... 1 No 2				1⇒IM6 2⇒IM6		
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.				Date of Immunization						
				Day		Month		Year		
BCG	BCG									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
POLIO 4 (BOOSTER)	OPV4									
PENTAVALANT 1	DPT/HEP/HIB 1									
PENTAVALANT 2	DPT/HEP/HIB 2									
PENTAVALANT 3	DPT/HEP/HIB 3									
DPT DIPHTERIA, WHOOPING COUGH, TETANUS)	BOOSTER									
DTaP-P1 (DIPHTERIA, WHOOPING COUGH, TETANUS, POLIO)	DTaP-P1									
DTaP-P2	DTaP-P2									
DTaP-P3	DTaP-P3									
DTaP-P4	DTaP-P4									
HAEMOPHILUS INFLUENZAE B 1 (FLU)	Hib1									
HAEMOPHILUS INFLUENZAE B 2	Hib2									
HAEMOPHILUS INFLUENZAE B 3	Hib3									
HAEMOPHILUS INFLUENZAE B 4	Hib4									
HBV1 (HEPATITIS B)	HBV1									
HBV2 (HEPATITIS B)	HBV2									
HBV3 (HEPATITIS B)	HBV3									
MEASLES, MUMPS, RUBELLA 1	MMR1									

MEASLES, MUMPS, RUBELLA 2 MMR2									
VITAMIN A (MOST RECENT) VITA									
IM4. Check IM3. Are all vaccines (BCG to Measles (or MMR)) recorded? <input type="checkbox"/> Yes ⇒ Go to IM18 <input type="checkbox"/> No ⇒ Continue with IM5									
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions vaccines shown in the table above.	Yes..... 1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18) No 2 2⇒IM18 DK..... 8 8⇒IM18								
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes..... 1 No 2 2⇒IM18 DK..... 8 8⇒IM18								
IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes..... 1 No 2 DK..... 8								
IM8. HAS (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes..... 1 No 2 2⇒IM11A DK..... 8 8⇒IM11A								
IM10. HOW MANY TIMES WAS HE/SHE GIVEN THESE DROPS?	Number of times.....								
IM11A. HAS (name) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH, TETANUS, HEPATITIS B, INFLUENZAE B? Probe by indicating that Pentavalent vaccination is sometimes given at the same time as Polio.	Yes..... 1 No 2 2⇒IM12A DK..... 8 8⇒IM12A								
IM11B. HOW MANY TIMES WAS A PENTAVALENT VACCINE RECEIVED?	Number of times.....								
IM11. HAS (NAME) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? Probe by indicating that DPT vaccination is sometimes given at the same time as polio	Yes..... 1 1⇒IM16 No 2 2⇒IM12A DK..... 8 8⇒IM12A								

IM12A. HAS (<i>name</i>) EVER RECEIVED A DTaP-P1 VACCINATION – THAT IS, AN INJECTION TO PREVENT HIM/HER FROM GETTING DIPHTERIA, WHOOPING COUGH, TETANUS, POLIO?	Yes..... 1 No 2 DK..... 8	2⇒IM12C 8⇒IM12C
IM12B. HOW MANY TIMES WAS A DTaP-P1 VACCINE RECEIVED?	Number of times.....	
IM12C. HAS (<i>NAME</i>) EVER RECEIVED A Hib1 VACCINATION – THAT IS, AN INJECTION TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B (FLU)?	Yes..... 1 No 2 DK..... 8	2⇒IM13 8⇒IM13
IM12D. HOW MANY TIMES WAS A Hib1 VACCINE RECEIVED?	Number of times.....	
IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the hepatitis B vaccine is sometimes given at the same time as polio and DPT vaccines</i>	Yes..... 1 No 2 DK..... 8	2⇒IM16 8⇒IM16
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours 1 Later..... 2 DK..... 8	
IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times.....	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No 2 DK..... 8	2⇒IM18 8⇒IM18
IM16A. HOW MANY TIMES WAS A MEASLES INJECTION OR AN MMR INJECTION VACCINE RECEIVED?	Number of times.....	
IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE WITHIN THE LAST 6 MONTHS? <i>Show picture of common types of ampules / capsules / syrups</i>	Yes..... 1 No 2 DK..... 8	

UF13. Record the time.	Hour, minutes and am/pm ____ : ____	__ m
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UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to be administered to the same respondent and tell her/him that you will need to measure the weight and height of the child

☐ No ⇒ Continue

UF15. Does any child age 2- 9 years reside in the household?

Check Household Listing Form, column HL9A for any eligible child age 2- 9 years.

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR CHILD DISABILITY* for that child and start the interview with this respondent.

☐ 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.

ANTHROPOMETRY		AN
<p>After the household questionnaire is complete the field supervisor weighs and measures each child under 5. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present 2 Child or caretaker refused 3 Other (specify) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) Weight not measured 99.9	
AN4. Child's length or height Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down 1 Height (cm) Standing up 2 Length / Height not measured 9999.9	

AN6. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Continue with the interviews.
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

APPENDIX K. QUESTIONNAIRE FORM FOR CHILD DISABILITY



BELIZE

QUESTIONNAIRE FORM FOR CHILD DISABILITY

CHILD DISABILITY QUESTIONNAIRE FORM		DA
<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 age 2 through 9 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i></p>		
DA1. Cluster number _____	DA2. Household number: _____	
DA3. Child's name: Name _____	DA4. Child's line number: _____	
DA5. Mother's / Caretaker's name: Name _____	DA6. Mother's / Caretaker's line number: _____	
DA7. Interviewer name and number: Name _____	DA8. Day / Month / Year of interview: ____ / ____ / ____	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE STATISTICAL INSTITUTE OF BELIZE.
WE ARE WORKING ON A PROJECT CONCERNED
WITH FAMILY HEALTH AND EDUCATION WITH
UNICEF. I WOULD LIKE TO TALK TO YOU ABOUT
(name)'S HEALTH CONDITION. THIS WILL TAKE ONLY
A FEW MINUTES. ALL THE INFORMATION YOU GIVE
ME WILL REMAIN STRICTLY CONFIDENTIAL AND
YOUR ANSWERS WILL NEVER BE SHARED WITH
ANYONE OUTSIDE OF THE TEAM WITHOUT YOUR
WRITTEN PERMISSION.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT
(**child's name from HL2**)'S HEALTH CONDITION.
THIS WILL TAKE ONLY A FEW MINUTES. AGAIN, ALL
THE INFORMATION YOU GIVE ME WILL REMAIN
STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL
NEVER BE SHARED WITH ANYONE OUTSIDE OF THE
TEAM WITHOUT YOUR WRITTEN PERMISSION.

MAY I START NOW?

☐ Yes, permission is given ⇒ Go to DA12 to begin the interview.

☐ No, permission is not given ⇒ Complete DA9. Discuss this result with your supervisor

DA9. Result of interview for child disability <i>Codes refer to mother/caretaker.</i>	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) 96	
DA10. Field edited by (Name and number): Name _____	DA11. Data entry clerk (Name and number): Name _____	
DA11A. <i>Record the time.</i>	Hour, minutes and am/pm :	____ m

CHILD DISABILITY		DA
<i>To be administered to mothers or caretakers of children age 2-9 years.</i>		
DA12. Copy child's name and age from HL2 and HL6, from Household Listing Form.	Name Age	
DA13. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	Yes..... 1 No 2	
DA14. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	Yes..... 1 No 2	
DA15. DOES (name) APPEAR TO HAVE ANY DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY OR COMPLETELY DEAF)?	Yes..... 1 No 2	
DA16. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	Yes..... 1 No 2	
DA17. 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?	Yes..... 1 No 2	
DA18. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	Yes..... 1 No 2	
DA19. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	Yes..... 1 No 2	
DA20. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN HE/SHE SAY ANY RECOGNIZABLE WORDS)?	Yes..... 1 No 2	
DA21. Check DA12: Age of child <input type="checkbox"/> Child age 3 through 9 ⇒ Continue with DA22 <input type="checkbox"/> Child age 2 ⇒ Go to DA23		
DA22. IS (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	Yes..... 1 No 2	1⇒DA24 2⇒DA24
DA23. CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	Yes..... 1 No 2	

DA24. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (<i>name</i>) APPEAR IN ANY WAY SLOW?	Yes..... 1 No 2	
DA25. AS PART OF THIS SURVEY, OTHERS IN OUR TEAM MAY VISIT YOU AGAIN TO COLLECT MORE INFORMATION ON SOME OF THE TOPICS WE HAVE JUST TALKED ABOUT, CONCERNING (<i>name</i>). MAY I PROCEED AND NOTE THAT YOU WOULD BE FINE WITH SUCH A VISIT, IF IT OCCURS AT ALL? AGAIN, YOU MAY CHANGE YOUR MIND AND DECLINE TO SPEAK TO OUR TEAM IF AND WHEN THE VISIT HAPPENS.	Respondent has no objections to additional visit..... 1 Respondent uncertain about additional visit/Depends..... 2 Refused additional visit 3	

DA26. <i>Record the time.</i>	Hour, minutes and am/pm ____ : ____ : __ m
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DA27. *Does any other child age of 2- 9 years reside in the household?*

Check Household Listing Form, column HL9A for any eligible child age 2- 9 years.

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR CHILD DISABILITY* for that child and start the interview with this respondent.

☐ No ⇒ Continue

DA28. *Does any eligible woman age 15-49 reside in the household?*

Check Household Listing Form, column HL7 for any eligible woman.
You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ Yes ⇒ Go to *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* to administer the questionnaire to the first eligible woman.

☐ NO ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15 on the cover page of the Household Questionnaire

Interviewer's Observations

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Supervisor's Observations