

APPENDIX ONE

INSTRUCTIONS FOR INTERVIEWERS

MULTIPLE INDICATOR CLUSTER SURVEY END-DECADE ASSESSMENT QUESTIONNAIRE

SURVEY MANAGER:

Give a copy of this appendix to every interviewer. Translate this appendix into the interviewers' local language if necessary. Ensure that the information in this appendix is appropriate to your survey. Some countries may need to give slightly different instructions. Notes to the survey coordinator appear in SMALL CAPITALS.

Note: interviewer questions appear in **bold print**; interviewer instructions are in *italics*. Adaptation notes (survey coordinator) are in SMALL CAPITALS.

In each household you should interview all the mothers or principal adult caretakers of children under five (under-five Children's Questionnaires) and of children aged 5 through 14 (Child Labour module in the Household Questionnaire), and all other women between the ages of 15 and 49 who reside in the household (individual Women's Questionnaires). If you visit a household with no members eligible for these individual questionnaires, you must still ask questions about the household. You may ask these questions of any adult who is present. THE UPPER AGE LIMIT FOR CHILDREN INCLUDED IN THE CHILD LABOUR MODULE MAY VARY FROM COUNTRY TO COUNTRY.

Your supervisor will give you a list or tell you how to find the households to visit. You must visit all these households. If no one is at home when you go to interview the household, ask the neighbours whether the house is inhabited. If it is occupied, ask the neighbours when the household members will return. Arrange with your supervisor to go back to the dwelling when it will be occupied or at the end of the day. Note those plans on your Cluster Control Sheet and note the time you are to return on the first page of the questionnaire (Household Information Panel). Do not substitute another household.

If no adult is at home, arrange to come back at another time. Do not interview a temporary caretaker of the children, such as a babysitter.

If nobody is at home again when you make the return visit, then mark this household on your form as 'missing'. Your supervisor may instruct you to revisit these households, or to visit another household that has been chosen at random.

If an eligible woman is not at home or not available for the interview, ask a family member or neighbour when she will return. Note this on the Household Information Panel and return to interview her at that time, if possible. If this is not possible, follow your supervisor's instructions to return to the household at

another time. Do not take responses to the Women's Questionnaire from anyone other than the eligible woman.

The person to be interviewed for the Children's Questionnaires, and for the Child Labour module of the Household Questionnaire, should be the mother or other primary caretaker. If she/he is not at home or available for interview, try to find out when she/he will be available and return later. If she/he is not available and will not return at a time later that day when it is feasible to interview her/him, follow the instructions of your supervisor about the number of times you should attempt the interview.

If a child under five is not available, but the mother (caretaker) is, complete the questionnaire for the child and do not complete the last module (Anthropometry). If the child is still not available after the call-back visit, record the result in Q. 5 as "Not Present".

In areas where separate households are difficult to identify, such as multi-household dwellings, treat the entire dwelling as one household, and interview all the women and child caretakers within that dwelling.

Ask your supervisor if you are in doubt about what to do when you cannot locate a household, or you cannot complete an interview. Always keep a record on the Cluster Control Sheet of the households you visited where nobody was at home. If it is not possible to interview an eligible woman, record this on the Household Information Panel of the questionnaire.

Throughout the questionnaire, the codes 9, 99, 999 and 9999 are used for missing information (for example, when the respondent answers "I don't know"). The codes 8, 88, 888 and 8888 are reserved for questions that do not apply to that household or respondent. In many questions, there are instructions to skip additional questions depending on the answer given. When skipping questions, draw a line through them so that your supervisor sees that these were skipped intentionally and not just overlooked.

HOW TO HANDLE AN INTERVIEW

Conduct yourself in a relaxed informal way, but be thorough. Use the questionnaire carefully.

- Ensure that you understand the exact purpose of each question. This will help you to know if the responses you are receiving are adequate.
- Ask the questions exactly as they are written. Even small changes in wording can alter the meaning of a question.
- Ask the questions in the same order as they are given on the questionnaire.
- Ask all the questions, even if the respondent answers two questions at once. You can explain that you must ask each question individually, or say “Just so that I am sure...” or “Just to refresh my memory...”, and then ask the question.
- Help your respondents to feel comfortable, but make sure you do not suggest answers to your questions. For example, do not ‘help’ a woman to remember the age of her child.
- Do not leave a question unanswered unless you have been instructed to skip the question, in which case draw a line through it. Questions left blank are difficult to deal with later. In the office it may look as though you forgot to ask the question. Always write in 0 when a zero answer is given. Write in the code number for responses such as “not applicable” (usually 8 or 88) or “doesn’t know” (usually 9 or 99), when necessary to indicate that you asked the question but were not given a proper answer.
- Record answers immediately. Write down any pertinent remarks made by other people present, and mention who the other people are. Check the whole questionnaire before you leave the household to be sure it is completed correctly.
- Thank the respondent for her (or his) cooperation. Remember the survey schedule and do not stay and talk for too long.

GENERAL POINTS

Dress neatly.

Your appearance gives the respondent’s first impression of you. The way you dress will affect whether your interviewing is successful or not. Dress neatly and simply.

Gain rapport with the respondent.

Try not to arrive at the respondent’s house at an inconvenient time of day, such as a mealtime. Try to arrive when the respondent will not be too busy to answer questions.

Introduce yourself by name and show your identification. Explain the study and why you want to interview the women in the household, exactly as your introduction tells you to.

Be prepared to explain what is meant by confidentiality and to convince respondents to participate if they are reluctant.

If the respondent refuses to be interviewed, note the reasons on the questionnaire, if possible.

Remain calm and polite at all times.

Probe for adequate responses.

Pause and wait if the respondent is trying to remember difficult items.

Ask the respondent to clarify her answer if necessary. You may be misunderstanding her.

Check for consistency between the answers a mother gives. For example, if she tells you that her child received only breastmilk yesterday, she should not answer “yes” to the question “Since yesterday, has she been given anything to drink from a bottle with a nipple or teat?”. If there is an inconsistency, ask the questions again.

HOW TO FILL IN THE HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL

- (1) *Enter the Cluster number as instructed by your supervisor.*
- (2) *Enter the Household number as instructed by your supervisor.*
- (3) *Enter the date of the interview: day/month/year. If the interview is not completed on the first day attempted, revise and enter date of final interview.*
- (4) *Enter your own name or identifying number.*
- (5) *Enter the name of the head of household (HH).*
- (6) *Circle the code for area of residence – that is, 1 for urban or 2 for rural – as instructed by your supervisor.*
- (7) *Circle code for region.*
**SURVEY COORDINATORS SHOULD ADAPT THIS SECTION AS APPROPRIATE.
- (8) *Circle the correct code for the material of the dwelling floor. You will be able to observe the correct answer in most cases, but if in doubt, ask. If there is more than one kind of material making up the floor, record the main flooring material.*
**SURVEY COORDINATORS SHOULD ADAPT THIS SECTION USING LOCALLY RELEVANT SOCIOECONOMIC VARIABLES (HOUSEHOLD BELONGINGS, EDUCATION LEVEL OR OCCUPATION OF HOUSEHOLD HEAD, MATERIAL OF DWELLING ROOF OR FLOOR, ETC.).
- (9) **SURVEY COORDINATORS SHOULD ADAPT, USING THIS SPACE FOR OTHER RELEVANT SOCIOECONOMIC VARIABLES SUCH AS NUMBER OF ROOMS OR ROOMS USED FOR SLEEPING, ETC.
- (10) *If the household modules have been completed, circle 1 for completed. If unable to complete the household part of the questionnaire, circle the reason and note details in the space provided at the bottom of the panel.*
- (11-14) *Fill this section in once you have completed the Household Listing Form on the next page. Count the number of women noted in Column 5 and put this number in Box 11. Count the number of children under five noted in Column 7 and put this number in Box 13. After all eligible women have been interviewed, and questionnaires for each child under age 5 have been completed, note the number of completed forms in the appropriate box. For those interviews not completed, note details in the space provided at the bottom of the panel.*
- (15) *The clerk who enters the data for this household should fill in this cell at the time of data entry.*

Use the space at the bottom of the panel to record the time for any call-backs. Note the number of attempts that were necessary to complete the interviews. Record the reasons for any incomplete or blank forms for this household (eligible women modules, under-five questionnaires, or any household modules that are not completed).

Record other information about the interviews that you think is pertinent.

HOUSEHOLD LISTING FORM

Each successive page of the questionnaire has a space for Cluster number, Household number, and sometimes, Individual number. These must be filled in to avoid misplacing parts of the questionnaire. The codes 9 and 99 are reserved for “doesn’t know”. The codes 8 or 88 are used to indicate that the question is not applicable.

Any adult member of the household can serve as respondent for this section.

Interviewer: **First, please tell me the name of each person who usually lives here, starting with the head of the household.**

Col. 1 Line number: *This is the number used to identify each person listed. You must obtain a complete list of all persons who usually live in the household. A household is a person or group of persons who usually live and eat together. ADAPT THIS DEFINITION TO FIT THE DEFINITION OF A HOUSEHOLD IN USE IN YOUR COUNTRY.*

Col. 2 Name: *Fill in the name of each household member, starting with the head of household (the person who is considered responsible for the household). It is up to the respondent to define who is head.*

*If the household members total more than seven people, mark the box at the top of this page and use another Household Listing page. On the second Listing page, change the line numbers 01-07 to 08-14. Then check that you have included everyone by asking: **Are there any others who live here, even if they are not at home now? (These may include children in school or at work.)** If the answer is “yes”, add those names to the list.*

Once you have a complete list of names, move across the page asking each question for one person. When you have completed the information for the person on line 01, continue to the person listed on line 02, etc.

Col. 3 Sex: *Circle 1 for males, 2 for females.*

Col. 4 Age: *Obtain each person’s age in completed years, that is, his/her age at his/her last birthday. If you have difficulty obtaining the ages of very elderly members of the household, you may enter the code 99, meaning “doesn’t know” or “over age 50”. If a child has not yet reached his/her first birthday, write 00: for example, a child who is 9 months old is coded as 00. If necessary, a more accurate estimate of the child’s age will be obtained later in the questionnaire. You must record an age for each child. Do not leave this item blank for any child.*

Eligibility for individual modules:

Col. 5 *Circle the line number in this column if the household member is a woman between 15 and 49 years of age (this includes those aged 15 and 49).*

Col. 6 *If the household member is a child between 5 and 14 years of age (this includes those aged 5 and 14) insert the line number of his or her mother or principal caretaker in this column.*

Col. 7 *If the household member is a child under 5 years of age (this includes those just born and those age 4) insert the line number of his or her mother or principal caretaker in this column.*

Q. 8 Adult literacy: *If the household member is age 15 or over ask: Can he/she read a letter or newspaper 1=easily, 2=with difficulty, or 3=not at all?*

Circle the answer given, or 9 for “doesn’t know”. Another adult household member can provide this information if the person is not available.

Q. 9 Marital status: *For household members over age 15, circle the code for the response. Throughout this questionnaire ‘marriage’ refers to both formal and informal unions, such as living together.*

Q. 10-13 Orphanhood and living arrangements:

For all children less than 15 years old, we want to know if either of their own natural parents lives in the household. For all household members over age 15, these columns will be left blank. By ‘natural’ we mean the biological parent.

Record whether or not the child’s natural mother is alive by circling 1 or 2 in Column 10. Make sure the respondent understands that you are asking about the woman who gave birth to that child. If the respondent does not know if the natural mother is still alive, circle 9 for “doesn’t know”. If the child’s mother lives in the household, circle 1 in Column 11. Her line number should be recorded in Column 6 or 7. Check that this information is correctly entered.

Go on to Q. 12 and ask the same questions about the child’s natural father.

IF THE INFORMATION WILL BE USED FOR FURTHER ANALYSIS COUNTRIES MAY ADAPT THIS QUESTION TO OBTAIN THE LINE NUMBER OF THE NATURAL FATHER BY ADDING ANOTHER COLUMN.

EDUCATION MODULE

Continue line by line through this module, asking the questions for each household member who is eligible. Questions 15-16 ask about educational attainment for all household members age 5 or older. (If children younger than 5 attend school, this information will be recorded in the Questionnaire for Children Under Five.) Any adult member of the household may provide this information for those not present. Questions 17-22 ask about school attendance for children aged 5 through 17. While the ideal respondent for these questions would be the mother or principal caretaker, any adult member of the household may provide the information.

Q. 15 Has [name] ever attended school?

Circle 1 if the answer is “yes”. If the answer is “no” circle 2 and go on to the household member on the next line.

Q. 16 What is the highest level of school [name] attended? What is the highest grade [name] completed at this level?

If the person has been to school, record the highest level of school attended by circling the code for the response. Enter the highest grade completed at that level; if less than one grade, enter 00.

QUESTIONS 17-22 ON SCHOOL ATTENDANCE OF 5-17-YEAR-OLDS MUST BE ADAPTED IF FIELDWORK IS DONE AT THE END OF ONE SCHOOL YEAR, BETWEEN SCHOOL YEARS, OR AT THE BEGINNING OF A NEW SCHOOL YEAR:

- FOR INTERVIEWS DONE THROUGH THE LAST DAY OF THE FIRST SCHOOL YEAR, THE QUESTIONS ARE UNCHANGED.
- FOR INTERVIEWS DONE DURING THE TIME BETWEEN SCHOOL YEARS AND AT THE BEGINNING OF THE NEW SCHOOL YEAR, THE QUESTIONS RUN AS FOLLOWS: INSERT SCHOOL YEAR DATES* AS APPROPRIATE.
 - 17. DO NOT ASK THIS QUESTION.
 - 18. DURING THE SCHOOL YEAR THAT ENDED IN [MONTH] 1999*, DID [NAME] ATTEND SCHOOL AT ANY TIME?
 - 19. DO NOT ASK THIS QUESTION, BUT CODE THE RESPONSE AS "NOT APPLICABLE" (88).
 - 20. DURING THAT SCHOOL YEAR, WHAT LEVEL AND GRADE DID [NAME] ATTEND?
 - 21. DURING THE PREVIOUS SCHOOL YEAR THAT ENDED IN [MONTH] 1998*, DID [NAME] ATTEND SCHOOL AT ANY TIME?
 - 22. DURING THAT SCHOOL YEAR, WHAT LEVEL AND GRADE DID [NAME] ATTEND?

Q. 17 Is [name] currently attending school?

Circle 1 if the answer is "yes" and skip to Q. 19; draw a line through the skipped question so your supervisor will know you did not need to ask it. If the answer is "no" circle 2. 'Currently' refers to the day of interview. If the interview takes place after school has been released for the day, record whether the child attended school on that day. If the interview takes place on a weekend or school holiday, record whether the child attended school on the most recent day that school was in session.

Q. 18 During the current school year, did [name] attend school at any time?

Ask this question if the child is not attending school at present. Circle the code for the response given. If the answer is "no", skip to Q. 21, drawing a line through the skipped questions.

Q. 19 Since last [day of the week], how many days did [name] attend school?

*For children who are currently attending school, or attended at any time in the past year, record how many days they attended school during the last seven days. Insert the name of the day of interview in the space. For example, if the interview is taking place on a Tuesday, ask: **Since last Tuesday, how many days did [name] attend school?***

Q. 20 Which level and grade is/was [name] attending?

Circle the code number for the level of school attended, and enter the child's current grade, using 01, 02, etc. 'Non-standard curriculum' includes religious schools, such as Koranic schools, which do not teach a full standard school curriculum. 'Preschool' is listed for children who do not attend grade 1 at age 5, but do attend some form of organized learning or early childhood education programme, whether or not such a programme is considered a part of the school system. Circle 9 and enter 99 if the respondent does not know.

WHERE ‘NON-STANDARD CURRICULUM’ SCHOOLS ARE COMMON (THIS WOULD INCLUDE SCHOOLS THAT TEACH ONLY THE KORAN BUT DO NOT INCLUDE OTHER STANDARD COURSES OF STUDY; IF THE SCHOOL TEACHES RELIGIOUS COURSES BUT ALSO INCLUDES STANDARD CURRICULUM – SUCH AS CATHOLIC SCHOOLS – THEN THIS WOULD BE CODED AS ‘STANDARD’), SURVEY COORDINATORS WILL NEED TO ADAPT THIS WORDING. ENSURE THAT INTERVIEWERS AND RESPONDENTS UNDERSTAND WHAT IS MEANT BY A ‘NON-STANDARD CURRICULUM’, SUPPLYING LOCAL NAMES FOR SUCH SCHOOLS IF POSSIBLE. FIELD STAFF MAY NEED TO PROBE FOR THE TYPE OF SCHOOL ATTENDED. FOR THE PURPOSE OF COMPUTING THE GLOBAL INDICATORS, CHILDREN WHO ATTEND SCHOOLS THAT DO NOT TEACH A STANDARD CURRICULUM ARE EXCLUDED FROM THE NUMERATOR.

Q. 21 Did [name] attend school last year?

If the child attended school at any time during the last school year, circle 1. If the answer is “no” or “doesn’t know”, circle the appropriate code and go on to the next household member.

Q. 22 Which level and grade did [name] attend last year?

If the child attended school last year, circle the code for the level of school attended; fill in the child’s grade, or circle 9 and enter 99 for “doesn’t know”. Categories are the same as for Q. 20.

When you have completed the Education module for all household members, prepare the individual questionnaire forms for this household:

For each woman age 15-49 years, write her name and line number at the top of each page in her Women’s Questionnaire:

For each child under age 5, write his/her name and line number and the line number of his/her mother or caretaker at the top of each page in that child’s Children’s Questionnaire.

You should now have a separate questionnaire for each eligible woman and child in the household, ready for use for when you later move on to their questionnaires.

CHILD LABOUR MODULE

This module is to be administered to the caretaker of each child between 5 and 14. (This includes those age 5 and age 14.) SURVEY COORDINATORS MAY DECIDE TO EXTEND THE AGE RANGE, IF DESIRED FOR NATIONAL PURPOSES. [ALL MICS SURVEYS SHOULD INCLUDE CHILDREN AGED 5 THROUGH 14.]

Q. 1 Line number

Insert the line number of the eligible child, copying from the Household Listing, Column 6.

Q. 2 Name

Insert the child’s name, copying from the Household Listing, Column 2. This is included to prevent confusion during the interview.

Q. 3 During the past week, did [name] do any kind of work for someone who is not a member of this household?

If the answer is “yes, did work”, ask if the work was done for pay and circle 1 if the work was done for pay; circle 2 if the work was not done for pay. “Pay” refers to any compensation for the work, including cash or goods or services provided to the child or his family. If 1 or 2 is circled, go on to Q. 4. If the answer is “no, no work done”, circle 3 and skip to Q. 5, drawing a line through the skipped question.

Q. 4 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?

Insert the estimated number of hours the child spent doing work in the past seven days, and skip to Q. 6, drawing a line through the skipped question. Make sure the caretaker understands what you mean by ‘since last [day of the week]’ – specify the name of today’s weekday, as you did in the Education module. If the child works more than one such job, include the total hours spent doing such work in all jobs.

Q. 5 At any time during the past year, did [name] do any kind of work for someone who is not a member of this household?

If the answer is “yes”, ask if the work was done for pay; circle 1 if the work was done for pay, circle 2 if the work was not done for pay. “Pay” refers to any compensation for the work, including cash or goods or services provided to the child or his family. Go on to Q. 6.

Q. 6 During the past week, did [name] help with housekeeping chores such as cooking, shopping, cleaning, washing clothes, fetching water, or caring for children?

Circle 1 if “yes”, and go on to Q. 7. If “no”, circle 2 and skip to Q. 8, drawing a line through the skipped question. ‘The past week’ refers to the seven days preceding the interview day.

Q. 7 Since last [day of the week], about how many hours did he/she spend doing these chores?

Insert the estimated number of hours the child spent doing household chores in the past seven days. Make sure the caretaker understands what you mean by ‘since last [day of the week]’ – specify the name of today’s weekday, just as you did for Q. 4.

Q. 8 During the past week, did [name] do any other family work (on the farm or in a business)?

Circle 1 if “yes”, and go on to Q. 9. If “no”, circle 2 and go to next line for the next eligible child. ‘Other family work’ means any work done other than household chores/housekeeping to help with family income generation or subsistence production. This may include raising livestock belonging to the household, or working in a family business enterprise.

Q. 9 Since last [day of the week], about how many hours did he/she do this work?

Make sure the caretaker understands what you mean by ‘since last [day of the week]’ – specify the name of today’s weekday, just as you did for Q. 4. Insert the estimated number of hours worked.

WATER AND SANITATION MODULE**Q. 1 What is the main source of drinking water for members of your household?**

The purpose of this question is to assess the safety of the household water used for drinking. If several sources are mentioned, probe to determine the most usual source. Circle the code for the most usual source. If the source varies by season, circle the code for the source at the season of interview.

THE PRE-TEST WILL DETERMINE IF ANY ADDITIONAL WATER SOURCES TYPICALLY USED IN YOUR LOCALITY NEED TO BE ADDED TO THIS LIST. BE SURE TO RETAIN THE CATEGORIES SHOWN IN THE QUESTIONNAIRE. THESE WILL DETERMINE THE NUMBER OF HOUSEHOLDS TO COUNT IN THE NUMERATOR OF THE WATER AND SANITATION INDICATORS.

Q. 2 How long does it take to go there, get water, and come back?

This question is used to find out how convenient the source of drinking water is to the dwelling. Fill in the estimated time (in minutes, converting from hours, if necessary) it takes by the usual mode of transport to get to the water source, wait to get water, and get back to the dwelling. Use zero preceding the number if less than 100 minutes, e.g. 060 or 090. If the water source is on the dwelling premises, or if water is delivered to the dwelling by a vendor, record “on premises” by circling 888. Circle 999 for the response “doesn’t know”.

Q. 3 What kind of toilet facility does your household use?

The purpose of this question is to obtain a measure of the cleanliness of the sanitary facility used by the household members. If the respondent answers that the household members use the bush or field, circle 6 for “no facilities” and skip to Q. 5, drawing a line through the skipped question.

A flush toilet to sewage is one in which water carries the waste down pipes to a septic tank connected to the local sewers, whether the water is piped into the toilet or poured in by buckets. A pour flush latrine is one with a water seal such as an aqua privy, or any similar device that creates a seal to prevent fumes and bacteria escaping. A Ventilated Improved Pit latrine (VIP) is a pit latrine that has a route for fumes to escape (usually a pipe), other than the hole itself. A traditional pit latrine is not ventilated.

ANY OTHER USUAL TYPES OF FACILITIES THAT DO NOT FIT INTO THESE CATEGORIES SHOULD ALSO BE LISTED HERE. ADAPT THESE INSTRUCTIONS, ADDING EXPLANATIONS OF ANY ADDITIONAL CATEGORIES. BE SURE TO RETAIN THE CATEGORIES SHOWN ON THE QUESTIONNAIRE. THESE WILL DETERMINE THE NUMBER OF HOUSEHOLDS TO COUNT IN THE NUMERATOR OF THE WATER AND SANITATION INDICATORS.

Q. 4 Is this facility located within your dwelling, or yard or compound?*

THIS QUESTION NEEDS TO BE ADAPTED ACCORDING TO LOCAL CONDITIONS. THE INTENT OF THE QUESTION IS TO FIND OUT IF THE SANITARY FACILITY IS WITHIN THE HOUSEHOLD’S ‘PRIVATE LIVING

AREA'. ENSURE THAT YOU RETAIN THE MEANING WHEN TRANSLATING THIS QUESTION – WITHIN NUCLEAR OR EXTENDED FAMILY'S LIVING SPACE, WHETHER DWELLING, YARD OR COMPOUND.

Q. 5 What happens with the stools of young children (0-3 years) when they do not use the latrine or toilet facility?

Unsanitary disposal of the stools of young children is closely associated with disease. The purpose of this question is to find out how households dispose of these wastes. Circle the number corresponding to the response given. If there are no young children in the household, circle 8 for "not applicable".

THE CATEGORIES SHOWN MAY NOT INCLUDE ALL POSSIBLE ANSWERS. A PRE-TEST OF THESE QUESTIONS MAY SUGGEST ADDITIONAL LOCALLY RELEVANT CATEGORIES THAT ARE NOT INCLUDED HERE. HOWEVER, BE SURE TO RETAIN THE CATEGORIES SHOWN IN THE QUESTIONNAIRE. THESE WILL DETERMINE THE NUMBER OF HOUSEHOLDS TO COUNT IN THE NUMERATOR OF THE WATER AND SANITATION INDICATORS.

SALT IODIZATION MODULE

INFORMATION ABOUT THE RECOMMENDED SALT TEST KIT IS FOUND IN MANUAL TEXT, CHAPTER 3.

Q. 1 We would like to check whether the salt used in your household is iodized. May I see a sample of the salt used to cook the main meal eaten by members of your household last night?

This item is used to record the type of salt used to prepare the family's main meal the day before the questionnaire is administered, and the outcome of the test for salt iodization. Follow the instructions given in training to test the salt, and circle 1 (not iodized) if the test is negative (0 PPM – parts per million – or no colour). Circle 2 if the test shows less than 15 PPM iodine (weak colour). Circle 3 if the test is positive (15 PPM or more, strong colour). Circle 8 for "not applicable" if there is no salt in the home. Circle 9 if the salt was present, but not tested for any reason.

If there are women in the household eligible for interview, continue on. If there are no household members eligible for the Individual interviews (Women's Questionnaires and under-five Children's Questionnaires), end the interview here and thank the respondent. If there are women in the household eligible for interview, continue on. If there are no household members eligible for the Individual interviews (Women's Questionnaires and under-five Children's Questionnaires), end the interview here and thank the respondent

HOW TO FILL IN THE WOMEN'S QUESTIONNAIRE

The modules for women of reproductive age are the Women's Information Panel, Child Mortality, Tetanus Toxoid, Maternal and Newborn Health, Contraceptive Use, and a module about HIV and AIDS knowledge. Only a skilled female interviewer should administer these modules. The interviewer should make every attempt to carry out the woman's interview in privacy. Ask all other household members or anyone else who is present (including male members of the survey team) to leave in a courteous manner. If she is a mother, ask the respondent to collect all the birth certificates and health/immunization cards she has for herself and her children before you begin the interview. You will need these when you go on to interview her about herself and her children under age five.

After you complete the household interview, you should have a form for each individual Women's Questionnaire to be filled in. Make sure you fill in the identifying information (Cluster, Household and Individual line number) at the top of every page so that no pages will be lost.

WOMEN'S INFORMATION PANEL (ADMINISTER TO ALL WOMEN)

Q. 1 Line number

Enter the woman's Individual line number from the Household Listing, Column 5, if you have not already done so.

Q. 2 Name

Enter the woman's name from the Household Listing, Column 2 (used to prevent confusion during the interview).

Q. 3 Date of birth or age

Enter the woman's date of birth or age. This is an important question, because many of the survey results will be calculated by age of the woman. You must obtain the month and year for her date of birth, or her age in completed years, that is, her age at her last birthday.

Q. 3A. In what month and year were you born?

If she knows her date of birth, write it in the space provided and go on to next module. If she does not know her date of birth, circle the 9s for "doesn't know" and ask her age:

Q. 3B. How old were you at your last birthday?

Enter her age in completed years.

If she does not know the answer to either of these questions, probe for clues that might indicate her age. Ask how old she was when she was first married, or first gave birth. Try to find out how long ago she got married or had her first child. (You may be able to find out the age of her oldest child if the child is still living. You may be able to relate her age to someone else in the household whose age is known. You may be able to determine her age based on how old she was when an important event occurred, and the number of years that have since elapsed.)

As a very last resort, if you cannot obtain her age in any other way, you will have to estimate her age. You must fill in this information. Do not leave this item blank.

CHILD MORTALITY MODULE (ADMINISTER TO ALL WOMEN)

These questions are used to collect information about all births the woman has ever had (including births from earlier marriages). The answers are used to estimate childhood mortality rates. It is important that the respondent understands which events to include in these reports. We want to know about all of the woman's natural births, even if the child no longer lives with her and even if the child is no longer alive. We want to know about children who were born alive – ever breathed or cried or showed other signs of life – even if they lived only a few minutes or hours. We do not want you to record any stillbirths (children who were born dead), or miscarriages, or children adopted by the woman, or children of her present husband born to another wife (to whom the respondent did not herself give birth).

Q. 1 Now I would like to ask about all the births you have had during your life. Have you ever given birth?

*This question is used to determine if the Child Mortality module and several subsequent modules should be administered to this woman. If the answer is “yes” circle 1 and go on to Q. 2. If the woman says she has never given birth, read out the probe to make sure the woman understands the meaning of ‘live birth’, as described during your training: **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?** If the answer is still “no”, draw a line through the rest of this module and skip directly to the Contraceptive Use module.*

For each woman who reports at least one birth (whether still alive or now dead), ask:

Q. 2A 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 is the child of a man other than your current partner.

You need to obtain the year of the woman's first birth, which means the very first time she gave birth, even if the child is no longer living, or is the child of a partner other than her current one. As with all questions about dates and ages, you may need to probe to obtain the best information.

Write in the date of the first birth if she knows it, and go on to Q. 3. If she does not know, circle the 9s for “doesn't know”. If she cannot give the date, the number of years elapsed since the birth of her first child is an acceptable answer. Ask:

Q. 2B How many years ago did you have your first birth?

It may be easier to obtain the information using this form of the question, especially if the first child is still alive, in which case the answer is the first child's current age in completed years.

Q. 3 Do you have any sons or daughters to whom you have given birth who are now living with you?

Read the question slowly. The sons and daughters being considered are those who live with her in her household. If “no”, skip to Q. 5, drawing a line through the skipped question.

Q. 4 How many sons live with you? How many daughters live with you?

If the answer to Q. 3 was “yes”, record the numbers of sons and daughters living with the woman in the spaces provided. If the answer is “none” for sons (or if she does not have any sons), record 00 in the space for sons. If the answer is “none” for daughters (or if she does not have any daughters), record 00 in the space for daughters.

Remember, we are interested only in the respondent’s own children – not foster children, children of her husband by another woman, or children of another relative.

Q. 5 Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?

This refers to sons and daughters who are alive but not living with her. For example, they may be living with a relative, staying in a boarding school, been given up for adoption, or may be grown-up children who have left home. Make sure the respondent is not reporting dead children in this question. If she answers “no”, skip the next question, drawing a line through it, and ask Q. 7.

Q. 6 How many sons are alive but do not live with you? How many daughters are alive but do not live with you?

If the answer to Q. 5 was “yes”, record the number of sons and daughters not living with the woman in the space provided. If the answer is “none” for sons (or if she does not have any sons), record 00 in the space for sons. If the answer is “none” for daughters (or if she does not have any daughters), record 00 in the space for daughters.

Q. 7 Have you ever given birth to a boy or girl who was born alive but later died?

*This question is extremely important, but it is often very difficult to obtain accurate information about children who have died. Some respondents may fail to mention children who died very young, so if she answers “no”, it is important to probe by asking: **Any baby who cried or showed signs of life but survived only a few hours or days (or only a short time)?** Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful, but the information is important.*

Q. 8 How many boys have died? How many girls have died?

If the answer to Q. 7 was “yes”, ask this question and record the number of son and daughter deaths in the spaces provided. Record 00 for no deaths, and also if she did not bear any sons (or daughters).

Q. 9 Add the numbers of births reported in Qs. 4, 6 and 8 and write the sum here. Then check:

Q. 10 Just to make sure that I have this right: you have had in total ____ [total number] births during your life. Is this correct?

*Ask the respondent if the total is correct. If she says “no”, first check your addition, and then go back through the list to check with the respondent whether you have obtained the information correctly. For example, starting with Q. 4, you would ask: **You have two sons and one daughter living with you, is that correct?** Do the same for Q. 6 and 8. Correct the answers and the sum entered in Q. 9. Then go on to Q. 11.*

Q. 11 Of these [total number] births you have had, when did you deliver the last one (even if he or she has died)?

This question is used to ascertain the woman's eligibility for the next modules. Enter the date of the woman's most recent birth, even if no longer alive, in the space provided.

*Now check the date of the last child's birth. If the child was born since January 1998** go on to the Tetanus Toxoid module. If the child was born before this date, skip to the Contraceptive Use module, drawing a line through the skipped modules.*

****THIS DATE MUST BE ADJUSTED ACCORDING TO THE DATES OF FIELDWORK. IN THE NEXT TWO MODULES, WE WANT TO COLLECT INFORMATION ONLY FOR BIRTHS THAT OCCURRED IN THE YEAR PRIOR TO THE SURVEY. INSERT THE NAME OF THE MONTH IN WHICH FIELDWORK BEGINS, AND INSERT THE YEAR PREVIOUS TO THE CALENDAR YEAR IN WHICH FIELDWORK TAKES PLACE. FOR EXAMPLE, IF THE SURVEY STARTS IN SEPTEMBER 1999, INFORMATION SHOULD BE COLLECTED FOR BIRTHS THAT TOOK PLACE SINCE 1 SEPTEMBER 1998.**

TETANUS TOXOID (TT) MODULE

The purpose of this module is to obtain information about protection from tetanus for infants through vaccination of their mothers. Neonatal tetanus is easily prevented if a woman receives the immunization while she is pregnant with the baby, or receives several vaccinations against it at an appropriate interval before the birth. Ask these questions even if the baby born within the year is no longer alive.

Q. 1. Do you have a card or other document with your own immunizations listed?

First, ask whether the mother has a vaccination card or other documentary evidence of vaccination. Ask to see this evidence and record that you have seen it. If a card is presented, use it to assist with answers to the following questions.

If no card is available, you must try to find out how long ago the last tetanus toxoid (TT) dose was received, and the total number of TT doses the mother has received in her lifetime. Use the probing questions, and fill in her answers in the boxes provided.

WOMEN WHO DO NOT HAVE IMMUNIZATION CARDS MAY HAVE DIFFICULTY IDENTIFYING WHETHER INJECTIONS THEY RECEIVED WERE TETANUS TOXOID INJECTIONS. SURVEY COORDINATORS MUST ADAPT THE WORDING USED TO DESCRIBE A TETANUS TOXOID INJECTION, AND ANY ADDITIONAL PROBING QUESTIONS SPECIFYING THE SITE MOST FREQUENTLY USED (IN THE ARM OR SHOULDER).

Q. 2. When you were pregnant with your last child, did you receive any injection to prevent him or her from getting convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?

Ask if she received any tetanus toxoid injection during her last pregnancy. Circle 1 for a "yes" response. If the answer is "no" or "doesn't know", circle the appropriate code and skip to Q. 4, drawing a line through the skipped question.

Q. 3 If “yes”: **How many doses of tetanus toxoid (anti-tetanus injections) did you receive during your last pregnancy?**

Enter the number of doses the mother reports in the space provided. If the mother reports two doses during the last pregnancy, it is not necessary to ascertain whether she ever had earlier TT doses: after entering 02, stop here and skip to next module after drawing a line through the rest of this module.

But if she reports only one dose or none during her last pregnancy, or does not know, probe for earlier doses of TT:

Q. 4 **Did you receive any tetanus toxoid injection [additional probes] at any time before your last pregnancy, including during a previous pregnancy or between pregnancies?**

If she reports never having received any TT prior to her last pregnancy, or does not know, circle the appropriate response and skip to Q. 7, drawing a line through the skipped questions.

Q. 5 If “yes”: **How many doses did you receive?**

If she reports only one dose before her latest pregnancy, probe: ask about doses received during or before the next-to-last pregnancy or between pregnancies. Enter her response in the space provided, as in Qs. 2 and 3 above.

Q. 6A **When was the last dose received?**

Ask her the date she received the latest dose of TT prior to her last pregnancy. If she cannot supply the month and year, circle the 9s for “doesn’t know” and ask:

Q. 6B **How many years ago did you receive the last dose?**

Ask her to estimate how long ago she received the last dose of TT, and enter her response.

Q. 7 *Total up the number of doses the mother reports (add doses in Qs. 3 and 5) and enter the total in the box next to Q. 7 (total doses received in lifetime). If she answered “doesn’t know” to Qs. 3 and 5, enter 99 (“doesn’t know”) for her lifetime total.*

MATERNAL AND NEWBORN HEALTH MODULE

The purpose of this module is to obtain information on the health of the mother and newborn child. The module asks about the mother’s health and health care received during pregnancy and during labour and delivery. We also ask about the weight of the child at the time of birth.

Q. 1 **In the first two months after your last birth, did you receive a vitamin A dose like this?**

IF MORE THAN ONE TYPE OF CAPSULE OR DISPENSER IS IN USE, INTERVIEWERS SHOULD BE GIVEN A SAMPLE OF EACH TYPE. THE RECOMMENDED DOSE FOR POST-PARTUM WOMEN IS 200,000 IU.

Vitamin A given to nursing mothers is transferred to her infant and can improve the health status of both mother and child. Show the vitamin A capsule (or method of dispensing) given to nursing mothers. Circle the appropriate code for her response.

Q. 2 Did you see anyone for antenatal care for this pregnancy? If “yes”: Whom did you see? Anyone else?

Antenatal care check-ups help to detect problems associated with pregnancy and delivery. All pregnant women should have routine check-ups. This question refers to any antenatal care given by a health provider during the pregnancy – a check specifically for the pregnancy and not for other reasons. This is a two-part question because if the woman answers “yes”, you must ask whom she saw for the check-up. Ask if she saw more than one person, and record all persons seen. If you are unsure where to place a person mentioned, write the description in the space provided (“Other”) and circle 6. If she saw no one for antenatal checks, circle 0.

THE CATEGORIES OF PROVIDERS MUST BE APPROPRIATELY ADAPTED AND TRANSLATED FOR THE LOCAL CONTEXT, BASED ON THE PRE-TEST. IT IS IMPORTANT TO MAINTAIN THE BROAD CATEGORIES SHOWN HERE. ‘TRADITIONAL BIRTH ATTENDANTS’ MAY BE TRAINED OR UNTRAINED. DOCTORS, NURSES, MIDWIVES, AND AUXILIARY NURSE/MIDWIVES ARE SKILLED HEALTH PERSONNEL WHO HAVE MIDWIFERY SKILLS TO MANAGE NORMAL DELIVERIES AND DIAGNOSE OR REFER OBSTETRIC COMPLICATIONS (WHO, 1997, *Reproductive Health Indicators for Global Monitoring*, Geneva). INTERVIEWERS MUST BE GIVEN THE DEFINITION OF EACH TYPE OF PROVIDER.

Q. 3 Who assisted with the delivery of your last child [or name]? Anyone else?

If the woman is not sure of the status of the person who attended the delivery, for example, if she doesn’t know whether the attendant was a midwife or a traditional birth attendant, probe further. Record all persons assisting at the delivery. If you are unsure where to put a person mentioned, write the description in the space provided (“Other”) and circle 6. If no one attended the delivery, circle 0.

Q. 4 When your last child [name] was born, was he/she very large, larger than average, average, smaller than average, or very small?

Low birthweight babies are at higher risk of serious illness or death than other babies. Mothers are asked to give the baby’s birthweight, and since some babies are not weighed at birth, their subjective assessment of the baby’s size at birth. When the information from women who answer these questions is analysed, we can obtain an indication of what women mean by the subjective categories. This information can provide an estimate of the average birthweight.

Read the entire question exactly as written before accepting an answer. This is the woman’s own opinion about the size of her baby. Even if she knows the child’s birthweight, tell her that you want to know her own idea of whether the baby was “very large”, “larger than average”, “average”, “smaller than average”, or “very small”. If the respondent is unable to tell you, do not try to guess the answer based on the birthweight information or the appearance of the baby; circle 9 for “doesn’t know”.

Q. 5 Was [name] weighed at birth?

If the baby was not weighed at birth, or the mother doesn’t know, skip the next question, drawing a line through it, and go on to Q. 7.

IF Q. 7 AND 8 ARE NOT INCLUDED IN THIS MODULE, THE INTERVIEWER IS INSTRUCTED TO SKIP TO NEXT MODULE.

Q. 6 How much did [name] weigh?

If weighed, record the birthweight in grams. There are two spaces – one if the weight is from a card or written record of the birthweight on a document (vaccination card, antenatal card, or birth certificate). The other – ‘grams from recall’ – is to record the birthweight reported by the mother, if no other record is available. Fill in only one of these spaces, and always record the birthweight from the card when possible. If there is no card, and the mother cannot remember the exact weight, record her best estimate. Only circle the code for “doesn’t know” if she absolutely cannot remember even the approximate weight.

QUESTIONS 7 AND 8 SHOULD BE USED ONLY IN COUNTRIES WHERE A LOCAL TERM FOR NIGHT BLINDNESS EXISTS.

Q. 7 When you were pregnant with your last child, did you have difficulty with your vision during the daylight?

This is a leading question to find out whether the woman has any sight problem.

Q. 8 During that pregnancy, did you suffer from night blindness [insert local term]?

Use the local term that describes night blindness. If the woman describes a problem that you are in doubt about, write down the terms she uses and check with your supervisor.

When you are finished recording, go on to the Contraceptive Use module.

CONTRACEPTIVE USE MODULE

These questions obtain the basic information to estimate contraceptive prevalence rates and types of methods used. The module should be administered to women 15-49 who are currently married or in union.

SOME COUNTRIES MAY WISH TO ASK THESE QUESTIONS OF ALL WOMEN. MARITAL STATUS WAS OBTAINED IN THE HOUSEHOLD LISTING FORM (Q. 9): THE QUESTION IS REPEATED HERE AS A CHECK.

THESE QUESTIONS AND THE ONES IN THE HIV/AIDS MODULE DEAL WITH PRIVATE BEHAVIOUR AND ATTITUDES. EACH COUNTRY COORDINATOR (AND SURVEY ADVISORY GROUP) WILL NEED TO MAKE DECISIONS ABOUT HOW TO INTRODUCE THESE QUESTIONS. A SUITABLE INTRODUCTION, ON THE LINES OF THE SAMPLE INTRODUCTION GIVEN BELOW IN Q. 2, SHOULD BE PROVIDED TO FIELDWORKERS. INTERVIEWERS NEED TO BE ESPECIALLY SKILLED IN BRINGING UP THESE SENSITIVE TOPICS. INTERVIEWERS SHOULD ALWAYS BE FEMALES. MALE INTERVIEWERS SHOULD NOT BE EMPLOYED TO ASK WOMEN THESE QUESTIONS.

If present, male members of field teams (such as supervisors, measurers and drivers) should be asked to leave the interview area.

Q. 1 *Check marital status in Household Listing Form (Q. 9), or ask: Are you currently married or living with a man?*

Record the woman's status at the time of the interview. If the woman is currently married or living in an informal union, circle 1. If she is not in a union now, probe to find out if she has ever been married (circle 3 if never married) and is now widowed, divorced or separated. If one of the latter, circle 2. Remember that in this questionnaire 'married' means living in both formal and informal unions. If she is currently married (or in union) go on to Q. 2. If not, skip to next module after drawing a line through this one.

SURVEY COORDINATORS MAY DECIDE TO ALLOW SEPARATE CODES FOR 'WIDOWED', 'DIVORCED' AND 'SEPARATED'.

Q. 2 *Now I am going to change topics.*

I would like to talk with you about another subject – family planning – and your reproductive health. I know this is a difficult subject to talk about, but it is important that we obtain this information. Of course, all the information you supply will remain strictly confidential. You will never be identified with the answers to these questions.

Are you pregnant now?

This question is important because later questions in this module will not need to be asked of pregnant women. A woman who is pregnant does not need to use contraception! Circle the number corresponding to the response given; if the woman is unsure or does not know for certain if she is pregnant, circle 9 for "doesn't know". If she is pregnant circle 1 and skip to the next module, drawing a line through Qs. 3 and 4.

Q. 3 *Some couples use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?*

Circle 1 if "yes" and go on to ask Q. 4. If the answer is "no", circle 2 and skip to the next module, drawing a line through Q. 4.

Q. 4 *Which method are you using?*

Since methods are effective for different lengths of time, you may have difficulty determining if a particular respondent is currently using a method. Current users of the pill should be taking pills daily. Methods such as condoms, vaginal methods and withdrawal are used with each act of intercourse, so current users of these methods will have used them during the most recent acts of intercourse. Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may be administered 3-6 months earlier and still provide protection. Implants protect against pregnancy for up to 5 years. An IUD protects until removed or expelled. If the woman has been sterilized, you will circle 01 for female sterilization. If her current partner has been sterilized, circle 02 for male sterilization. However, if the woman is no longer living with a former partner who had a vasectomy, this should not be noted as the current method.

Do not prompt the woman. If she mentions more than one method, record only the one appearing first on the list provided. If she mentions a method you do not know of, write her description in the space provided ("Other") and circle 14.

HIV/AIDS MODULE

The purpose of this module is to obtain information to help programme managers and policy makers plan more effective programmes to prevent HIV infection.

First, questions are asked to estimate the respondent's basic knowledge about HIV transmission and AIDS:

Q. 1 Now I would like to talk with you about what you know about serious illness, in particular, about HIV and AIDS.

Have you ever heard of the virus HIV or an illness called AIDS?

This question leads off the discussion about HIV and AIDS, serving as an introduction. The purpose of this question, and the next seven questions, is to estimate a person's level of basic knowledge about HIV transmission and AIDS. If a respondent has never heard of the HIV virus or AIDS, skip to Q. 18 at the end of this module, drawing a line through the skipped questions.

Q. 2 Is there anything a person can do to avoid getting HIV, the virus that causes AIDS?

This question is used to identify respondents for Qs. 3-7. If the answer is "no" or "doesn't know" skip to Q. 8, drawing a line through the skipped questions.

The purpose of Qs. 3-8 is to obtain information about knowledge of correct ways of avoiding infection with HIV, and to assess the prevalence of misconceptions about how the HIV virus is transmitted. Questions 3, 5 and 7 describe three correct ways to protect from HIV infection. Questions 4 and 6 describe two common misconceptions about how HIV is transmitted. A "no" answer to Q. 8 also indicates that respondents are misinformed about HIV.

WHILE CORRECT KNOWLEDGE ABOUT HOW ONE CAN CONTRACT HIV AND HOW TO AVOID IT DOES NOT VARY, MISCONCEPTIONS ABOUT HOW HIV IS SPREAD DO. SURVEY COORDINATORS WILL NEED TO IDENTIFY COMMON MISCONCEPTIONS IN THEIR LOCALITY IN CASE Qs. 4 OR 6 IN THE MODEL QUESTIONNAIRE REQUIRE ADAPTING FOR LOCAL USE. BESIDES MOSQUITOS AND SUPERNATURAL MEANS, COMMON MISCONCEPTIONS MIGHT BE OTHER INSECTS, TOILET SEATS, LOCAL IDEAS OF DISEASE TRANSMISSION, ETC. THE INFORMATION ABOUT WHICH MISCONCEPTIONS ARE COMMON IN YOUR COUNTRY OR LOCALITY MAY COME FROM QUALITATIVE STUDIES CONDUCTED BY OTHER ORGANIZATIONS OR FROM WELL-INFORMED RESEARCHERS OR MANAGERS OF AIDS PREVENTION PROGRAMMES IN YOUR COUNTRY. HOWEVER, Q. 8 SHOULD NOT BE CHANGED.

Q. 3 Now I will read some questions about how people can protect themselves from the AIDS virus. These questions include issues related to sexuality which some people might find difficult to answer. However, your answers are very important to help understand the needs of people in [country name]. Again, this information is all completely private and anonymous. Please answer yes or no to each question.

Can people protect themselves from getting infected with the AIDS virus by having one uninfected sex partner who also has no other partners?

Q. 4 Do you think a person can get infected with the AIDS virus through supernatural means?*

****THIS QUESTION IS ALSO POSED AS: Do you think the AIDS virus can be transmitted by witchcraft?**

IF SUCH A MISCONCEPTION IS COMMON IN YOUR LOCALITY, ADAPTATIONS AND TRANSLATIONS SHOULD RETAIN THIS MEANING.

Q. 5 Can people protect themselves from the AIDS virus by using a condom correctly every time they have sex?

Q. 6 Can a person get the AIDS virus from mosquito bites?
COUNTRIES WITHOUT MOSQUITOS MAY SUBSTITUTE A LOCALLY PREVALENT MISCONCEPTION.

Q. 7 Can people protect themselves from getting infected with the AIDS virus by not having sex at all?

Do not prompt the respondent, or indicate the 'correct' answers in any way. Circle the codes for the responses given. If the respondent cannot provide a "yes" or "no" answer, circle 9 for "doesn't know".

Q. 8 Is it possible for a healthy-looking person to have the AIDS virus?
Another common misconception is that a person with AIDS or HIV always looks ill. This question is asked of every woman who has heard of HIV or AIDS. Circle the code for the response given and go on to Q. 9.

An understanding of more in-depth AIDS-related knowledge is obtained with Qs. 9-12, which aim to elicit whether the woman knows that the HIV virus can be transmitted vertically:

Q. 9 Can the AIDS virus be transmitted from a mother to a child?
If the respondent answers "no" or "doesn't know" to this question, draw a line through the next three questions and skip to Q. 13.

Q. 10 Can the AIDS virus be transmitted from a mother to a child during pregnancy?

Q. 11 Can the AIDS virus be transmitted from a mother to a child during delivery?

Q. 12 Can the AIDS virus be transmitted from a mother to a child through breastmilk?

Circle the codes corresponding to the answers given, and go on to the next question.

Attitudes toward persons with AIDS and discrimination against them affect efforts to prevent transmission and to care for persons with AIDS. The following questions obtain information about discriminatory attitudes and practices:

Q. 13 If a teacher has the AIDS virus but is not sick, should he or she be allowed to continue teaching in school?

Q. 14 If you knew that a shopkeeper or food seller had AIDS or the virus that causes it, would you buy food from him or her?

Circle the codes for the responses given.

The last three questions aim to obtain information about the level of ‘unmet need’ for HIV testing. They first ask about experience of HIV testing. Voluntary testing and counselling are now encouraged, in the belief that if a person knows his/her status, he/she is more likely to adopt behaviours to prevent contracting the virus or (if HIV-positive) transmitting it. Many of those who get tested do not return to learn the result of the test, but the proportion of those who return should rise as the quality of pre-test counselling improves. It is important to obtain an estimate of the number of those tested who return to learn the result, in order to monitor this proxy indicator of the quality of available counselling and the level of demand for such services.

Before you ask the questions about AIDS testing, preface them with the introduction given below in Q. 15. OR USE A SIMILAR STATEMENT DESIGNED BY THE SURVEY TEAM.

Q. 15 I am not going to ask you about your HIV status [use term understood locally], but we are interested to know how much demand there is in your community for HIV testing and counselling. So, I would like to ask you:

I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?

If the respondent answers that she has been tested, circle 1 and go on to ask Q. 16. If her answer is “no” draw a line through the next question and skip to Q. 17.

Q. 16 I do not want you to tell me the results of the test, but have you been told the results?

It is important that you do not attempt to find out the HIV status of any respondent who has been tested, or imply that you have any interest in knowing her HIV status. Ask the question, ensuring that the respondent knows that you are not interested in learning the result of any test she may have undergone.

Q. 17 At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?

This question is asked of all those who have heard of HIV/AIDS and aims to find out if individuals know of a source where an HIV test can be performed. Even if the respondent has been tested, we ask this question because the original testing place may no longer be accessible to the respondent.

Q. 18 Check: *Is the woman a caretaker of any children under five years of age?*

If yes, go on to the Children’s Questionnaire and administer one questionnaire for each child under five for whom she is the caretaker. If no, go to Q. 19.

Q. 19 Check: *Does another eligible woman reside in the household?*

If yes, end the current interview by thanking the woman for her cooperation and administer the Women’s Questionnaire to the next eligible woman.

If no, end the interview with this woman by thanking her for her cooperation.

If all children have been weighed and measured, the interviews for this household are now complete. Gather together all the questionnaires for this household and tally the number of interviews completed on the Household Information Panel.

Before you leave the household, check to ensure that all the questionnaires were completed in full and that there are no blanks left. Be sure to distinguish between true zero answers and missing data or “doesn’t know” answers.

Make sure to fill in the Cluster and Household number at the top of each form before leaving the dwelling. Clip the pages together as instructed and give them to your supervisor.

HOW TO FILL IN THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE

A separate questionnaire should be filled in for each child in the household less than 5 years old – check Column 4 on the Household Listing Form. Fill in the line number of each child, the line number of the child's mother or caretaker (Household Listing, Column 7) and the Cluster and Household numbers in the space at the top of each page. Fill in the child's name and age and go through each question module with the mother or caretaker. Circle the number corresponding to the mother's response where indicated. Make sure all identifying information is filled in correctly. Continue until all children in the household under age 5 have been covered.

BIRTH REGISTRATION AND EARLY LEARNING MODULE

Throughout these instructions the term 'mother' is used to refer to the child's natural mother or other primary caretaker.

Q. 1 Child's name

Enter the child's name from the Household Listing here.

Q. 2 Child's age

Fill in the child's age in completed years as stated in the Household Listing, Column 4. You will use this, or correct and use this, to ascertain eligibility for certain questions later on in this questionnaire. Enter a zero before the digit.

Q. 3 Now I would like to ask you some questions about the health of each child under the age of five in your care, who lives with you now.

Now I want to ask you about [name].

In what month and year was [name] born?

Probe: What is his/her birthday?

Ask the mother or caretaker for the child's date of birth. If the month or day contains only one digit, use a zero to fill in the first space: for example, the month of March is coded as 03. If the mother knows the exact birth date, also enter the day of birth. Otherwise, enter 99 in the space for day of birth. It is important to record the child's month and year of birth accurately, especially if the Immunization and Anthropometry modules are included in the survey. Then go on to Q. 4.

Q. 4 Does [name] have a birth certificate? May I see it?

This question is used to verify that the child's correct age can be computed, but also aims to provide an estimate of the extent of birth registration in your country.

Circle the code for the response, noting whether or not the certificate was presented. If a certificate is presented, verify the birth date you were given for Q. 3 and correct it if necessary; then draw a line through the next three questions and skip to Q. 8. If no birth certificate is presented, and the mother is unsure of the exact date, try to verify the date using another

document (health card, etc.). Be cautious about accepting the date from an immunization card or other document that may have been obtained some time after the child's birth. Check this date with the mother to be sure she thinks this date is accurate. Go on to Q. 5 if no certificate is shown.

CHECKING REPORTED BIRTH DATES WITH A BIRTH OR OTHER CERTIFICATE IS A COMMON SURVEY PROCEDURE. HOWEVER, SURVEY COORDINATORS MUST BE SENSITIVE TO LEGAL ISSUES SURROUNDING BIRTH REGISTRATION. IF THERE IS A LEGAL BURDEN ON PARENTS TO REGISTER EVERY BIRTH, AND ESPECIALLY IF SANCTIONS ARE IN PLACE FOR NON-REGISTRATION, IT MAY BE DIFFICULT TO OBTAIN ACCURATE RESPONSES TO THIS QUESTION. PRE-TEST RESULTS SHOULD BE EXAMINED CAREFULLY AND THE QUESTIONNAIRE REVISED ACCORDINGLY. RESPONDENTS MUST BE ASSURED THAT THE INFORMATION ABOUT INDIVIDUAL FAMILIES WILL NEVER BE GIVEN TO AUTHORITIES, AND THAT THEY CANNOT BE IDENTIFIED IN ANY WAY.

If the birth certificate is unobtainable, or if none exists, and the mother is unsure of the birth date, you will need to probe further to obtain the best possible estimate of the date. If the mother can give a year of birth, but not the month, probe to try to estimate the month. You will have to convert the month to a number, as you have been instructed.

If you cannot estimate the child's month of birth from this information, you may need to find out in which season he/she was born. If it is still not possible to estimate the child's month of birth, write 99 in the space for month. If you cannot ascertain the day of birth, write 99 in the space provided for day. Do not leave these columns blank.

You must record a year of birth. If the mother cannot give a year of birth, you may need to use a calendar of important events to estimate the child's year of birth. If there is no other way to estimate the year of birth, relate the child's birth to another child in the household for whom the date is known. You will need to use your judgement to estimate a year of birth for each child.

WHEN EVENT CALENDARS OR OTHER PROBING QUESTIONS ARE EMPLOYED, SURVEY COORDINATORS MUST SUPPLY APPROPRIATE TRAINING IN THEIR USE.

. EXAMPLE:

If the mother does not know the date of birth or current age of her child, try asking **How many years ago was [name] born?** You may help her by relating the child's age to that of other children or to some important event or to the season of birth, by asking, for example, **How many wet seasons ago was [name] born?**

Remember, ages must be at last birthday; that is, the child must have already passed or celebrated that birthday.

Q. 5 Has [name]'s birth been registered?

Ask this question if no birth certificate was presented. If the answer is "yes" circle 1 and skip to Q. 8, drawing a line through the skipped questions. If the answer is "no" circle 2 and go on to Q.

6. If the answer is “doesn’t know” circle 9 and skip to Q. 7, drawing a line through the skipped question.

Q. 6 Why is [name]’s birth not registered?

This question aims to elicit the reason for non-registration. Circle the code corresponding to the answer given. If more than one reason is given circle all that apply.

ADJUST RESPONSE CATEGORIES FOLLOWING PRE-TEST. USE MOST FREQUENTLY CITED REASONS, ALLOWING A SPACE TO WRITE IN OTHER RESPONSES.

Q. 7 Do you know how to register your child’s birth?

The purpose of this question is to assess how important lack of knowledge (of the process of registering or, if applicable, the place to go to register) may be among the reasons for non-registration. This information can inform advocacy efforts and help to formulate education campaigns.

Circle the code for the response given. If no response is provided, circle 8 for “no answer”.

Q. 8 Check the child’s age in Q. 2 above. If three years old or more, ask:

Does [name] attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?

This question aims to find out if any under-fives are participating in early learning activities. Circle the appropriate code. If the answer to this question is “no” or “doesn’t know”, draw a line through the next question and skip to next module. If the child is under three and hence not eligible for this question, draw a line through this and the next question and skip to the next module. You must ensure that the mother or caretaker understands the meaning of ‘early childhood education programme’, explaining it as instructed.

SURVEY COORDINATORS WILL NEED TO SUPPLY APPROPRIATE LOCAL TERMS FOR THESE TYPES OF EDUCATION PROGRAMMES. BABYSITTING OR CHILD-MINDING, EVEN IF DONE IN A SPECIAL PLACE SUCH AS A DAY-CARE CENTRE, DOES NOT QUALIFY AS SUCH A PROGRAMME UNLESS IT INCLUDES ORGANIZED LEARNING ACTIVITIES. IF YOU ARE UNSURE WHETHER A PROGRAMME QUALIFIES AS AN ‘EARLY CHILDHOOD EDUCATION PROGRAMME’, CONTACT THE EDUCATION CLUSTER, UNICEF NEW YORK.

Q. 9 Within the last seven days, about how many hours did [name] attend?

If the response to Q. 8 was “yes”, then ask this question and record the estimated number of hours the child attended in the last seven days. Enter a zero first if the number is one digit.

VITAMIN A MODULE

Q. 1 Has [name] ever received a vitamin A capsule (supplement) like this one?

This question asks if the child has received a supplement. Show the sample capsule or dispenser you were given to help the mother remember. (You may be instructed to show several different capsules, asking the mother to identify the correct one.) Circle the code for her answer. If the child has never received a vitamin A supplement, or the mother/caretaker does not know if he/she has ever received one, draw a line through this module and skip to the next one.

Q. 2 How many months ago did [name] take the last dose?

If the answer to Q. 1 was “yes” record the number of months ago the last dose was given to the child. Circle 99 if the mother does not know.

Q. 3 Where did [name] get this last dose?

This question is meant to provide information for health programmes about where children are most likely to get their vitamin A dose. Circle the code corresponding to the answer given. If the dose was obtained from a source not listed, write the description next to “Other” and circle 4.

TWO OPTIONAL QUESTIONS TO MEASURE USE OF FORTIFIED FOODS, AND FOUR QUESTIONS TO ESTIMATE THE PREVALENCE OF NIGHT BLINDNESS IN CHILDREN AGED 2 THROUGH 4, ARE SUPPLIED IN APPENDIX TWO. THE LATTER QUESTIONS ON NIGHT BLINDNESS ARE TO BE ASKED ONLY IN COUNTRIES WHERE THERE IS A LOCAL TERM FOR NIGHT BLINDNESS. THESE QUESTIONS ARE USED TO CALCULATE BASELINE INDICATORS FOR MONITORING THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS PROGRAMME.

BREASTFEEDING MODULE

Q. 1 Has [name] ever been breastfed?

This question asks if the child has ever been breastfed. It includes any breastfeeding experience of the child – not necessarily by the mother. If the answer is “yes”, circle 1 and go on to Q. 2. If the answer is “no” or “doesn’t know”, circle the appropriate code and skip to Q. 4, drawing a line through the skipped questions.

Q. 2 Is he/she still being breastfed?

Breastfeeding is defined as putting the child to the breast at least once a day. Circle the appropriate code for the response given. If the answer is “yes”, ask the next question. If the child is no longer breastfed, or the caretaker doesn’t know, draw a line through the next question and skip to Q. 4.

The next questions ask about what the child was fed in the preceding 24 hours.

Q. 3 Since this time yesterday, did he/she receive any of the following?

*The purpose of this question is to determine what other liquids or foods the child was given in addition to breastmilk. Prompt by asking each listed question in turn: **Did [name] receive vitamin or mineral supplements or medicine? Did he/she receive plain water?** and so on through the list. Use the local terms that were defined during your training. Make sure that the*

caretaker understands the questions, particularly what you mean by ‘since this time yesterday’. (Specify to the mother: mid-morning, mid-afternoon, etc., depending on the time of the interview.) Circle the appropriate code for each answer: 1 = “yes”, 2 = “no”. If the caretaker does not know the answer, repeat the question using other local words for the fluid or food: if the answer is still not known, circle 9 for “doesn’t know”. If a mother mentions a liquid which does not fit into one of the categories listed, write the description in the space provided in 3F and circle 1.

Q. 4 Since this time yesterday, has [name] been given anything to drink from a bottle with a nipple or teat?

This question asks if the child was bottle-fed in the last 24 hours, and can be used to estimate the rate of bottle-feeding. Make sure the mother understands the question, using local words for nipple or teat. It does not matter what was in the bottle (milk, water, teas, juices), only whether or not a bottle was used.

CARE OF ILLNESS MODULE

These questions aim to find out if the child has recently had diarrhoea or any other illness and, if so, what treatments, drinks and foods the child took during the episode. A diarrhoea episode is defined as three or more loose or watery stools per day, or blood in the stool on any day, or as defined by the mother.

Q. 1 Has [name] had diarrhoea in the last two weeks, that is, since [day of the week] of the week before last?

*Record the mother’s answer by circling the appropriate code. If a respondent is not sure what is meant by diarrhoea, tell her it means **three or more loose or watery stools per day, or blood in the stool**. Make sure the respondent understands what is meant by ‘in the last two weeks’.*

If the child has had diarrhoea in the last two weeks, circle 1 for “yes” and skip to Q. 3, drawing a line through the skipped question. If the child has not had diarrhoea in the last two weeks or the caretaker doesn’t know, circle 2 for “no” or 9 for “doesn’t know”, and go on to Q. 2.

Q. 2 In the last two weeks, has [name] had any other illness, such as cough or fever, or any other health problem?

Accept the caretaker definition of whether or not the child has been ill. Illnesses that started more than two weeks ago but finished within the last two weeks should also be included. If the answer is “yes”, circle 1 and skip to Q. 4. If the answer is “no” or “doesn’t know”, circle code and skip to Q. 11.

Q. 3 During this last episode of diarrhoea, did [name] drink any of the following?

*We want to know what the child took to drink during the last episode of diarrhoea. Ask each question separately: **Was [name] given breastmilk? Was he/she given cereal-based gruel or gruel made from roots or soup?** and so forth. Circle the correct code for each answer: 1 for “yes”, 2 for “no” and 9 for “doesn’t know”. You will be given a list of locally defined acceptable home fluids, like sugar-salt solution, yogurt drink, and so on. If the respondent answers “water”,*

ask if this was the only drink offered, or if it was accompanied by other feeding. Ask about other fluids considered unacceptable by the local Control of Diarrhoeal Disease (IMCI) programme: you will be given a list of these. If the child took nothing to drink – code 1 for item 3I in this question – draw a line through the next question (already answered) and skip to Q. 5.

Q. 4 During [name]’s illness, did he/she drink much less, about the same, or more than usual?

If dehydrated, a child may take more fluids than usual. We want to know if the pattern of fluid consumption changed during the illness. Ask the question just as it is worded here. Read out the entire question, and circle the appropriate code for the mother’s response.

For those children who had diarrhoea in the past two weeks, ‘illness’ in this and the next question refers to the diarrhoea episode. Disregard any additional illness these children might have had.

Get the caretaker’s best judgement of the relative amount of total fluids actually consumed by the child. All fluids are included, not just special ones given during diarrhoea. For example, water, tea, fruit juice, breastmilk, and formula are included as well as special fluids such as oral rehydration solution.

*Try to find out what actually happened, not what the caretaker thinks ought to have happened. An answer such as “A child with diarrhoea (or “A child who is ill”) needs more fluids” is not satisfactory. You would need to ask: **But how much did your child actually drink during this diarrhoea (or other illness, as appropriate)?***

It may be difficult to estimate the relative amount of breastmilk taken by the child. The caretaker may make an estimate based on whether the child nursed longer or more frequently.

Q. 5 During [name]’s illness, did he/she eat less, about the same, or more food than usual? If “less”, probe: **Much less or a little less?**

During an episode of diarrhoea or other illness a child may change the amount usually eaten. Ask the question just as it is worded on the questionnaire. If the mother’s answer is “less than usual”, probe to try to find out if she thinks the amount was “somewhat less” or “much less” than usual. Circle the code for her response.

The focus in this question is on how much food was actually consumed by the child. If the caretaker offered more food than usual, but the child ate much less, the answer is “much less”; circle 2.

If the child is very young and the mother replies that he/she takes only fluids or breastmilk (i.e. has not started ‘eating’ yet), there is no need to probe, since ‘drinking’ and ‘eating’ count as the same for this child. Circle the answer for this question (eating) that comes closest to the answer you circled for Q. 4 (drinking).

Q. 6 Has [name] had an illness with a cough at any time in the last two weeks, that is, since [day of the week] of the week before last?

'Illness with a cough' means a cold or other acute respiratory illness with a cough. If a caretaker says "He coughs all the time" or "She's been coughing for months", do not count this as 'illness with a cough' since it is a chronic problem. If the answer is "no" or "doesn't know", circle the appropriate code and skip to Q. 11, drawing a line through the skipped questions. If the symptoms started before but continued into the two-week period, this counts as a "yes".

Q. 7 When [name] had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?

*This question is asked to find out if the child has or had an illness needing assessment by a health professional (as defined by the CDD/IMCI programme). If the caretaker asks "What do you mean by 'fast breathing'?" you may say **noticeably faster than normal when the child is rested**. If the caretaker asks "What do you mean by 'difficulty breathing'?" you may say **The child sounded/looked as if he/she was having trouble breathing**, or you may give other explanations that were developed and tested during the adaptation and pre-testing of the questionnaire. Some societies have specific words for rapid breathing: in north-east Brazil, for example, canseira, meaning 'tiredness', is specifically identified with this symptom. Circle the appropriate code. If the answer is "yes", go on to the next question. Otherwise skip to Q. 11, drawing a line through the skipped questions.*

Q. 8 Were the symptoms due to a problem in the chest or a blocked nose?

This question aims to find out if the problem needs assessment by a health professional, which does not include a simple cold. If you circled 2 for "problem in chest", 3 for "both", or 9 for "doesn't know", go on to the next question. If the symptoms were from a blocked nose (1) or "Other" (8: write the description), skip to Q. 11, drawing a line through the skipped questions.

Q. 9 Did you seek advice or treatment for the illness outside the home?

'Seeking care outside the home' means going outside the family or household for advice or treatment. Seeking care could include anything from asking a neighbour for advice, to holding a religious ceremony on the child's behalf, to going to a hospital. If a physician or other provider visits the household to give care this counts as seeking care outside the home. The child may or may not have accompanied the caretaker when she sought care. For example, going to buy medicine without the child counts as seeking care.

If the answer is "yes", go on to Q. 10. Otherwise skip to Q. 11.

Q. 10 From where did you seek care? After the first reply, ask: Anywhere else?

Keep asking until all providers are mentioned, but do not suggest or prompt any answers. Circle the appropriate code for every provider mentioned. If an unlisted provider is mentioned, write the description in the "Other" space.

Q. 11 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?

This question needs to be asked only once of each caretaker. If the mother or caretaker cares for more than one child under age five, ask Q. 11 when completing the first child's questionnaire. Put a line through the question on the forms for subsequent children of the same mother or caretaker.

*Do not prompt by mentioning the symptoms listed. If the caretaker mentions a few signs and then stops, continue by asking **Any others?** until you are satisfied that she has understood you and has told you all the signs she considers important. If you are not sure whether a particular sign reported by the mother fits in one of the categories listed, write the description in full and check with your supervisor later.*

MALARIA MODULE

THIS MODULE IS FOR USE IN COUNTRIES OR REGIONS AT HIGH RISK OF MALARIA. WHO DEFINES MALARIA RISK AREAS BY THE PROPORTION OF FEBRILE CHILDREN AGED 2-59 MONTHS BROUGHT TO A HEALTH FACILITY. A HIGH-RISK SETTING IS DEFINED AS ONE WHERE MORE THAN 5 PER CENT OF FEBRILE CHILDREN HAVE PARASITAEMIA ON A BLOOD SMEAR. A LOW MALARIA RISK AREA IS ONE WHERE 5 PER CENT OR LESS OF FEBRILE CASES ARE PARASITAEMIC, BUT WHERE THE RISK IS NOT NEGLIGIBLE. A SETTING IS CONSIDERED AS HAVING NO MALARIA RISK IF MALARIA TRANSMISSION DOES NOT NORMALLY OCCUR AND IMPORTED MALARIA IS UNCOMMON. IF IN DOUBT ABOUT HOW TO APPLY THIS MODULE, CONSULT THE LOCAL IMCI OR WHO OFFICE, AND MAKE A DECISION WITH YOUR SURVEY ADVISORY GROUP.

SEE THE MANUAL TEXT, CHAPTER 3, FOR EXAMPLES OF HOW THESE DATA CAN BE USED TO PROVIDE INFORMATION FOR DESIGNING AND EVALUATING PROGRAMMES TO IMPROVE MALARIA TREATMENT.

These questions will provide the basic data to calculate indicators of malaria treatment practices and use of insecticide-treated bednets. Fever is a symptom of malaria, and in areas where malaria is prevalent mothers are advised to take action to treat for malaria as soon as fever begins.

Q. 1 In the last two weeks, that is, since [day of the week] of the week before last, has [name] been ill with a fever?

A response of "yes" is appropriate if the fever occurred at any time during the two weeks before the interview, or started before this period but continued into the two weeks prior to interview, even if it has now ended. If the answer is "no" or "doesn't know", skip to Q. 8, drawing a line through the skipped questions.

Q. 2 Was [name] seen at a health facility during this illness?

A 'health facility' is defined locally, and includes only facilities employing trained health personnel. These facilities may be either public or private. This does not include traditional healers, religious practitioners or pharmacies. If those types of providers are mentioned, ask again; record the response as "no" if no appropriate facility, as defined during your training, is mentioned, and skip to Q. 6, drawing a line through the skipped questions.

Q. 3 Did [name] take a medicine for fever or malaria that was provided or prescribed at the health facility?

The purpose of this question is to find out whether the child was treated for the fever as a result of that visit, or with medicine prescribed by a health provider.

If "yes", go on to Q. 4. If "no" or "doesn't know", skip to Q. 5.

Q. 4 What medicine did [name] take that was provided or prescribed at the health facility?

SURVEY COORDINATORS: FOR QS. 4 AND 8, ADAPT THE CATEGORIES OF DRUGS AS LOCALLY APPROPRIATE, USING INFORMATION FROM THE PRE-TEST AND ADVICE OF LOCAL HEALTH PROVIDERS. GIVE THE INTERVIEWERS A TRAY OR SAMPLES OF THE MOST COMMON ANTIMALARIALS AND OTHER COMMON DRUGS FOR FEVER IN USE LOCALLY.

This question is asked about which medicines received at the health facility were given to the child. If the mother does not know which drugs were given, show her the tray of locally used antimalarials and anti-fever drugs. If she says the child received medicine and does not know the name, write the description in the space provided next to "Other".

Q. 5 Was [name] given medicine for the fever or malaria before being taken to the health facility?

The purpose of this question is to find out if the child received any drugs for the fever at home (including antipyretics and antimalarials), before he/she was taken to the health facility.

If "yes", skip to Q. 7. If "no" or "doesn't know", skip to Q. 8.

Q. 6 Was [name] given medicine for fever or malaria during this illness?

This question is asked for children who were not taken to a health facility. If "yes", go on to Q. 7. If "no", skip to Q. 8.

Q. 7 What medicine was [name] given?

Circle all codes that apply. If the mother does not know which drugs were given, show her the tray of locally used antimalarials and anti-fever drugs. If she says the child received medicine and does not know the name, write the description in the space provided next to "Other".

THE FOLLOWING QUESTIONS MAY BE USED IN AREAS WHERE IMPREGNATED BEDNETS ARE BEING PROMOTED, OR THEY MAY BE ASKED IN ALL HIGH-RISK MALARIA AREAS, PROVIDING A BASELINE AGAINST WHICH FUTURE PROGRESS IN USE OF IMPREGNATED BEDNETS CAN BE JUDGED.

Q. 8 Did [name] sleep under a bednet last night?

Record whether the child slept under a bednet, regardless of whether the net was shared with others. If the answer is “yes”, circle 1 and ask the next question; otherwise draw a line through the rest of this module and skip to the next one. If the child did not sleep at home the previous night, ask about the last night spent at home.

Q. 9 Was this bednet ever treated with a product to kill mosquitos?

Make sure the caretaker understands the question. Use other words (local terms for insecticide, insect repellant, etc.) if needed. If the answer is “yes”, go on to Q. 10; otherwise draw a line through the rest of this module and skip to the next one.

Q. 10 When was the bednet last treated?

If the answer to Q. 9 was that the bednet was previously treated, ask when. If the caretaker reports that the bednet was treated, but does not know when, try to help him/her provide an approximate date by relating the treatment to specific seasons or dates.

IMMUNIZATION MODULE

This module is used to obtain the percentages of children under five who have received BCG, DPT3, OPV3 and measles immunization.

Q. 1 Is there a vaccination record for [name]?

If the answer is “yes”, ask to see the vaccination card. If the mother does not have a proper vaccination card but the vaccine doses are registered in another document (for example, a booklet with records of clinic visits), consider this as being a card. Copy the dates of all relevant vaccinations in the spaces provided.

Remember that the vaccines may be listed on the card in a different order than the one that appears on the questionnaire. Be sure to check the card carefully because sometimes the month may be listed first, sometimes the day. Be careful to record the dates correctly. Be careful not to record a scheduled appointment date for the child’s next immunizations: record only the dates vaccinations were actually given. Be patient and read the card thoroughly. If a card shows that a vaccination was given but no date recorded, write “44” in the “day” column.

The remaining questions in the module (Q. 6 onwards) are asked to fill in all the gaps. Ask Q. 6 when a card is available, since the child might have received vaccinations that were not recorded on the card. For children without a card, skip from the first question to Q. 7. If the answer to Q. 7 is “yes,” continue with Q. 8 through Q. 15, otherwise skip to Q. 15.

Q. 6 In addition to the vaccinations shown on this card, did [name] receive any other vaccinations – including vaccinations received in a National Immunization Day?

This question applies only when a card is available. It is possible that some of the vaccinations received by the child were not recorded: for example, the mother may have forgotten to bring the card to the health facility, or attended a National Immunization Day.

If the answer is “yes,” record “yes” only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s). You can refer to the information already obtained from the vaccination card to make sure that the mother/caretaker is referring only to these vaccines. Probe for vaccinations and write “66” in the corresponding day column in Q. 2 through Q. 5. For example, if two doses of DPT were recorded on the card, and another dose was given but not recorded, the answer to Q. 4c should be “44” in the column for “Day.”

If a vaccination card is not available, ask Qs. 7-15 to obtain the child’s vaccination status. Describe the vaccination techniques in detail to the caretaker and provide further explanations if needed. When mentioning the vaccines or the specific diseases, use local synonyms if needed. We are not interested in injections for treating a disease – antibiotics, antimalarials, etc. – but only in vaccines.

Q. 7 Has [name] ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a National Immunization Day campaign?

Read this question only to respondents without a vaccination card, i.e. if the answer to Q. 1 was 2 for “Yes, not seen” or 3 for “No”. If the answer to Q. 7 is “No” or “DK” skip to Q. 15.

Q. 8 Has [name] ever been given a BCG vaccination against tuberculosis – that is, an injection in the left shoulder that caused a scar?

*ADAPT LOCALLY, USING MOST COMMON VACCINATION SITE.
Circle the appropriate code.*

Q. 9 Has [name] ever been given any ‘vaccination drops in the mouth’ to protect him/her from getting diseases – that is, polio?

Circle the appropriate code. If the answer is “Yes” go on to Q. 10. If the answer is “No” or “doesn’t know” skip to Q. 12, drawing a line through the skipped questions.

Q. 10 How old was he/she when the first dose was given – just after birth or later?

Circle the appropriate code.

Q. 11 How many times has he/she been given these drops?

Fill in the number.

Q. 12 Has [name] even been given ‘vaccination injections’ – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria? (Sometimes given at the same time as polio)

ADAPT LOCALLY, USING MOST COMMON VACCINATION SITE.

Circle the appropriate code. If the answer is “Yes” go on to Q. 13. If the answer is “No” or “Doesn’t know” skip to Q. 14, drawing a line through the skipped question.

Q. 13 How many times?

Fill in the number.

Q. 14 Has [name] ever been given ‘vaccination injections’ – that is, a shot in the arm at the age of 9 months or older – to prevent him/her from getting measles?

Circle the appropriate code.

Measles vaccine is normally given as an injection in the arm. In some countries, some children may receive it as an injection in the thigh. If the mother specifically mentions measles vaccine but refers to an injection in the thigh, accept the answer as valid.

If the child is overdue for his/her measles shot, refer to a health facility.

Q. 15 Please tell me if [name] has participated in any of the following National Immunization Days:

Circle the codes as appropriate.

SURVEY COORDINATORS: YOU MUST INSERT THE DATES AND TYPES OF VACCINATION GIVEN IN THE MOST RECENT NID CAMPAIGNS IN YOUR COUNTRY. IF POSSIBLE, INCLUDE THE SEASON IN WHICH EACH NID TOOK PLACE, BECAUSE SOME MOTHERS MAY NOT BE ABLE TO IDENTIFY A PRECISE DATE.

This question is asked to inform immunization programmes. It also provides a check on Q. 6 for children with a vaccination card, since doses given in National Immunization Days are usually not recorded on the card. If the respondent answers “Yes” here to at least one of the dates, check back to Q. 6: if the answer given there was “No”, ask again.

When you have finished with the Immunization module, go on to the next module.

ANTHROPOMETRY MODULE¹

Each child is weighed and measured, and the result recorded on his/her questionnaire. Be sure the weight for each child is recorded on the correct questionnaire, checking the child’s name and line number at the top of the page. Follow instructions for weighing as you were trained; see Appendix Four, Anthropometric Techniques.

¹ For more details on anthropometry techniques, see *How to Weigh and Measure Children*, DP/UN/INT-81-041-6E (New York: UN National Household Survey Capability Programme, 1986), a summary of which is included in Appendix Four of this manual; and *Demographic and Health Surveys Interviewer’s Manual*, DHS-II Basic Documentation-4 (Columbia, Md.: Institute for Resource Development, 1990).

The mother may assist you, if necessary, when you weigh the child. Always insist that the child should be weighed naked, but if this is absolutely impossible, make a detailed list of all pieces of clothing worn by the child during the exam, including diapers, underwear, footwear, headwear, etc.

Weighing (and measuring) should be done only when you have completed the questionnaires for all children in the household. That will allow you to become familiar with the household members. If there is more than one eligible child in a household, complete all weighing and measuring for that child before going on to the next child. If there is more than one mother of eligible children, weigh and measure all her children before proceeding to the next mother's children.

When you weigh and measure, you must control the child. Be firm but gentle with the child. Stay calm. The mother and the child will feel your confidence. Never leave a child alone with a piece of equipment.

Explain the weighing procedure to the mother, and to the child, to help reduce fear. Sometimes, young children are very uncooperative. You must decide if the process is causing undue stress and must be stopped. Do not weigh or measure a child if the mother refuses, or if the child is too sick or distressed.

Q. 1 Child's weight.

The child should be weighed according to the instructions given during training. Record the result to the nearest tenth of a kilo (100 grams). Place the kilograms to the left of the decimal point and grams to the right of the decimal point. Write a zero first if the number of kilos is one digit.

Q. 2 Child's length or height.

For children under 2 years, record recumbent length (i.e. lying down), to the nearest tenth of a centimeter. If the child is aged 2 years or more, measure standing height. Write a zero first if the number of centimeters is two digits.

Q. 3 Measurer's identification code.

Record the measurer's code number.

Q. 4 Result.

Record whether the measurement was made, or the reason it was not made.

Q. 5 Check: *Is there another child in the household who is eligible for measurement?*

If yes, record the measurements for the next child.

If no child remains to be measured and all questionnaires for this household have been completed, end the interview with this household by thanking all participants for their cooperation.

Before you leave the dwelling, gather together all the questionnaires for this household and tally the number of interviews completed on the Household Information Panel. Check to ensure that all the

questionnaires were completed in full and that there are no blanks left. Be sure to distinguish between true zero answers and missing data or “doesn’t know” answers.

Make sure to fill in the Cluster and Household number at the top of each form used for this household before leaving the dwelling. Clip the pages together as instructed and give them to your supervisor.

FILLING IN THE CLUSTER CONTROL SHEET²

This section is written for both supervisors and interviewers.

Select households to be included in the Cluster for that day as you have been instructed by the survey coordinator.

Instructions for filling in the Cluster Control Sheet:

1. Insert the number of each household you are assigned in this cluster, with the name of each household head from the Household Information Panel.
2. Record the number of eligible women and children in the household from the Household Listing Form.
3. Record the number of completed individual forms (of women and children under five). Note on the Control Sheet the times for revisits to empty households, and the times to interview women or caretakers who could not be interviewed on the first visit. Keep a record of where these households are located by drawing a sketch map on the back of the page, if necessary.
4. **Supervisors:** Begin to check the completed questionnaires, inserting numerical codes where necessary. Look for incomplete identifications, or gaps where there should be a number. Send back questionnaires which are clearly in error.
5. When all the interviews have been completed, check that the questionnaires and the Control Sheet have been filled in correctly and as many forms as possible have been completed. Add up the number of eligible women and children and the number of completed interviews on the Control Sheet. Add any comments in the Notes section (problems encountered, etc.).
6. Check that you have all the questionnaires as indicated by the total for completed interviews in (3) above.
7. Ensure that all the forms carry complete identification of the Cluster, Households, and Individuals (Woman, Caretaker, Child).
8. Note any problems and discuss them with interviewers, if possible, before leaving the community.

² This section is adapted from *A Manual for Measurement of Childhood Mortality with Simple Surveys*, developed for WHO in conjunction with UNICEF by the Centre for Population Studies, London School of Hygiene and Tropical Medicine, June 1990.

9. Collect all the completed questionnaires for one cluster folded together in the Control Sheet.