

## Appendix F. Questionnaires



### QUESTIONNAIRE FOR CHILDREN UNDER FIVE [JAMAICA]

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

Repeat greeting if not already read to this respondent:

I AM FROM THE STATISTICAL INSTITUTE OF JAMAICA. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (name)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

UF9. Result of interview for children under 5  <i>Codes refer to mother/caretaker.</i>	Completed .....01 Not at home .....02 Refused .....03 Partly completed .....04 Incapacitated .....05 Other (specify) ..... 96
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UF10. Field Editor (Name and Number):  Name: .....	UF11. Data entry clerk (Name and number):  Name .....
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UF12. Record the time.	Hour and minutes.....__ __ : __ __	
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AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day .....__ __</p> <p>DK day.....98</p> <p>Month.....__ __</p> <p>Year .....__ __ __</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p>Record '0' if less than 1 year.</p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) .....__</p>	

EARLY CHILDHOOD DEVELOPMENT		EC																				
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None ..... 00 Number of children's books ..... 0 ____ Ten or more books ..... 10																					
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.  DOES HE/SHE PLAY WITH:  [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?  [B] TOYS FROM A SHOP OR MANUFACTURED TOYS?  [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?  If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	<table border="0"> <tr> <td></td> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>Homemade toys .....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>Toys from a shop .....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>Household objects or outside objects .....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> </table>			Y	N	DK	Homemade toys .....	1	2	8		Toys from a shop .....	1	2	8		Household objects or outside objects .....	1	2	8		
		Y	N	DK																		
Homemade toys .....	1	2	8																			
Toys from a shop .....	1	2	8																			
Household objects or outside objects .....	1	2	8																			
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.  ON HOW MANY DAYS IN THE PAST WEEK WAS (name):  [A] LEFT ALONE FOR MORE THAN AN HOUR?  [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?  If 'none' enter '0'. If 'don't know' enter '8'	Number of days left alone for more than an hour ..... ____  Number of days left with other child for more than an hour ..... ____																					
EC4. Check AG2: Age of child <input checked="" type="checkbox"/> Child age 3 or 4 Continue with EC5 <input checked="" type="checkbox"/> Child age 0, 1 or 2 Go to Next Module																						
EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes ..... 1 No ..... 2 DK ..... 8	2 EC7 8 EC7																				
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	Number of hours ..... ____ ____																					
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):  If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?  Circle all that apply.	<table border="0"> <tr> <td></td> <td>Mother</td> <td>Father</td> <td>Other</td> <td>No one</td> </tr> <tr> <td>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>		Mother	Father	Other	No one	[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	A	B	X	Y											
	Mother	Father	Other	No one																		
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	A	B	X	Y																		

[B] TOLD STORIES TO <i>(name)</i> ?	Told stories	A	B	X	Y
[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i> , INCLUDING LULLABIES?	Sang songs	A	B	X	Y
[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y
[E] PLAYED WITH <i>(name)</i> ?	Played with	A	B	X	Y
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i> ?	Named/counted	A	B	X	Y
EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.  CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes ..... 1 No..... 2  DK ..... 8				
EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes ..... 1 No..... 2  DK ..... 8				
EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes ..... 1 No..... 2  DK ..... 8				
EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes ..... 1 No..... 2  DK ..... 8				
EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?	Yes ..... 1 No..... 2  DK ..... 8				
EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes ..... 1 No..... 2  DK ..... 8				
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes ..... 1 No..... 2  DK ..... 8				
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes ..... 1 No..... 2  DK ..... 8				
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes ..... 1 No..... 2  DK ..... 8				
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes ..... 1 No..... 2  DK ..... 8				

BREASTFEEDING		BF
BF1. HAS <i>(name)</i> EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	2 BF3 8 BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER <i>(name)</i> HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  DID <i>(name)</i> <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF4. DID <i>(name)</i> <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2 BF6 8 BF6
BF5. HOW MANY TIMES DID <i>(name)</i> DRINK INFANT FORMULA?	Number of times..... _ _	
BF6. DID <i>(name)</i> <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2 BF8 8 BF8
BF7. HOW MANY TIMES DID <i>(name)</i> DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times..... _ _	
BF8. DID <i>(name)</i> <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF9. DID <i>(name)</i> DRINK ( <b>CLEAR BROTH/SOUP</b> ) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF10. DID <i>(name)</i> <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF11. DID <i>(name)</i> DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF12. DID <i>(name)</i> <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF13. DID <i>(name)</i> <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2 BF15 8 BF15

BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... __ __	
BF15. DID ( <i>name</i> ) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2 DK ..... 8	
BF16. DID ( <i>name</i> ) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2 DK ..... 8	2⇒BF1 8 8⇒BF1 8
BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... __ __	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes ..... 1 No..... 2 DK ..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> HAD DIARRHOEA?	Yes ..... 1 No ..... 2 DK..... 8	2 CA7 8 CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH <i>(name)</i> WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).  DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?  <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 DK..... 8	
CA3. DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?  <i>If "less", probe :</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 DK..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS <i>(name)</i> GIVEN TO DRINK ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>  [A] A FLUID MADE FROM A SPECIAL ORSPACKET?  [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	<div style="text-align: right;">Y N DK</div> Fluid from ORS packet..... 1 2 8  Pre-packaged ORS fluid ..... 1 2 8  Specify _____	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ..... 1 No ..... 2 DK..... 8	2 CA7 8 CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic</p> <p>Amoxil ..... A1</p> <p>Ampicillin ..... A2</p> <p>Bactrim ..... A3</p> <p>Evithromucin ..... A4</p> <p>Other Antibiotic ..... A5</p> <p>Antimotility ..... B</p> <p>Zinc ..... C</p> <p>Other (Not antibiotic, antimotility or zinc) ... G</p> <p>(Specify) .....</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic ..... L</p> <p>Non-antibiotic ..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous ..... O</p> <p>Home remedy / Herbal medicine ..... Q</p> <p>Other (specify) ..... X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only ..... 1</p> <p>Blocked or runny nose only ..... 2</p> <p>Both ..... 3</p> <p>Other (specify) ..... 6</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p>	<p>Public sector</p> <p>Govt. hospital ..... A</p> <p>Govt. health centre ..... B</p> <p>Govt. health post ..... C</p> <p>Village health worker ..... D</p> <p>Mobile / Outreach clinic ..... E</p> <p>Other public (specify) ..... H</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... I</p> <p>Private physician ..... J</p> <p>Private pharmacy ..... K</p> <p>Mobile clinic ..... L</p> <p>Other private medical (specify) ..... O</p> <p>Other source</p> <p>Relative / Friend ..... P</p>	



_____	Shop ..... Q Traditional practitioner ..... R Other ( <i>specify</i> ) ..... X	
( <i>Name of place</i> )		
CA12. WAS ( <i>name</i> ) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?	Antibiotic Pill / Syrup Amoxil ..... A1 Ampicillin ..... A2 Bactrim ..... A3 Evithromucin..... A4 Other Antibiotic..... A5  Injection ..... B  Anti-malarials..... M  Paracetamol / Panadol / Acetaminophen... P Aspirin ..... Q Ibuprofen ..... R  Other ( <i>specify</i> ) ..... X DK..... Z	
Probe: ANY OTHER MEDICINE?		
Circle all medicines given. Write brand name(s) of all medicines mentioned.		
_____		
( <i>Names of medicines</i> )		
CA14. Check AG2: Child aged under 3?		
<input type="checkbox"/> Yes ⇒ Continue with CA15 <input type="checkbox"/> No ⇒ Go to Next Module		
CA15. THE LAST TIME ( <i>name</i> ) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine ..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open..... 06  Other ( <i>specify</i> ) ..... 96 DK..... 98	

IMMUNIZATION										IM
<p>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16 are for registering vaccinations that are not recorded on the card. IM6-IM16 will only be asked when a card is not available.</p>										
IM1. DO YOU HAVE A CARD OR CHILD HEALTH PASSPORT WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN?  (If yes) MAY I SEE IT PLEASE?						Yes, seen..... 1 Yes, not seen ..... 2 No card ..... 3				1⇒IM3 2⇒IM6
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (name)?						Yes ..... 1 No ..... 2				1⇒IM6 2⇒IM6
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.						Date of Immunization				
						Day	Month		Year	
BCG		BCG								
POLIO 1		OPV1								
POLIO 2		OPV2								
POLIO 3		OPV3								
DPT1		DPT1								
DPT2		DPT2								
DPT3		DPT3								
HEPB1		H1								
HEPB2		H2								
HEPB3		H3								
HIB1		HIB1								
HIB2		HIB2								
HIB3		HIB3								
MEASLES (OR MMR)		MEASLES								
IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?  <input type="checkbox"/> Yes ⇒ Go to IM19  <input type="checkbox"/> No ⇒ Continue with IM5										

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p><i>Record 'Yes' only if respondent mentions vaccines shown in the table above.</i></p>	<p>Yes ..... 1  <i>(Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM19)</i></p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM19  8⇒IM19</p>
<p>IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM19  8⇒IM19</p>
<p>IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p>IM8. HAS (name) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM11  8⇒IM11</p>
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>IM11. HAS (name) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM13  8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>IM13. HAS (name) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM16  8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours ..... 1</p> <p>Later ..... 2</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>IM16. HAS (name) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	

IM19. Please tell me if ( <i>name</i> ) has participated in any of the following campaigns, national immunization days or child health days:  _____ (Name of campaign)	Y N DK Campaign .....1 2 8	
IM20. WHERE DID ( <b>NAME</b> ) RECEIVE MOST OF HIS/HER VACCINATION?	Public clinic ..... 1 Private facility..... 2	

UF13. Record the time.	Hour and minutes ..... : ..	
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<p>UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to the next <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> to be administered to the same respondent</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation</p> <p>Check to see if there are other woman's or under-5 questionnaires to be administered in this household.</p> <p>If Yes, move to another woman's or under-5 questionnaire.</p> <p>If No, gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the household Information Panel the number of Interviews completed.</p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



HOUSEHOLD INFORMATION PANEL		HH
HH1. Parish ..... Constituency..... Enumeration District.....	HH2: Dwelling Number ..... Household number.....	
HH3. Interviewer Name and Number: .....	HH4. Supervisor Name and number: .....	
HH5. Day / Month / Year of interview: ..... / ..... / .....		
HH6. Area: Urban ..... 1 Rural..... 2 KMA..... 3	HH7. Region:	

I AM FROM **THE STATISTICAL INSTITUTE OF JAMAICA**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **30 MINUTES**. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW? ☐ Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview. ☐ No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: .....	
HH9. Result of household interview: Complete..... 01 No household member or no competent respondent at home at time of visit..... 02 Entire household absent for extended period of time..... 03 Refused..... 04	Dwelling vacant / Address not a dwelling..... 05 Dwelling destroyed..... 06 Dwelling not found..... 07 Other (specify) ..... 96
HH10. Respondent to household questionnaire: Name: ..... Line Number: .....	HH11. Total number of household members: .....
HH12. Number of women age 15-49 years: .....	HH13. Number of woman's questionnaires completed: .....
HH14. Number of children under age 5: .....	HH15. Number of under-5 questionnaires completed: .....
HH16. Field Editor (Name and number ) Name .....	HH17. Data entry clerk (Name and number): Name .....



Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman and each child under five in the household.

\* Codes for HL3: Relationship to head of household

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



EDUCATION										ED									
For household members age 5 and above										For household members age 5-24 years									
ED1. Line number	ED2. Name and age  Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?  WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?										
Line	Name	Age	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade						
01			0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK	98 DK	1	2	0 1 2 3 8	98 DK	1	2	8	0 1 2 3 8							
02					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
03					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
04					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
05					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
06					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
07					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
08					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
09					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
10					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
11					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
12					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
13					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
14					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							
15					1	2	0 1 2 3 8		1	2	8	0 1 2 3 8							

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling.....11 Piped into compound, yard or plot.....12 Piped to neighbour.....13 Public tap / standpipe.....14 Tube Well, Borehole .....21 Dug well Protected well .....31 Unprotected well .....32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection (incl. tanks) .....51 Tanker-truck.....61 Cart with small tank / drum .....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Bottled water .....91 Other ( <i>specify</i> ) .....96	11 WS6 12 WS6 13 WS6 14 WS3 21 WS3 31 WS3 32 WS3 41 WS3 42 WS3 51 WS3 61 WS3 71 WS3 81 WS3 96 WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling .....11 Piped into compound, yard or plot.....12 Piped to neighbour.....13 Public tap / standpipe .....14 Tube Well, Borehole .....21 Dug well Protected well .....31 Unprotected well .....32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank / drum .....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Other ( <i>specify</i> ) .....96	11 WS6 12 WS6 13 WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .....1 In own yard / plot .....2 Elsewhere .....3	1 WS6 2 WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... _ _ _ DK .....998	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?  <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years).....1 Adult man (age 15+ years) .....2 Female child (under 15).....3 Male child (under 15) .....4 DK .....8	

WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒WS8 8⇒WS8
WS.7 WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?  <i>Probe:</i> ANYTHING ELSE?  <i>Record all items mentioned.</i>	Boil ..... A Add bleach / chlorine ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F  Other ( <i>specify</i> ) ..... X DK ..... Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?  <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?  <i>If necessary, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else ..... 14 Flush to unknown place / Not sure / DK where ..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) .... 21 Pit latrine with slab ..... 22 Pit latrine without slab / Open pit ..... 23  Composting toilet ..... 31 Bucket ..... 41 Hanging toilet, Hanging latrine ..... 51  No facility, Bush, Field ..... 95 Other ( <i>specify</i> ) ..... 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes ..... 1 No ..... 2	2⇒Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) ..... 1 Public facility ..... 2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ____ Ten or more households ..... 10 DK ..... 98	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christianity ..... 1 (Denomination) ..... Hinduism ..... 2 Rastafarianism ..... 3  Other religion ( <i>specify</i> ) ..... 6  No religion ..... 7	
HC1C. TO WHAT RACE/ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Negro ..... 1 Chinese ..... 2 Indian ..... 3 Caucasian ..... 4 Mixed ..... 5  Other ethnic group ( <i>specify</i> ) ..... 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... _ _	
HC3. <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>	Natural floor Earth / Sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm / Bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35  Other ( <i>specify</i> ) ..... 96	
HC4. <i>Main material of the roof.</i>  <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch / Palm leaf ..... 12 Sod ..... 13 Rudimentary Roofing Rustic mat ..... 21 Palm / Bamboo ..... 22 Wood planks ..... 23 Cardboard ..... 24 Finished roofing Metal ..... 31 Wood ..... 32 Calamine / Cement fibre ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36  Other ( <i>specify</i> ) ..... 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls ..... 11</p> <p>Cane / Palm / Trunks ..... 12</p> <p>Dirt ..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud ..... 21</p> <p>Stone with mud ..... 22</p> <p>Uncovered adobe ..... 23</p> <p>Plywood ..... 24</p> <p>Cardboard ..... 25</p> <p>Reused wood ..... 26</p> <p>Finished walls</p> <p>Cement ..... 31</p> <p>Stone with lime / cement ..... 32</p> <p>Bricks ..... 33</p> <p>Cement blocks ..... 34</p> <p>Covered adobe ..... 35</p> <p>Wood planks / shingles ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>																									
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity ..... 01</p> <p>Liquefied Petroleum Gas (LPG) ..... 02</p> <p>Natural gas ..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene ..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal ..... 07</p> <p>Wood ..... 08</p> <p>Straw / Shrubs / Grass ..... 09</p> <p>Animal dung ..... 10</p> <p>Agricultural crop residue ..... 11</p> <p>No food cooked in household ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																								
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen ..... 1</p> <p>Elsewhere in the house ..... 2</p> <p>In a separate building ..... 3</p> <p>Outdoors ..... 4</p> <p>Other (<i>specify</i>) ..... 6</p>																									
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A CHAIR?</p> <p>[G] A TABLE?</p>	<table> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>Electricity ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>Radio ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>Television ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>Non-mobile telephone ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>Refrigerator ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>Chair ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>Table ..... 1</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity ..... 1	1	2	Radio ..... 1	1	2	Television ..... 1	1	2	Non-mobile telephone ..... 1	1	2	Refrigerator ..... 1	1	2	Chair ..... 1	1	2	Table ..... 1	1	2	
	Yes	No																								
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Television ..... 1	1	2																								
Non-mobile telephone ..... 1	1	2																								
Refrigerator ..... 1	1	2																								
Chair ..... 1	1	2																								
Table ..... 1	1	2																								

[H] A SOFA?	Sofa ..... 1 2	
[I] A KITCHEN CUPBOARD/CABINET?	Kitchen Cupboard/Cabinet ..... 1 2	
[J] A BED?	Bed ..... 1 2	
[K] A GAS / ELECTRIC STOVE?	Gas/Electric Stove ..... 1 2	
[L] A MICROWAVE OVEN?	Microwave Oven ..... 1 2	
[M] AN AIR CONDITIONER / COOLER?	Air Conditioner/ Cooler ..... 1 2	
[N] A FAN?	Fan..... 1 2	
[O] A WASHING MACHINE?	Washing Machine ..... 1 2	
[P] A CLOTHES DRYER?	Dryer ..... 1 2	
[Q] A DISHWASHER?	Dishwasher ..... 1 2	
[R] A WATER HEATER?	Water Heater ..... 1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WATCH?	Watch ..... 1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone ..... 1 2	
[C] A BICYCLE?	Bicycle ..... 1 2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter ..... 1 2	
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart ..... 1 2	
[F] A CAR OR TRUCK?	Car / Truck..... 1 2	
[G] A BOAT WITH A MOTOR?	Boat with motor ..... 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?  <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>  <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	Own ..... 1 Rent ..... 2  Other (Not owned or rented) ..... 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ..... 1 No ..... 2	2⇒HC13
HC12. HOW MANY HECTARES/ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?  <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	Hectares ..... • .....  Acres ..... Sq. Chains .....	

<b>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</b>	Yes ..... 1 No ..... 2	2⇒HC15
<b>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</b>  [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS?  <i>If none, record '00'.</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i>	Cattle, milk cows, or bulls.....__ __ Horses, donkeys, or mules.....__ __ Goats.....__ __ Sheep.....__ __ Chickens.....__ __ Pigs.....__ __	
<b>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</b>	Yes ..... 1 No ..... 2	

CHILD LABOUR											CL	
To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.												
Now I would like to ask about any work children in this household may do.												
CL1. Line number	CL2. Name and Age  Copy from Household Listing Form, HL2 and HL6	CL3. During the past week, did (name) do any kind of work for someone who is not a member of this household?  If yes: For pay in cash or kind?	CL4. Since last (day of the week), about how many hours did he/she do this work for someone who is not a member of this household?  If more than one job, include all hours at all jobs.	CL5. During the past week, did (name) fetch water or collect firewood for household use?	CL6. Since last (day of the week), about how many hours did he/she fetch water or collect firewood for household use?	CL7. During the past week, did (name) do any paid or unpaid work on a family farm or in a family business or selling goods in the street?  Include work for a business run by the child, alone or with one or more partners.	CL8. Since last (day of the week), about how many hours did he/she do this work for his/her family or himself/herself?	CL9. During the past week, did (name) help with household chores such as shopping, cleaning, washing clothes, cooking, or caring for children, old or sick people?	CL10. Since last (day of the week), about how many hours did he/she spend doing these chores?			
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	
01			1	2	3							
02			1	2	3							
03			1	2	3							
04			1	2	3							
05			1	2	3							
06			1	2	3							
07			1	2	3							
08			1	2	3							
09			1	2	3							
10			1	2	3							
11			1	2	3							
12			1	2	3							
13			1	2	3							
14			1	2	3							
15			1	2	3							



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

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

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

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

**Table 2: Selection of Random Child for Child Discipline Questions**

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

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

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

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number ..... _ _	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name)</u> IN THE PAST MONTH.		
CD11. TOOK AWAY PRIVILEGES FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes..... 1 No ..... 2	
CD12. EXPLAINED WHY <u>(name)</u> 'S BEHAVIOR WAS WRONG.	Yes..... 1 No ..... 2	
CD13. SHOOK HIM/HER.	Yes..... 1 No ..... 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes..... 1 No ..... 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes..... 1 No ..... 2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes..... 1 No ..... 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes..... 1 No ..... 2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes..... 1 No ..... 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes..... 1 No ..... 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes..... 1 No ..... 2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes..... 1 No ..... 2	
CD21A. ISOLATED HIM/HER.	Yes..... 1 No ..... 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE	Yes..... 1 No ..... 2	

PHYSICALLY PUNISHED?	Don't know / No opinion..... 8	
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HANDWASHING		HW
HW1. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS?	Observed ..... 1  Not observed Not in dwelling / plot / yard ..... 2 No permission to see ..... 3 Other reason ..... 6	  2 ⇒ HW4 3 ⇒ HW4 6 ⇒ HW4
HW2. <i>Observe presence of water at the specific place for hand washing.</i>  <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available ..... 1  Water is not available ..... 2	
HW3. <i>Record if soap or detergent is present at the specific place for hand washing.</i>  <i>Circle all that apply.</i>  <i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i>	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Sanitizer ..... E None ..... Y	A ⇒ HH19 B ⇒ HH19 C ⇒ HH19 E ⇒ HH19
HW4. DO YOU HAVE ANY SOAP SANITIZER OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes ..... 1  No ..... 2	  2 ⇒ HH19
HW5. CAN YOU PLEASE SHOW IT TO ME?  <i>Record observation. Circle all that apply.</i>	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Sanitizer ..... D Not able / Does not want to show ..... Y	

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

HH20. *Does any eligible woman age 15-49 reside in the household?*

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

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

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

☐ *No ⇒ Continue.*

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

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

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

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

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

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

# QUESTIONNAIRE FOR INDIVIDUAL WOMEN[JAMAICA]



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

*Repeat greeting if not already read to this woman:*

I AM FROM THE STATISTICAL INSTITUTE OF JAMAICA. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

☐ Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.

☐ No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed .....01 Not at home .....02 Refused .....03 Partly completed .....04 Incapacitated .....05 Other (specify) ..... 96
WM8. Field Editor (Name and number): Name .....	WM9. Data entry clerk (Name and number): Name .....

WM10. Record the time.	Hour and minutes ..... : ..	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month..... 98  Year ..... DK year..... 9998	
WB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) .....	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Secondary ..... 2 Higher ..... 3	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter "00"</i>	Grade .....	
WB6. Check WB4:  <input type="checkbox"/> Secondary above grade nine or higher. ⇒ Go to Next Module  <input type="checkbox"/> Primary or Secondary below grade ten ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3  No sentence in required language ..... 4 <i>(specify language)</i>  Blind/mute, visually/speech impaired ..... 5	



CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2 ⇒ DOMESTIC VIOLENCE
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?  I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.	Date of first birth Day ..... DK day ..... 98  Month ..... DK month ..... 98  Year ..... DK year ..... 9998	
CM12. OF THESE BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?  <i>Month and year must be recorded.</i>	Date of last birth Day ..... DK day ..... 98  Month .....  Year .....	
CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in <b>2009</b>  <input type="checkbox"/> No live birth in last 2 years. ⇒ Go To ATTITUDES TOWARD DOMESTIC VIOLENCE Module.  <input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the child  Name of child _____  <i>If child has died, take special care when referring to this child by name in the following modules.</i>  <i>Continue with the next module.</i>		

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p> <p><i>Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH ( <i>name</i> ), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No ..... 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months..... 1 __ __ Years ..... 2 __ __ DK..... 998	

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary midwife ..... C  Other person Traditional birth attendant ..... F Community health worker ..... G  Other (specify) ..... X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... DK ..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure .....	1	2												
Urine sample .....	1	2												
Blood sample .....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  MAY I SEE IT PLEASE?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK ..... 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN9  8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times ..... DK ..... 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN17  <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9														

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒MN17</p> <p>8⇒MN17</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times ..... _</p> <p>DK..... 8</p>	<p>8⇒MN17</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</p>	<p>Years ago ..... _ _</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i></p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor ..... A</p> <p>Nurse/ Midwife..... B</p> <p>Auxiliary midwife..... C</p> <p>Other person</p> <p>Traditional birth attendant..... F</p> <p>Community health worker..... G</p> <p>Relative/Friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one ..... Y</p>	

<p>MN21. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1          No ..... 2          DK ..... 8</p>	<p>2⇒MN23          8⇒MN23</p>
<p>MN22. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1          ____ • ____ (kg)..... 1          ____ (lbs) ____ (ozs.) ..... 2          From recall ..... 2          ____ • ____ (kg)..... 1          ____ (lbs) ____ (ozs.) ..... 2          DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes ..... 1          No ..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1          No ..... 2</p>	<p>2⇒Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.          If less than 24 hours, record hours.          Otherwise, record days.</i></p>	<p>Immediately ..... 000          Hours..... 1 ____          Days ..... 2 ____          Don't know/remember ..... 998</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV	
DV1. SOMETIMES A HUSBAND/PARTNER IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE/PARTNER DOES. IN YOUR OPINION, IS A HUSBAND/PARTNER JUSTIFIED IN HITTING OR BEATING HIS WIFE /PARTNER IN THE FOLLOWING SITUATIONS:		Yes	No	DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling .....	1	2	8	
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children .....	1	2	8	
[C] IF SHE ARGUES WITH HIM?	Argues with him .....	1	2	8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8	
[E] IF SHE BURNS THE FOOD?	Burns food .....	1	2	8	
[F] IF SHE IS UNFAITHFUL?	Is unfaithful .....	1	2	8	
DV2. PLEASE TELL ME IF YOU THINK A HUSBAND/PARTNER IS EVER JUSTIFIED IN DOING ANY OF THE FOLLOWING TO HIS WIFE/PARTNER		Yes	No	DK	
[A] EMBARRASSING HER IN FRONT OF OTHERS?	Embarrassing her	1	2	8	
[B] THREATENING HER OR SOMEONE CLOSE TO HER WITH HARM?	Threatening	1	2	8	
[C] RESTRICTING HER CONTACT WITH FRIENDS OR FAMILY?	Restricting	1	2	8	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man ..... 2 No, not in union ..... 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years ..... __ __ DK ..... 98	⇒MA7 ⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No ..... 3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... __ __	

LIFE SATISFACTION		LS
LS1. Check WB2: Age of respondent is between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to WM11 <input type="checkbox"/> Age 15-24 ⇒ Continue with LS2		
<p>LS2. NOW I WOULD LIKE TO ASK YOU SOME VERY SIMPLE QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, I WOULD LIKE TO KNOW WHERE YOU WOULD PLACE YOURSELF: WHETHER YOU ARE VERY OR SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, OR SOMEWHAT OR VERY UNSATISFIED.</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Give response card to respondent and prompt her to look at the card while and after you ask each question from LS2 to LS10.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Does not have family ..... 0</p> <p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	

LS3. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Does not have friends ..... 0 Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS4. HOW SATISFIED ARE YOU WITH YOUR SCHOOL?	Does not go to school..... 0 Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS5. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?	Does not have a job ..... 0 Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS6. HOW SATISFIED ARE YOU WITH YOURSELF?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS7. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?  IF NECESSARY, EXPLAIN THAT THE QUESTION REFERS TO THE LIVING ENVIRONMENT, INCLUDING THE NEIGHBOURHOOD AND THE DWELLING.	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS9. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?	Does not have any income..... 0 Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS10. TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY OR SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, OR SOMEWHAT OR VERY UNHAPPY?	Very happy ..... 1 Somewhat happy..... 2 Neither happy nor unhappy ..... 3 Somewhat unhappy..... 4 Very unhappy ..... 5	
LS11. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED OR WORSENERED, OVERALL?	Improved ..... 1 More or less the same ..... 2 Worsened ..... 3	



LS12. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER OR WORSE, OVERALL?	Better ..... 1 More or less the same ..... 2 Worse ..... 3	
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WM11. <i>Record the time.</i>	Hour and minutes ..... : .....	
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WM12. <i>Check Household Listing Form, column HL9.</i> <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i>  <input checked="" type="checkbox"/> <i>Yes</i> <input checked="" type="checkbox"/> <i>Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i>  <input checked="" type="checkbox"/> <i>No</i> <input checked="" type="checkbox"/> <i>End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.</i>
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**RESPONSE CARD**

**Very  
Satisfied**

**Somewhat  
satisfied**

**Neither  
satisfied, nor  
unsatisfied**

**Somewhat  
unsatisfied**

**Very unsatisfied**



Interviewer's Observations

Field Editor's Observations

Supervisor's Observations