APPENDIX F. VIET NAM MICS 2014 QUESTIONNAIRES

▃▄█ MICS

HOUSEHOLD QUESTIONNAIRE
Viet Nam MICS 2014

HOUSEHOLD INFORMATION PANEL	HH

HH0A. Province/ City's name and number:

Name _____   ___ ___

HH0B. District's name and number:

Name_____ ___ ___ ___

HH0C. Commune/ Ward name and number: _____   ___ ___ ___ ___ ___

HH1. Cluster's name and number:

Name _____ ___ ___ ___

HH2. Household number: ___ ___

HH3. Interviewer's name and number:

Name _____ ___ ___ ___

HH4. Team leader's name and number:

Name_____ ___ ___ ___

HH5. Day / Month / Year of interview:

___ ___ / ___ ___ / 2 0 1 ___

HH7. Region:

Red River Delta 1
Northern Midlands and Mountain area 2
North Central and Central Coastal area 3
Central Highlands 4
South East 5
Mekong River Delta 6

HH6. Area:
Urban 1
Rural... 2

MY NAME IS [...] WE ARE FROM THE GENERAL STATISTICS OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **40** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. 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* ⇨ *Circle 04 in HH9. Discuss this result with your supervisor.*

HH9. Result of household interview:

Completed 01
No household member or no competent respondent at home at time of visit................02
Entire household absent for extended period of time...03
Refused 04
Dwelling vacant / Address not a dwelling..05
Dwelling destroyed 06
Dwelling not found 07
Other (*specify*)_____ 96

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire:

Name _____ ___ ___

HH11. Total number of
household members: ___ ___

HH12. Number of women
age 15-49 years: ___ ___

HH14. Number of children
under age 5:   ___ ___

After all questionnaires for the household have been completed, fill in the following information:

HH13. Number of women's
questionnaires completed: ___ ___

HH15. Number of under-5
questionnaires completed: ___ ___

HH16. Field editor's name and number:

Name_____ ___ ___ ___

HH17. Main data entry clerk's name and number:

Name_____ ___ ___

HH18. *Record the time.*

Hour .... __ __

Minutes .... __ __

LIST OF HOUSEHOLD MEMBERS   HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

						For women age **15-49**	For children age **0-4**	For children age **0-17** years						For children age **0-14**
HL1. *Line no.*	**HL2**. *Name*	**HL3**. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	**HL4**. IS (*name*) MALE OR FEMALE?	**HL5**. WHAT IS (*name*)'S DATE OF BIRTH ACCORDING TO WESTERN CALENDAR? *Record the date according to western calendar. Use the lunar-western transformation table if necessary.* 98 DK 9998 DK	**HL6**. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	**HL7**. *Circle line no. if woman age* **15-49**	**HL7B**. *Circle line no. if age* **0-4**	**HL11**. IS (*name*)'S NATURAL MOTHER ALIVE? 1 Yes 2 No↷ HL13 8 DK↷ HL13	**HL12**. DOES (*name*)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"*	**HL12A**. WHERE DOES (*name*)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL13**. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No↷ HL15 8 DK↷ HL15	**HL14**. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *If "Yes" Record line no. of father and go to HL15 Record 00 for "No"*	**HL14A**. WHERE DOES (*name*)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL15**. *Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:* WHO IS THE PRIMARY CARETAKER OF (*name*)?
Line	Name	Relation*	M F	Month Year	Age	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
01		**0 1**	1 2	__ __ __ __ __ __	— —	01	01	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
02		__ __	1 2	__ __ __ __ __ __	— —	02	02	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
03		__ __	1 2	__ __ __ __ __ __	— —	03	03	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
04		__ __	1 2	__ __ __ __ __ __	— —	04	04	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
05		__ __	1 2	__ __ __ __ __ __	— —	05	05	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
06		__ __	1 2	__ __ __ __ __ __	— —	06	06	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
07		__ __	1 2	__ __ __ __ __ __	— —	07	07	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
08		__ __	1 2	__ __ __ __ __ __	— —	08	08	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
09		__ __	1 2	__ __ __ __ __ __	— —	09	09	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
10		__ __	1 2	__ __ __ __ __ __	— —	10	10	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __

HL4: 1 Male 2 Female

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH ACCORDING TO WESTERN CALENDAR? Record the date according to western calendar. Use the lunar-western transformation table if necessary. 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	For women age 15-49 HL7. Circle line no. if woman age 15-49	For children age 0-4 HL7B. Circle line no. if age 0-4	For children age 0-17 years HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No⇨ HL13 8 DK⇨ HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No⇨ HL15 8 DK⇨ HL15	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	For children age 0-14 HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M F	Month Year	Age	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother
11		__ __	1 2	__ __ __ __ __ __	__ __	11	11	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
12		__ __	1 2	__ __ __ __ __ __	__ __	12	12	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
13		__ __	1 2	__ __ __ __ __ __	__ __	13	13	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
14		__ __	1 2	__ __ __ __ __ __	__ __	14	14	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __
15		__ __	1 2	__ __ __ __ __ __	__ __	15	15	1 2 8	__ __	1 2 3 8	1 2 8	__ __	1 2 3 8	__ __

Tick here if additional questionnaire used ☐

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

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

* Codes for HL3: Relationship to head of household:
01 Head
02 Spouse/Partner
03 Son / Daughter
04 Son-In-Law / Daughter-In-Law
05 Grandchild
06 Parent
07 Parent-In-Law
08 Brother / Sister
09 Brother-In-Law / Sister-In-Law
10 Uncle / Aunt
11 Niece / Nephew
12 Other relative
13 Adopted / Foster/ Stepchild
14 Servant (Live-in)
96 Other (Not related)
98 DK

| 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 HL2 and HL6*

ED3. HAS (*name*) EVER ATTENDED SCHOOL OR PRE-SCHOOL?
1 Yes
2 No ↳ Next Line

ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) HAS ATTENDED?
Level:
0 Preschool
1 Primary
2 Lower Secondary
3 Upper Secondary
4 Professional School
5 College/ University & above
8 DK
If level=0,4,5 skip to ED5

ED4B. WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL?
Grade:
98 DK
If less than 1 grade at this level, enter 00.

ED5. DURING THE 2013-2014 SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?
1 Yes
2 No ↳ ED7

ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING?
Level:
0 Preschool
1 Primary
2 Lower Secondary
3 Upper Secondary
4 Professional School
5 College/ University & above
8 DK
If level=0,4,5 skip to ED7
Grade: 98 DK

ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?
1 Yes
2 No ↳ Next Line
8 DK ↳ Next Line

ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND?
Level:
0 Preschool
1 Primary
2 Lower Secondary
3 Upper Secondary
4 Professional School
5 College/ University & above
8 DK
If level=0,4,5 go to next person
Grade: 98 DK

Line	Name	Age	Yes No	Level	Grade	Ye No	Level	Grade	Y N DK	Level	Grade
01		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
02		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
03		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
04		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
05		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
06		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
07		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
08		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
09		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
10		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
11		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
12		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
13		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
14		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __
15		__ __	1 2	0 1 2 3 4 5 8	__ __	1 2	0 1 2 3 4 5 8	__ __	1 2 8	0 1 2 3 4 5 8	__ __

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE	SL

SL1. *Check HL6 in the List of Household Members and write the total number of children age 1-17 years.*

Total number .... __

SL2. *Check the number of children age 1-17 years in SL1:*

☐ *Zero* ⇨ *Go to* HOUSEHOLD CHARACTERISTICS *module*

☐ *One* ⇨ *Go to SL9 and record the rank number as '1', enter the line number (HL1), child's name (HL2) and age (HL6)*

☐ *Two or more* ⇨ *Continue with SL2A*

SL2A. *List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.*

SL3. *Rank number*	**SL4**. *Line number from HL1*	**SL5**. *Name from HL2*	**SL6**. *Sex from HL4*		**SL7**. *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	__ __

SL8. *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 children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	**Total Number of Eligible Children in the Household (from SL1)**						
	2	*3*	*4*	*5*	*6*	*7*	*8+*
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. *Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child*

Rank number .... __

Line number .... __ __

Name_____

Age .... __ __

CHILD LABOUR		CL
CL1. *Check selected child's age from SL9:* ☐ *1-4 years ⇨ Go to Next Module* ☐ *5-17 years ⇨ Continue with CL2*		
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [A] DID (*name*) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS? [B] DID (*name*) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (*name*) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [D] SINCE LAST (*day of the week*), DID (*name*) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? *If "No", Probe:* PLEASE INCLUDE ANY ACTIVITY (*name*) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	Yes No Worked on plot / farm / food garden / looked after animals ....1 2 Helped in family / relative's business/ran own business ....1 2 Produce / sell articles / handicrafts / clothes / food or agricultural products ....1 2 Any other activity 1 2	
CL3. *Check CL2, A to D* ☐ *There is at least one 'Yes' ⇨ continue with CL4* ☐ *All answers are 'No ⇨ Go to CL8*		
CL4. SINCE LAST (*day of the week*) ABOUT HOW MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? *If less than one hour, record "00"*	Number of hours .... __ __	
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes... 1 No 2	1⇨ CL8
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes... 1 No 2	1⇨ CL8

CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (*name*)?		
[A] IS (*name*) EXPOSED TO DUST, FUMES OR GAS?	Yes.. 1 No 2	1⇨ CL8
[B] IS (*name*) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?	Yes.. 1 No 2	1⇨ CL8
[C] IS (*name*) EXPOSED TO LOUD NOISE OR VIBRATION?	Yes.. 1 No 2	1⇨ CL8
[D] IS (*name*) REQUIRED TO WORK AT HEIGHTS?	Yes.. 1 No 2	1⇨ CL8
[E] IS (*name*) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?	Yes.. 1 No 2	1⇨ CL8
[F] IS (*name*) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (*name*)'S HEALTH OR SAFETY?	Yes.. 1 No 2	
CL8. SINCE LAST (*day of the week*), DID (*name*) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes.. 1 No 2	2⇨ CL10
CL9. IN TOTAL, HOW MANY HOURS DID (*name*) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (*day of the week*)? *If less than one hour, record "00"*	Number of hours .... __ __	

CL10. SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?		Yes	No
[A] SHOPPING FOR HOUSEHOLD?	Shopping for household	1	2
[B] REPAIR ANY HOUSEHOLD EQUIPMENT?	Repair household equipment	1	2
[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?	Cooking / cleaning utensils /house ...	1	2
[D] WASHING CLOTHES?	Washing clothes	1	2
[E] CARING FOR CHILDREN?	Caring for children	1	2
[F] CARING FOR THE OLD OR SICK?	Caring for old / sick	1	2
[G] OTHER HOUSEHOLD TASKS?	Other household tasks	1	2

CL11. *Check CL10, A to G* ☐ *There is at least one 'Yes' ⇨ Continue with CL12* ☐ *All answers are 'No' ⇨ Go to Next Module*	
CL12. SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? *If less than one hour, record "00"*	Number of hours................................. __ __

CHILD DISCIPLINE		CD

CD1. *Check selected child's age from SL9:*

☐ *1-14 years ⇨ Continue with CD2*

☐ *15-17 years ⇨ Go to Next Module*

CD2. *Write the line number and name of the child from SL9.*	Line number ....__ __ Name _____

CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH *(name)* <u>IN THE PAST MONTH</u>.

Yes No

[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.

Took away privileges 1   2

[B] EXPLAINED WHY *(name)*'S BEHAVIOUR WAS WRONG.

Explained wrong behaviour................1   2

[C] SHOOK HIM/HER.

Shook him/her 1   2

[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.

Shouted, yelled, screamed 1   2

[E] GAVE HIM/HER SOMETHING ELSE TO DO.

Gave something else to do 1   2

[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.

Spanked, hit, slapped on bottom with bare hand 1   2

[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.

Hit with belt, hairbrush, stick, or other hard object 1   2

[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.

Called dumb, lazy, or another name 1   2

[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.

Hit / slapped on the face, head or ears 1   2

[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.

Hit / slapped on hand, arm or leg 1   2

[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.

Beat up, hit over and over as hard as one could......................1   2

CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes .... 1 No .... 2 DK / No opinion.. 8

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Buddhism .... 01 Muslim... 02 Cao Dai .... 03 Hoa Hao... 04 Christian Catholic .... 05 Christian Protestant.................................. 06 Other religion (*specify*) _____ 96 No religion 97	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Kinh .... 01 Tay .... 02 Thai .... 03 Muong .... 04 Khmer .... 05 Chinese .... 06 Nung .... 07 Mong .... 08 Gia Rai .... 09 Ê đê... 10 Ba na... 11 Other ethnic group (*specify*) _____ 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms................................. __ __	

HC3. *Main material of the dwelling floor.*
 	
Record observation.
	Natural floor
	    Earth / Sand 11
	
	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
	    Enamelled tiles/ marble 36
	Other (*specify*) _____ 96	

HC4. *Main material of the roof.*
 	
Record observation.
	Natural roofing
	    No Roof 11
	    Thatch / Palm leaf................................ 12
	Rudimentary roofing
	    Palm / Bamboo 22
	    Wood planks... 23
	    Cardboard 24
	Finished roofing
	    Metal / Tin.. 31
	    Wood.. 32
	    Calamine / Cement fibre....................... 33
	    Ceramic tiles.. 34
	    Cement... 35
	    Stone slates... 37
	    Asphalt sheets..................................... 38
	Other (*specify*) _____ 96	

HC5. *Main material of the exterior walls.*
 	
Record observation.
	Natural walls
	    No walls... 11
	    Cane / Palm / Trunks............................ 12
	    Dirt.. 13
	    Reed.. 14
	Rudimentary walls
	    Bamboo with mud.................................. 21
	    Stone with mud..................................... 22
	    Uncovered adobe 23
	    Plywood... 24
	    Cardboard 25
	    Reused wood 26
	Finished walls
	    Cement.. 31
	    Stone with lime / cement 32
	    Bricks 33
	    Cement blocks...................................... 34
	    Covered adobe..................................... 35
	    Wood planks / shingles......................... 36
	
	Other (*specify*) _____ 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity... 01 Liquefied Petroleum Gas (LPG) .... 02 Natural gas... 03 Biogas .... 04 Kerosene.. 05 Coal / Lignite .... 06 Charcoal... 07 Wood.. 08 Straw / Shrubs / Grass .... 09 Animal dung .... 10 Agricultural crop residue.......................... 11 No food cooked in household .... 95 Other (*specify*) _____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8

HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?
 	
If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?
	In the house
	    In a separate room used as kitchen........ 1
	    Elsewhere in the house 2
	In a separate building 3
	Outdoors 4
	
	Other (*specify*) _____ 6	

		Yes	No	
HC8. DOES YOUR HOUSEHOLD HAVE:				
[A] ELECTRICITY?	Electricity 1		2	
[B] A RADIO?	Radio 1		2	
[C] A TELEVISION?	Television 1		2	
[D] A FIXED TELEPHONE?	Fixed telephone 1		2	
[E] A REFRIGERATOR?	Refrigerator.......................................1		2	
[F] A BED?	Bed 1		2	
[G] A TABLE AND CHAIR SET?	Table and chair set 1		2	
[H] SOFA?	Sofa 1		2	
[I] A FAN?	Fan 1		2	
[J] A COMPUTER?	Computer...1		2	
[K] AN AIRCONDITIONER?	Airconditioner....................................1		2	
[L] A GAS COOKER?	Gas cooker 1		2	
[M] AN ELECTRIC COOKER?	Electric cooker 1		2	
[N] A WASHING MACHINE?	Washing machine 1		2	
[O] A TRACTOR?	Tractor 1		2	
[P] A CAR OR TRUCK?	Car...1		2	
[Q] A SHIP OR BOAT WITH A MOTOR?	Ship and boat with a motor 1		2	

		Yes	No	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:				
[B] A MOBILE TELEPHONE?	Mobile telephone 1		2	
[C] A BICYCLE?	Bicycle 1		2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1		2	

HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? *If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? *If "Rented from someone else", circle "2". For other responses, circle "6".*	Own ....1 Rent..2 Other (*specify*)_____ 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ....1 No...2	2⇨HC12A
HC12. HOW MANY METERS SQUARE (M²) OF AGRICULTURAL LAND DO MEMBERS OF THIS		

HOUSEHOLD OWN OR HAVE USER RIGHTS FOR? *If 99995 or more, record '99995'. If unknown, record '99998'*	M² .... ___ ___ ___ ___ ___	
HC12A. DOES ANY MEMBER OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR ANY WATER SURFACE AREA THAT CAN BE USED FOR AQUACULTURE?	Yes ....1 No...2	2⇨HC12C
HC12B. HOW MANY METERS SQUARE (M²) OF WATER SURFACE AREA DO MEMBERS OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR? *If 99995 or more, record '99995'. If unknown, record '99998'.*	M² .... ___ ___ ___ ___ ___	
HC12C. DOES ANY MEMBER OF THIS HOUSEHOLD OWN OR HAVE RIGHTS FOR ANY FORESTRY LAND?	Yes ....1 No...2	2⇨HC13
HC12D. HOW MANY METERS SQUARE (M²) OF FORESTRY LAND DO MEMBERS OF THIS HOUSEHOLD OWN OR HAVE RIGHTS FOR? *If 99995 or more, record '99995'. If unknown, record '99998''.*	M² .... ___ ___ ___ ___ ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes ....1 No...2	2⇨HC15

HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?
 	
    [A] CATTLE, MILK COWS, OR BULLS?
 	
    [B] HORSES, DONKEYS, OR MULES?
 	
    [C] GOATS?
 	
    [E] CHICKEN?
 	
    [F] PIGS?
 	
    [G] DUCK, GEESE OR SWANS?
 	
If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.
	Cattle, milk cows, or bulls .... ___ ___
	
	Horses, donkeys, or mules .... ___ ___
	
	Goats... ___ ___
	
	Chicken .... ___ ___
	
	Pigs .... ___ ___
	
	Duck, Geese or swans..................... ___ ___	

HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT? *Not including Deposit certificate*	Yes ....1 No...2	

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 51
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81
	
	Bottled water 91
	
	Other (*specify*) _____ 96
		11⇨WS6
		12⇨WS6
		13⇨WS6
		14⇨WS3
		21⇨WS3
		
		31⇨WS3
		32⇨WS3
		
		41⇨WS3
		42⇨WS3
		51⇨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
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81
	
	Other (*specify*) _____ 96
		11⇨WS6
		12⇨WS6
		13⇨WS6

WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .... 1 In own yard / plot...................................... 2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes........................ __ __ __ DK... 998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* 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
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	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 (*specify*) _____ X DK ....Z	

WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If "flush" or "pour flush", probe:
WHERE DOES IT FLUSH TO?
 	
If not possible to determine, ask permission to observe the facility.
	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 (*specify*) _____ 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	

HANDWASHING		HW

HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.
 	
CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?
	Observed 1
	
	Not observed
	    Not in dwelling / plot / yard 2
	    No permission to see 3
	    Other reason
	      (*specify*) _____ 6
		
		2 ⇨HW4
		3 ⇨HW4
		
		6 ⇨HW4

HW2. *Observe presence of water at the place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	Water is available ....1 Water is not available 2	
HW3A. *Is soap, detergent present at the place for handwashing?*	Yes, present ....1 No, not present 2	 2⇨HW4
HW3B. *Record your observation.* *Circle all that apply.*	Bar soap .... A Detergent (Powder / Liquid / Paste)........... B Liquid soap C	A⇨HH19 B⇨HH19 C⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSE FOR WASHING HANDS?	Yes ....1 No..2	 2⇨HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown ....1 No, not shown..2	 2⇨HH19
HW5B. *Record your observation.* *Circle all that apply.*	Bar soap .... A Detergent (Powder / Liquid / Paste)........... B Liquid soap C	

HH19. *Record the time.*	Hour and minutes................... __ __ : __ __	

HH20. *Thank the respondent for his/her cooperation and check the List of Household Members:*

☐ *A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)*

☐ *A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)*

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

THANK YOU VERY MUCH FOR ANSWERING THE QUESTIONS. COULD YOU PLEASE GIVE US YOUR TELEPHONE NUMBER IN CASE WE MIGHT NEED SOME MORE INFORMATION?

WE DO NOT USE OR SHARE YOUR NUMBER FOR ANY OTHER PURPOSES.

Telephone number: _____

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR INDIVIDUAL WOMEN
Viet Nam MICS 2014

■■■MICS

WOMAN'S INFORMATION PANEL	**WM**

This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.

WM0A. Province/ City's name and number: Name _____ __ __	**WM0B**. District's name and number: Name_____.__ __ __

WM0C.Commune/ Ward name and number: _____ . __ __ __ __ __

WM1. EA's name and number: Name _____ __ __ __	**WM2**. Household number: ___ ___
WM3. Woman's name: Name_____	**WM4**. Woman's line number: ___ ___
WM5. Interviewer's name and number: Name_____ __ __	**WM6**. Day / Month / Year of interview: __ __ /__ __/ 2 0 1 __

Repeat greeting if not already read to this woman: MY NAME IS [...]. WE ARE FROM THE GENERAL STATISTICS OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 5**0** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	*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 **50** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

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 ⇨ Circle '03' in 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's name and number: Name_____ __ __ __	**WM9**. Main data entry clerk's name and number: Name_____ __ __

WM10. *Record the time.*	Hour and minutes .... __ __ : __ __	

WOMAN'S BACKGROUND		**WB**
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month .... __ __ DK month .... 98 Year .... __ __ __ __ DK year 9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent*	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 Lower Secondary .... 2 Upper Secondary .... 3 Professional School .... 4 College/ University & above 5	0⇨WB7 4 ⇨ Next Module 5 ⇨ Next Module
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? *If grade 1 is not completed at this level, enter "00"*	Grade... __ __	
WB6. *Check WB4:* ☐ *Lower or upper secondary ⇨ Go to Next Module* ☐ *Primary (WB4=1) ⇨ Continue with WB7*		

WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.
 	
Show sentence on the card to the respondent.
If respondent cannot read whole sentence, probe:
 	
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
	                         (specify language)
	
	Blind / visually impaired.............................. 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT0. DO YOU OWN A MOBILE PHONE OR USE ONE AS IF IT YOURS?	Yes.. 1 No 2	

MT1. *Check WB7:*
   ☐ *Question left blank (Respondent has secondary or higher education)* ⇨ *Continue with MT1A*
   ☐ *Able to read or no sentence in required language (WB7 = 2, 3 or 4)* ⇨ *Continue with MT1A*
   ☐ *Cannot read at all or blind/visually impaired (WB7 = 1 or 5)* ⇨ *Go to MT3*		

MT1A. *Check MT0:*
   ☐ *Yes* ⇨ *Continue with MT1B*
   ☐ *No* ⇨ *Continue with MT2*		

MT1B. HAVE YOU EVER USED YOUR MOBILE PHONE TO READ OR WRITE SMS MESSAGES?	Yes.. 1 No 2	2⇨MT2
MT1C. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU READ OR WRITE SMS MESSAGES: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day....................................... 1 At least once a week .... 2 Less than once a week .... 3 Not at all.. 4	
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day....................................... 1 At least once a week .... 2 Less than once a week .... 3 Not at all.. 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day....................................... 1 At least once a week .... 2 Less than once a week .... 3 Not at all.. 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day....................................... 1 At least once a week .... 2 Less than once a week .... 3 Not at all.. 4	

MT5. *Check WB2: Age of respondent?*
   ☐ *Age 15-24* ⇨ *Continue with MT6*
   ☐ *Age 25-49* ⇨ *Go to Next Module*		

MT6. HAVE YOU EVER USED A COMPUTER?	Yes.. 1 No 2	2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes.. 1 No 2	2⇨MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day....................................... 1 At least once a week .... 2 Less than once a week .... 3 Not at all.. 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes.. 1 No 2	2⇨Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes.. 1 No 2	2⇨ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day....................................... 1 At least once a week .... 2 Less than once a week .... 3 Not at all.. 4	

FERTILITY/BIRTH HISTORY		CM
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⇨CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes .... 1 No 2	2⇨CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'.*	Sons at home..................................... __ __ Daughters at home .... __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes .... 1 No 2	2⇨CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'.*	Sons elsewhere .... __ __ Daughters elsewhere .... __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes .... 1 No 2	2⇨CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead... __ __ Girls dead .... __ __	
CM10. *Sum answers to CM5, CM7, and CM9.*	Sum .... __ __	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?
 	
☐ *Yes. Check below:*
 	
    ☐ *No live births* ⇨ *Go to* ILLNESS SYMPTOMS *Module*
 	
    ☐ *One or more live births* ⇨ *Continue with the* BIRTH HISTORY *module*
 	
☐ *No.* ⇨ *Check responses to CM1-CM10 and make corrections as necessary before proceeding to the* BIRTH HISTORY *Module or* ILLNESS SYMPTOMS *Module*		

BIRTH HISTORY

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.
Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. *Record household line number of child (from HL1)*	BH9. *If dead:* HOW OLD WAS (name) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (name)? *Record days if less than 1 month; record months if less than 2 years; or years*		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?
		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.			1 Yes 2 No
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	— —	— — — —	1 2 ⇧ BH9	— —	1 2	— — — ⇧ Next Line	Days .... 1 Months...... 2 Years 3	— — —	
02		1 2	1 2	— —	— — — —	1 2 ⇧ BH9	— —	1 2	— — — ⇧ BH10	Days .... 1 Months...... 2 Years 3	— — —	1 2 Add Birth Next Birth
03		1 2	1 2	— —	— — — —	1 2 ⇧ BH9	— —	1 2	— — — ⇧ BH10	Days .... 1 Months...... 2 Years 3	— — —	1 2 Add Birth Next Birth
04		1 2	1 2	— —	— — — —	1 2 ⇧ BH9	— —	1 2	— — — ⇧ BH10	Days .... 1 Months...... 2 Years 3	— — —	1 2 Add Birth Next Birth
05		1 2	1 2	— —	— — — —	1 2 ⇧ BH9	— —	1 2	— — — ⇧ BH10	Days .... 1 Months...... 2 Years 3	— — —	1 2 Add Birth Next Birth
06		1 2	1 2	— —	— — — —	1 2 ⇧ BH9	— —	1 2	— — — ⇧ BH10	Days .... 1 Months...... 2 Years 3	— — —	1 2 Add Birth Next Birth
07		1 2	1 2	— —	— — — —	1 2 ⇧ BH9	— —	1 2	— — — ⇧ BH10	Days .... 1 Months...... 2 Years 3	— — —	1 2 Add Birth Next Birth

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?	BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
08		1 2	1 2	__ __ __ __ __ __	1 2 ⇧ BH9	__ __	1 2	__ __ ⇧ BH10	Days .... 1 Months .... 2 __ __ Years 3	1 2 Add Next Birth Birth
09		1 2	1 2	__ __ __ __ __ __	1 2 ⇧ BH9	__ __	1 2	__ __ ⇧ BH10	Days .... 1 Months .... 2 __ __ Years 3	1 2 Add Next Birth Birth
10		1 2	1 2	__ __ __ __ __ __	1 2 ⇧ BH9	__ __	1 2	__ __ ⇧ BH10	Days .... 1 Months .... 2 __ __ Years 3	1 2 Add Next Birth Birth
11		1 2	1 2	__ __ __ __ __ __	1 2 ⇧ BH9	__ __	1 2	__ __ ⇧ BH10	Days .... 1 Months .... 2 __ __ Years 3	1 2 Add Next Birth Birth
12		1 2	1 2	__ __ __ __ __ __	1 2 ⇧ BH9	__ __	1 2	__ __ ⇧ BH10	Days .... 1 Months .... 2 __ __ Years 3	1 2 Add Next Birth Birth
13		1 2	1 2	__ __ __ __ __ __	1 2 ⇧ BH9	__ __	1 2	__ __ ⇧ BH10	Days .... 1 Months .... 2 __ __ Years 3	1 2 Add Next Birth Birth
14		1 2	1 2	__ __ __ __ __ __	1 2 ⇧ BH9	__ __	1 2	__ __ ⇧ BH10	Days .... 1 Months .... 2 __ __ Years 3	1 2 Add Next Birth Birth

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?

Yes.. 1 ⇧ Record birth(s) in Birth History

No 2

CM12A. *Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:*

    ☐ *Numbers are same ⇨ Continue with CM13*

    ☐ *Numbers are different ⇨ Probe and reconcile*

CM13. *Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in* **2011/2012** *(if the month of interview and the month of birth are the same, and the year of birth is* **2011/2012***, consider this as a birth within the last 2 years)*

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

    ☐ *One or more live births in last 2 years. ⇨ Record name of last born child and continue with Next Module*

        Name of last-born child_____

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

DESIRE FOR LAST BIRTH		DB

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.

DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes.. 1 No 2	1⇨Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later... 1 No more 2	2⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? *Record the answer as stated by respondent.*	Months .... 1 __ __ Years .... 2 __ __ DK.. 998	

MATERNAL AND NEWBORN HEALTH		MN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes ....1 No...2	2⇨MN4E

MN2. WHOM DID YOU SEE?
 	
 Probe:
 ANYONE ELSE?
 	
 Probe for the type of person seen and circle all answers given.
	Health professional:
	    Doctor .... A
	    Nurse/midwife .... B
	
	 Other person
	    Traditional birth attendant ....F
	    Village health worker ....G
	
	 Other (*specify*)_____X	

MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? *Record the answer as stated by respondent.*	Weeks ....1 __ __ Months..2 0 __ DK 998	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	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? [D] WERE YOU ADVISED TO TAKE IRON FOLIC SUPPLEMENTS (OR IRON TABLETS OR MULTIPLE MICRO-NUTRIENT (MMN) SUPPLEMENTS)?	Yes No Blood pressure ....1 2 Urine sample ....1 2 Blood sample....................................1 2 Iron Folic Supplements....................1 2	
MN4E. DURING THIS PREGNANCY, DID YOU TAKE ANY IRON FOLIC SUPPLEMENTS (OR IRON TABLETS OR MULTIPLE MICRO-NUTRIENT (MMN) SUPPLEMENTS) SUCH AS THESE? *Show sample pictures*	Yes ……………………………………………1 No……………………………………………2	2⇨MN5
MN4F. DURING THIS WHOLE PREGNANCY, FOR HOW MANY MONTHS DID YOU TAKE THE TABLETS (SUPPLEMENTS)? *If a range is given, record the minimum number of months mentioned. If less than 1 month record '0'.*	Number of months .... 0 __ DK 98	

MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions.*	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*)?	Number of times ....__ DK 8	 8⇨MN9

MN8. *How many tetanus injections during last pregnancy were reported in MN7?* ☐ *At least two tetanus injections during last pregnancy.* ⇨ *Go to MN17* ☐ *Only one tetanus injection during last pregnancy.* ⇨ *Continue with MN9*		
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ....1 No..2 DK 8	 2⇨MN17 8⇨MN17
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times ....__ DK 8	 8⇨MN17
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If less than 1 year, record '00'.*	Years ago ....__ __	

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)?
 	
Probe:
ANYONE ELSE?
 	
Probe for the type of person assisting and circle all answers given.
 	
If respondent says no one assisted, probe to determine whether any adults were present at the delivery.
	Health professional:
	   Doctor .... A
	   Nurse/midwife .... B
	
	Other person
	   Traditional birth attendant ....F
	   Village health worker ....G
	   Relative / Friend....................................H
	
	Other (*specify*)_____X
	No one..Y	

MN18. WHERE DID YOU GIVE BIRTH TO (*name*)?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Home
	    Your home...11
	    Other home 12
	
	Public sector
	    Government hospital 21
	    Commune health centre 22
	    Sectoral hospital (army, police) 24
	    Policlinic 25
	    Other public (*specify*) _____ 26
	
	Private Medical Sector
	    Private hospital....................................31
	    Private clinic 32
	    Private maternity home 33
	    Other private
	      medical (*specify*) _____ 36
	
	Other (*specify*) _____ 96
		11⇨MN20
		12⇨MN20
		
		96⇨MN20

MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes...1 No 2	 2⇨MN20
MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before ....1 After 2	
MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large...1 Larger than average.................................2 Average..3 Smaller than average ....4 Very small ....5 DK...8	
MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes...1 No ....2 DK...8	 2⇨MN23 8⇨MN23
MN22. HOW MUCH DID (*name*) WEIGH? *If a card is available, record weight from card.*	From card.....................1 (kg) __ . __ __ __ From recall ....2 (kg) __ . __ __ __ DK...99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes...1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes...1 No 2	 2⇨Next Module

MN25. How long after birth did you first put (*name*) to the breast? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately ....000 Hours ....1 __ __ Days ....2 __ __ DK / Don't remember 998	
MN26. In the first three days after delivery, was (*name*) given anything to drink other than breast milk?	Yes ....1 No..2	2⇨Next Module
MN27. What was (*name*) given to drink? *Probe:* Anything else?	Milk (other than breast milk)...................... A Plain water... B Sugar or glucose water ....C Gripe water ....D Sugar-salt-water solution .... E Fruit juice .... F Infant formula..G Tea / Infusions ....H Honey ....I Rice soup...J Other (*specify*)_____X	

POST-NATAL HEALTH CHECKS	PN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.

PN1. *Check MN18: Was the child delivered in a health facility?*

☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36)* ⇨ *Continue with PN2*

☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96)* ⇨ *Go to PN6*

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name*). YOU HAVE SAID THAT YOU GAVE BIRTH IN (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ....1 __ __ Days ....2 __ __ Weeks...............................3 __ __ DK / Don't remember 998	
PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?	Yes ....1 No..2	
PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU? DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?	Yes ....1 No..2	
PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*). DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*)?	Yes ....1 No..2	1⇨PN11 2⇨PN16

PN6. *Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?*

☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G)* ⇨ *Continue with PN7*

☐ *No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17)* ⇨ *Go to PN10*

PN7. YOU HAVE ALREADY SAID THAT (*person or persons in MN17*) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. AFTER THE DELIVERY WAS OVER AND BEFORE (*person or persons in MN17*) LEFT YOU, DID (*person or persons in MN17*) CHECK ON (*name*)'S HEALTH?	Yes ....1 No 2	
PN8. AND DID (*person or persons in MN17*) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING? BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ....1 No 2	
PN9. AFTER THE (*person or persons in MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*name*)?	Yes ....1 No 2	1⇨PN11 2⇨PN18
PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF THE BABY IS OK. AFTER (*name*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes ....1 No 2	2⇨PN19
PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ....1 More than once.....................................2	1⇨PN12A 2⇨PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN12B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ....1 __ __ Days ....2 __ __ Weeks...............................3 __ __ DK / Don't remember 998	

PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME?	Health professional
	    Doctor .... A
	    Nurse / Midwife .... B
	
	Other person
	    Traditional birth attendant .... F
	    Village health worker............................G
	    Relative / Friend....................................H
	
	Other (*specify*)_____X	

PN14. WHERE DID THIS CHECK TAKE PLACE?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Home
	    Your home 11
	    Other home 12
	
	Public sector
	    Government hospital 21
	    Commune health centre........................22
	    Sectoral hospital (army, police) 24
	    Policlinic...25
	    Other public (*specify*) _____ 26
	
	Private Medical Sector
	    Private hospital 31
	    Private clinic...32
	    Private maternity home 33
	    Other private
	        medical (*specify*) _____ 36
	
	Other (*specify*)_____ 96	

PN15. *Check MN18: Was the child delivered in a health facility?*
 	
    ☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36)* ⇨ *Continue with PN16*
 	
    ☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96)* ⇨ *Go to PN17*	

PN16. AFTER YOU LEFT (*name or type of facility in MN18*), DID ANYONE CHECK ON YOUR HEALTH?	Yes ....1 No 2	1⇨PN20 2⇨Next Module

PN17. *Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?*
 	
    ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G)* ⇨ *Continue with PN18*
 	
    ☐ *No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17)* ⇨ *Go to PN19*	

PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes ....1 No 2	1⇨PN20 2⇨Next Module

PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ....1 No 2	2⇨Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ....1 More than once 2	1⇨PN21A 2⇨PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN21B.** HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ....1 __ __ Days ....2 __ __ Weeks...3 __ __ DK / Don't remember 998	

PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional
	    Doctor .... A
	    Nurse / Midwife .... B
	
	Other person
	    Traditional birth attendant .... F
	    Village health worker.............................G
	    Relative / Friend ....H
	
	Other (*specify*)_____X	

PN23. WHERE DID THIS CHECK TAKE PLACE?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(*Name of place*)
	Home
	    Your home 11
	    Other home..12
	
	Public sector
	    Government hospital.............................21
	    Commune health centre.......................22
	    Sectoral hospital (army, police) 24
	    Policlinic...25
	    Other public (*specify*) _____ 26
	
	Private Medical Sector
	    Private hospital 31
	    Private clinic...32
	    Private maternity home 33
	    Other private
	        medical (*specify*) _____ 36
	
	Other (*specify*)_____ 96	

ILLNESS SYMPTOMS		IS

IS1. *Check List of Household Members, columns HL7B and HL15*

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

    ☐ *Yes* ⇨ *Continue with IS2.*

    ☐ *No* ⇨ *Go to Next Module.*

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY? *Probe:* ANY OTHER SYMPTOMS? *Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.* *Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions*	Child not able to drink or breastfeed...........A Child becomes sicker ....B Child develops a fever...............................C Child has fast breathing ....D Child has difficulty breathing ....E Child has blood in stool .... F Child is drinking poorly .... G Child vomiting ....H Child choked ....I Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant............................... 1 No .... 2 Unsure or DK 8	1⇨CP2A
CP2. 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?	Yes .... 1 No 2	1⇨CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .... 1 No 2	1⇨Next Module 2⇨Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization .... A Male sterilization .... B IUD .... C Injectables ....D Implants .... E Pill.. F Male condom ....G Female condom ....H Diaphragm .... I Foam / Jelly ....J Periodic abstinence / Rhythm ....L Withdrawal ....M Other (*specify*)_____ X	MICS.WM.19

UNMET NEED		UN

<table>
<tr><td colspan="3" style="background:#bde0ec;">UN1. Check CP1. Currently pregnant?

☐ Yes, currently pregnant ⇨ Continue with UN2

☐ No, unsure or DK ⇨ Go to UN5</td></tr>
<tr><td>UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</td><td>Yes 1

No..2</td><td>1⇨UN4</td></tr>
<tr><td>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</td><td>Later 1

No more..2</td><td></td></tr>
<tr><td>UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?</td><td>Have another child....................................1

No more / None 2

Undecided / DK ....8</td><td>1⇨UN7

2⇨UN13

8⇨UN13</td></tr>
<tr><td colspan="3" style="background:#bde0ec;">UN5. Check CP3. Currently using "Female sterilization"?

☐ Yes ⇨ Go to UN13

☐ No ⇨ Continue with UN6</td></tr>
<tr><td>UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</td><td>Have (a/another) child 1

No more / None 2

Says she cannot get pregnant 3
Undecided / DK ....8</td><td>

2⇨UN9

3⇨UN11
8⇨UN9</td></tr>
<tr><td>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?

Record the answer as stated by respondent.</td><td>Months..1 __ __

Years ....2 __ __

Does not want to wait (soon/now)...........993
Says she cannot get pregnant 994
After marriage..995
Other 996

DK ....998</td><td>

994⇨UN11</td></tr>
<tr><td colspan="3" style="background:#bde0ec;">UN8. Check CP1. Currently pregnant?

☐ Yes, currently pregnant ⇨ Go to UN13

☐ No, unsure or DK ⇨ Continue with UN9</td></tr>
</table>

UN9. *Check CP2. Currently using a method?* ☐ *Yes* ⇨ *Go to UN13* ☐ *No* ⇨ *Continue with UN10*		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes ....1 No...2 DK 8	1 ⇨UN13 8 ⇨UN13

UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?
 	
If the respondent gives more than one answer, circle each one.
	Infrequent sex / No sex.............................. A
	Menopausal .... B
	Never menstruated C
	Hysterectomy (surgical removal
	   of uterus) .... D
	Has been trying to get pregnant
	   for 2 years or more without result........... E
	Postpartum amenorrheic .... F
	Breastfeeding .... G
	Too old .... H
	Fatalistic I
	
	Other (*specify*) _____ X
	
	DK .... Z	

UN12. *Check UN11. "Never menstruated" mentioned?* ☐ *Mentioned* ⇨ *Go to Next Module* ☐ *Not mentioned* ⇨ *Continue with UN13*		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? *Record the answer using the same unit stated by the respondent*	Days ago ....1 __ __ Weeks ago......................................2 __ __ Months ago.....................................3 __ __ Years ago ....4 __ __ In menopause / Has had hysterectomy ....994 Before last birth ....995 Never menstruated 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children......................	1	2	8
[C] IF SHE 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?	Burned the food........................	1	2	8
[F] IF SHE DOES NOT COMPLETE HER HOUSE WORK TO HIS SATISFACTION?	Incompleted house works.........	1	2	8
[G] IF SHE IS DOUBTED ABOUT HER BEING FAITHFUL?	Doubted of her faithful	1	2	8
[H]IF SHE ISDISCLOSED THAT SHE WAS UNFAITHFUL ?	Disclosed about her unfaithful ..	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? *Probe*: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years .... __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes.. 1 No 2	2⇨MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number .... __ __ DK 98	⇨MA7 98⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married .... 1 Yes, formerly lived with a man.................... 2 No 3	3 ⇨Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed .... 1 Divorced .... 2 Separated... 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once... 1 More than once 2	1 ⇨MA8A 2 ⇨MA8B

MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?
 	
MA8B. 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 FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER?	Age in years .... __ __	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes.. 1 No 2	 2 ⇨ Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes.. 1 No .... 2 DK.. 8	
HA3. CAN PEOPLE GET THE HIV VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.. 1 No .... 2 DK.. 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.. 1 No .... 2 DK.. 8	
HA5. CAN PEOPLE GET THE HIV VIRUS FROM MOSQUITO BITES?	Yes.. 1 No .... 2 DK.. 8	
HA6. CAN PEOPLE GET THE HIV VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes.. 1 No .... 2 DK.. 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV VIRUS?	Yes.. 1 No .... 2 DK.. 8	
HA8. CAN THE VIRUS THAT CAUSES HIV BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy...................... 1 2 8 During delivery .... 1 2 8 By breastfeeding 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE HIV VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes.. 1 No .... 2 DK / Not sure / Depends 8	
HA9A. IN YOUR OPINION, SHOULD A CHILD THAT HAS THE HIV VIRUS, BUT IS NOT SICK BE ALLOWED TO CONTINUE GOING TO HIS/HER SCHOOL?	Yes.. 1 No .... 2 DK / Not sure / Depends 8	
HA9B. IN YOUR OPINION, SHOULD A CHILD WHOSE MOTHER OR FATHER HAS THE HIV VIRUS, BE ALLOWED TO CONTINUE GOING TO HIS/HER SCHOOL?	Yes.. 1 No .... 2 DK / Not sure / Depends 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV VIRUS?	Yes.. 1 No .... 2 DK / Not sure / Depends 8	

HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ....1 No ....2 DK / Not sure / Depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH HIV, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ....1 No ....2 DK / Not sure / Depends 8	

HA13. *Check CM13: Any live birth in last 2 years?* ☐ *No live birth in last 2 years (CM13="No" or blank) ⇨ Go to HA24* ☐ *One or more live births in last 2 years ⇨ Continue with HA14*
HA14. *Check MN1: Received antenatal care?* ☐ *Received antenatal care ⇨ Continue with HA15* ☐ *Did not receive antenatal care ⇨ Go to HA24*

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE HIV VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE HIV VIRUS? [C] GETTING TESTED FOR THE HIV VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE HIV VIRUS?		Y	N	DK	
	AIDS from mother 1		2	8	
	Things to do 1		2	8	
	Tested for AIDS 1		2	8	
	Offered a test 1		2	8	

HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE HIV VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes .... 1 No .... 2 DK.. 8	 2⇨HA19 8⇨HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .... 1 No .... 2 DK.. 8	 2⇨HA22 8⇨HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes .... 1 No .... 2 DK.. 8	1⇨HA22 2⇨HA22 8⇨HA22

HA19. *Check MN17: Birth delivered by health professional (A, B or C)?* ☐ *Yes, birth delivered by health professional (MN17 = A, B or C) ⇨ Continue with HA20* ☐ *No, birth not delivered by health professional (MN17 = else) ⇨ Go to HA24*

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

WM11. *Record the time*.	Hour and minutes..................... __ __ : __ __	

WM12. *Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ *Yes ⇨ Proceed to complete the cover page (WM7, then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No ⇨ End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page*

THANK YOU VERY MUCH FOR ANSWERING THE QUESTIONS. COULD YOU PLEASE GIVE US YOUR TELEPHONE NUMBER IN CASE WE MIGHT NEED SOME MORE INFORMATION?

WE DO NOT USE OR SHARE YOUR NUMBER FOR ANY OTHER PURPOSES.

Telephone number: _____

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR CHILDREN UNDER FIVE
Viet Nam MICS 2014

UNDER-FIVE CHILD INFORMATION PANEL	UF

This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).
A separate questionnaire should be used for each eligible child.

UF0A. Province/ City's name and number:

Name _____ .___ ___

UF0B. District's name and number:

Name_____ ___ ___ ___

UF0C. Commune/ Ward name and number: _____ ___ ___ ___ ___ ___

UF1. Cluster's name and number:

Name _____ ___ ___ ___

UF2. Household number:

___ ___

UF3. Child's name:

Name_____

UF4. Child's line number:

___ ___

UF5. Mother's / Caretaker's name:

Name_____

UF6. Mother's / Caretaker's line number:

___ ___

UF7. Interviewer's name and number:

Name _____ ___ ___ ___

UF8. Day / Month / Year of interview:

___ ___ / ___ ___ / 2 0 1 ___

Repeat greeting if not already read to this respondent:	If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:
MY NAME IS [...]. WE ARE FROM THE GENERAL STATISTICS OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (*child's name from UF3*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.	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 **40** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

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* ⇨ *Circle '03' in UF9. Discuss this result with your supervisor*

UF9. Result of interview for children under 5 *Codes refer to mother/caretaker.*	Completed ....01 Not at home ....02 Refused ....03 Partly completed ....04 Incapacitated ....05 Other (*specify*) _____ 96
UF10. Field editor's name and number: Name_____ ___ ___	**UF11**. Main data entry clerk's name and number: Name_____ ___ ___

| **UF12**. *Record the time.* | Hour and minutes ....__ __ : __ __ | |

AGE		**AG**
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (*name*). ON WHAT DAY, MONTH AND YEAR ACCORDING TO WESTERN CALENDAR WAS (*name*) BORN? *Probe:* WHAT IS HIS / HER BIRTHDAY? *If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day* *Month and year must be recorded.*	Date of birth 　Day .... __ __ 　DK day .... 98 　Month .... __ __ 　Year .... 2 0 __ __	
AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY? *Record age in completed years.* *Record '0' if less than 1 year.* *Compare and correct AG1 and/or AG2 if inconsistent.*	Age (in completed years) .... __	

BIRTH REGISTRATION		BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? *If yes, ask:* MAY I SEE IT?	Yes, seen .... 1 Yes, not seen .... 2 No .... 3 DK 8	1⇨Next Module 2⇨Next Module
BR2. HAS (*name*)'S BIRTH BEEN REGISTERED WITH THE PEOPLE COMMUNITY?	Yes... 1 No .... 2 DK 8	1⇨Next Module
BR3. DO YOU KNOW HOW TO REGISTER (*name*)'S BIRTH?	Yes... 1 No 2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)?	None .... 00 Number of children's books .... 0 __ Ten or more books 10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. 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*	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*
 	
    ☐ *Child age 0, 1 or 2 ⇨ Go to Next Module*
 	
    ☐ *Child age 3 or 4 ⇨ Continue with EC5*		

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	

		Mother	Father	Other	No one
EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.*					
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)?	Read books	A	B	X	Y
[B] TOLD STORIES TO (*name*)?	Told stories	A	B	X	Y
[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES?	Sang songs	A	B	X	Y
[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y
[E] PLAYED WITH (*name*)?	Played with	A	B	X	Y
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	Named/counted	A	B	X	Y

EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (*name*). 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 (*name*)'S DEVELOPMENT. CAN (*name*) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes... 1 No .... 2 DK 8
EC9. CAN (*name*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes... 1 No .... 2 DK 8
EC10. DOES (*name*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes... 1 No .... 2 DK 8
EC11. CAN (*name*) 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 (*name*) SOMETIMES TOO SICK TO PLAY?	Yes... 1 No .... 2 DK 8
EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes... 1 No .... 2 DK 8
EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes... 1 No .... 2 DK 8

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

BREASTFEEDING AND DIETARY INTAKE				BD

BD1. *Check AG2: Age of child*				
☐ *Child age 0, 1 or 2 ⇨ Continue with BD2* ☐ *Child age 3 or 4 ⇨ Go to CARE OF ILLNESS Module*				
BD2. HAS (*name*) EVER BEEN BREASTFED?	Yes...1 No ....2 DK...8			2⇨BD4 8⇨BD4
BD3. IS (*name*) STILL BEING BREASTFED?	Yes...1 No ....2 DK...8			
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE</u>?	Yes...1 No ....2 DK...8			
BD5. DID (*name*) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes...1 No ....2 DK...8			
BD6. DID (*name*) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes...1 No ....2 DK...8			

BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (*name*) DRINK (*Name of item*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK
[A] PLAIN WATER?	Plain water	1	2	8
[B1] JUICE FROM RIPENING FRUITS WITH YELLOW/ ORANGE INSIDE , SUCH AS: MANGO, PAPAYA, STRAWBERRY, WATER MELLON?	Juice with yellow or orange inside	1	2	8
[B2] OTHER FRUIT JUICE?	Other fruit juice			
[C] RICE SOUP/BOILED WATER OR CLEAR BROTH FROM VEGETABLE OR MEAT WITHOUT PIECES AND GRAINS FIBERS?	Rice soup or clear broth without pieces and fibers	1	2	8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1	2	8
If yes: HOW MANY TIMES DID (*name)* DRINK MILK? *If 7 or more times, record '7'.* *If unknown, record '8'.*	Number of times drank milk .... __			
[E] INFANT FORMULA?	Infant formula	1	2	8
If yes: HOW MANY TIMES DID (*name)* DRINK INFANT FORMULA? *If 7 or more times, record '7'.* *If unknown, record '8'.*	Number of times drank infant formula .... __			
[F] ANY OTHER LIQUIDS?	Other liquid 1 2 8 *Specify*_____			

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. DID (*name*) EAT (*Name of food*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
If yes: HOW MANY TIMES DID (*name*) DRINK OR EAT YOGURT? *If 7 or more times, record '7'. If unknown, record '8'.*	Number of times drank/ate yogurt .... __			
[B] ANY KIND OF POWDER, CAKE, SUPPLEMENTATION FOOD SUCH AS CERELAC, DIELAC, HIPP, NIN, ALPHA, NESLE?	XO, Hipp, Gain..,	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS, INCLUDING RICE SOUP OR MIXED SOUP?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES OR PAPAYAS?	Papayas	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food	1	2	8
	Specify _____			

BD9. *Check BD8 (Categories "A" through "O")*

☐ *At least one "Yes" or all "DK" ⇨ Go to BD11*

☐ *Else ⇨ Continue with BD10*

BD10. *Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night*

☐ *The child did not eat or the respondent does not know ⇨ Go to Next Module*

☐ *The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇨ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11*

BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?	Number of times .... __
If 7 or more times, record '7'.	DK 8

IMMUNIZATION									IM

*If an immunization **(child health)** card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.*

IM1. DO YOU HAVE A CARD WHERE (*name*)'S VACCINATIONS ARE WRITTEN DOWN? *If yes:* MAY I SEE IT PLEASE?	Yes, seen .... 1 Yes, not seen .... 2 No card... 3	1⇨IM3 2⇨IM6
IM1A. IF NO, WHETHER VACCINATION CARD IS KEPT AT HEALTH CENTER?	Yes.. 1 No 2	
IM2. DID YOU EVER HAVE A VACCINATION **(child health)** 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	

		Day		Month		Year			
BCG	**BCG**								
POLIO 1	**OPV1**								
POLIO 2	**OPV2**								
POLIO 3	**OPV3**								
PENTAVALENT 1	**DPT-HEP-HIB 1**								
PENTAVALENT 2	**DPT-HEP-HIB 2**								
PENTAVALENT 3	**DPT-HEP-HIB 3**								
DPT 1	**DPT1**								
DPT 2	**DPT2**								
DPT 3	**DPT3**								
HEPB AT BIRTH	**HEP0**								
HEPB 1	**HEP1**								
HEPB 2	**HEP2**								
HEPB 3	**HEP3**								
HIB 1	**HIB1**								
HIB 2	**HIB2**								
HIB 3	**HIB3**								
MEASLES (OR MMR OR MR)	**MEASLES**								
VITAMIN A (FIRST DOSE)	**VITA1**								
VITAMIN A (SECOND DOSE)	**VITA2**								

IM4. *Check IM3. Are all vaccines (BCG to Measles) recorded?* ☐ *Yes ⇨ Go to IM19* ☐ *No ⇨ Continue with IM5*		

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS? ☐ *Yes ⇨ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19* ☐ *No/DK ⇨ Go to IM19*		
IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes ....1 No ....2 DK 8	2⇨IM19 8⇨IM19
IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes ....1 No ....2 DK 8	
IM8. HAS (*name*) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM POLIO?	Yes ....1 No ....2 DK 8	2⇨IM10A 8⇨IM10A
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times ....__	
IM10A. HAS (*name*) EVER RECEIVED A PENTAVALENT VACCINATION –THAT IS, AN INJECTION IN THE THIGH– TO PREVENT HIM/HER FROM GETTING DPT, HEP B AND HIB B? *Probe by indicating that this vaccination is sometimes called as 5 in 1*	Yes ....1 No ....2 DK 8	2⇨IM11 8⇨IM11
IM10B. HOW MANY TIMES WAS THE PENTAVALENT VACCINE RECEIVED?	Number of times ....__	
IM11. HAS (*name*) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? *Probe by indicating that DPT vaccination is sometimes called as 3 in 1 and given at the same time as Polio*	Yes ....1 No ....2 DK 8	2⇨IM13 8⇨IM13
IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?	Number of times ....__	
IM13. HAS (*name*) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B? *Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines*	Yes ....1 No ....2 DK 8	2⇨IM15A 8⇨IM15A
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?	Yes ....1 No ....2 DK 8	
IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?	Number of times ....__	

IM15A. HAS (*name*) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B? *Probe by indicating that the Hib vaccine is sometimes given at the same time as Polio and DPT vaccines*	Yes.. 1 No .... 2 DK 8	2⇨IM16 8⇨IM16
IM15B. HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?	Number of times .... __	
IM16. HAS (*name*) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes.. 1 No .... 2 DK 8	
IM19. PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: [A] *June 2013 Vitamin A campaign* [B] *December 2012/2013 Vitamin A campaign*	Y N DK *Jun 2013, A*...1 2 8 *Dec 2012/13, A*...................................1 2 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes..1 No ....2 DK...8	2⇨CA7 8⇨CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *If 'less', probe*: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less...1 Somewhat less...2 About the same ....3 More..4 Nothing to drink ....5 DK...8	
CA3. DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? *If 'less', probe:* WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less...1 Somewhat less...2 About the same ....3 More..4 Stopped food...5 Never gave food ....6 DK...8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes..1 No ....2 DK...8	2⇨CA4 8⇨CA4

CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?
 	
Probe:
ANYWHERE ELSE?
 	
Circle all providers mentioned,
but do NOT prompt with any suggestions.
 	
Probe to identify each type of source.
 	
If unable to determine if public or private sector, write the name of the place.
 	
_____
(*Name of place*)
	Public sector
	   Government hospital ....A
	   Government health centre ....B
	   Government health post C
	   Village health worker ....D
	   Mobile / Outreach clinic ....E
	   Sectoral hospital (army, police) ....F
	   Govt. pharmacy ....G
	
	   Other public (*specify*) _____H
	
	Private medical sector
	   Private hospital / clinic.............................I
	   Private physician ....J
	   Private pharmacy ....K
	   Other private medical (*specify*) _____O
	
	Other source
	   Relative / Friend ....P
	   Shop ....Q
	   Traditional practitioner ....R
	
	Other (*specify*) _____X	

CA4. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK *Read each item aloud and record response before proceeding to the next item.* [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORAL REHYDRATION SOLUTION (ORS) [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Y N DK Fluid from ORS packet..................... 1 2 8 Pre-packaged ORS fluid 1 2 8	

CA4A. *Check CA4: ORS* ☐ *Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇨ Continue with CA4B* ☐ *Child was not given ORS ⇨ Go to CA4C*

CA4B. WHERE DID YOU GET THE ORS?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Public sector
	  Government hospital 11
	  Government health centre 12
	  Government health post 13
	  Village health worker 14
	  Mobile / Outreach clinic 15
	  Sectoral hospital (army, police) 17
	  Govt. pharmacy 18
	  Other public (*specify*) _____ 16
	
	Private medical sector
	  Private hospital / clinic 21
	  Private physician 22
	  Private pharmacy 23
	
	  Other private medical (*specify*)_____ 26
	
	Other source
	  Relative / Friend 31
	  Shop 32
	  Traditional practitioner 33
	
	Other (*specify*) _____ 96	

CA4C. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN:
 	
  [A] ZINC TABLETS?
 	
  [B] ZINC SYRUP?
	Y N DK
	
	Zinc tablets....................................... 1 2 8
	
	Zinc syrup 1 2 8	

CA4D. *Check CA4C: Any zinc?*
 	
  ☐ *Child was given any zinc ('Yes' circled in 'A' or 'B' in CA4C)* ⇨ *Continue with CA4E*
 	
  ☐ *Child was not given any zinc* ⇨ *Go to CA4F*		

CA4E. WHERE DID YOU GET THE ZINC?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Public sector
	  Government hospital 11
	  Government health centre 12
	  Government health post 13
	  Village health worker 14
	  Mobile / Outreach clinic 15
	  Sectoral hospital (army, police) 17
	  Govt. pharmacy 18
	  Other public (*specify*) _____ 16
	
	Private medical sector
	  Private hospital / clinic 21
	  Private physician 22
	  Private pharmacy 23
	  Other private medical (*specify*)............. 26
	
	Other source
	  Relative / Friend 31
	  Shop 32
	  Traditional practitioner 33
	
	Already had at home 40
	
	Other (*specify*) _____ 96	

CA4F. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN TO DRINK ANY OF THE FOLLOWING: *Read each item aloud and record response before proceeding to the next item.* [A] WATER FROM RICE PORRIDGE/ RICE SOUP (WITH SALT)? [B] LEMON ORANGE/ COCONUT DRINK? [C] SOUP WATER FROM BOILED VEGETABLES/ MEAT? [D] WATER FROM FRIED AND BOILED RICE?	Y N DK Water from rice porridge/ rice soup .. 1 2 8 Lem-orange/ coconut drink............... 1 2 8 Soup from boiled veg/ meat .... 1 2 8 Water from fried and boiled rice 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes.. 1 No .... 2 DK.. 8	2⇨CA7 8⇨CA7

CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?
 	
Probe:
ANYTHING ELSE?
 	
Record all treatments given. Write brand name(s) of all medicines mentioned.
 	
_____
(Name)
	Pill or Syrup
	  Antibiotic...A
	  Antimotility..B
	  Other pill or syrup (Not antibiotic,
	     antimotility or zinc) .... G
	  Unknown pill or syrup ....H
	
	Injection
	  Antibiotic... L
	  Non-antibiotic .... M
	  Unknown injection ....N
	
	Intravenous .... O
	
	Home remedy / Herbal medicine............... Q
	
	Other (*specify*) _____ X	

CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes.. 1 No .... 2 DK.. 8	2⇨CA14 8⇨CA14
CA8. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes.. 1 No .... 2 DK.. 8	2⇨CA10 8⇨CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only................................. 1 Blocked or runny nose only .... 2 Both .... 3 Other (*specify*) _____ 6 DK.. 8	

CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes... 1 No .... 2 DK... 8	2⇨CA12 8⇨CA12
CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? *Circle all providers mentioned,* *but do NOT prompt with any suggestions.* *Probe to identify each type of source.* *If unable to determine if public or private sector, write the name of the place.* ———————————————— *(Name of place)*	Public sector 　Government hospital ....A 　Government health centre ....B 　Government health post ....C 　Village health worker ....D 　Mobile / Outreach clinic ....E 　Sectoral hospital (army, police) ....F 　Govt. pharmacy .... G 　Other public (*specify*) _____ H Private medical sector 　Private hospital / clinic............................I 　Private physician .... J 　Private pharmacy ....K 　Other private medical (*specify*)_____O Other source 　Relative / Friend ....P 　Shop .... Q 　Traditional practitioner ....R Other (*specify*) _____ X	
CA12.AT ANY TIME DURING THE ILLNESS, WAS (*name*) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes... 1 No .... 2 DK... 8	2⇨CA14 8⇨CA14
CA13. WHAT MEDICINE WAS (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE? *Circle all medicines given. Write brand name(s) of all medicines mentioned.* ———————————————— *(Names of medicines)*	Antibiotics: 　Pill / Syrup .... I 　Injection.. J Other medications: 　Paracetamol/ Panadol /Acetaminophen .P 　Aspirin .... Q 　Ibuprofen..R Other (*specify*) _____ X DK... Z	

CA13A. *Check CA13: Antibiotic mentioned (codes I or J)?*

　☐ *Yes* ⇨ *Continue with CA13B*

　☐ *No* ⇨ *Go to CA14*

CA13B. WHERE DID YOU GET THE ANTIBIOTICS?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
_____
(Name of place)
	Public sector
	  Government hospital 11
	  Government health centre 12
	  Government health post 13
	  Village health worker 14
	  Mobile / Outreach clinic 15
	  Sectoral hospital (army, police) 17
	  Govt. pharmacy 18
	  Other public (*specify*) _____ 16
	
	Private medical sector
	  Private hospital / clinic 21
	  Private physician 22
	  Private pharmacy 23
	
	  Other private medical (*specify*)_____ 26
	
	Other source
	  Relative / Friend 31
	  Shop 32
	  Traditional practitioner 33
	
	Already had at home 40
	
	Other (*specify*) _____ 96	

CA14. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Continue with CA15* ☐ *Child age 3 or 4 ⇨ Go to UF13*		
CA15. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine .... 01 Put / Rinsed into toilet or latrine .... 02 Put / Rinsed into drain or ditch .... 03 Thrown into garbage (solid waste) .... 04 Buried .... 05 Left in the open .... 06 Other (*specify*) _____ 96 DK 98	

| **UF13**. *Record the time.* | Hour and minutes................... __ __ : __ __ | |

UF14. *Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ *Yes* ⇨ *Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

☐ *No* ⇨ *End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household*

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

THANK YOU VERY MUCH FOR ANSWERING THE QUESTIONS. COULD YOU PLEASE GIVE US YOUR TELEPHONE NUMBER IN CASE WE MIGHT NEED SOME MORE INFORMATION?

WE DO NOT USE OR SHARE YOUR NUMBER FOR ANY OTHER PURPOSES.

Telephone number: _____

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MICS

QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT COMMUNE HEALTH CENTER
Viet Nam MICS 2014

UNDER-FIVE CHILD INFORMATION PANEL	HF

This questionnaire form is to be used at commune health centers to record information on the vaccinations and Vitamin A supplementation for children age 0-2 years. A separate questionnaire form should be used for each eligible child.

The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.

This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.

HF0A. Province/ City's name and number:

Name _____ . ___ ___

HF0B. District's name and number:

Name_____ ___ ___ ___

HF0C. Commune/ Ward name and number: _____   ___ ___ ___ ___ ___

HF1. EA's name and number:

Name _____ ___ ___ ___

HF2. Household number:

___ ___

HF3. Child's name:

Name_____

HF4. Child's line number:

___ ___

HF5. Mother's / Caretaker's name:

Name_____

HF6. Mother's / Caretaker's line number:

___ ___

HF7. Interviewer's name and number:

Name_____   ___ ___ ___

HF8. Day / Month / Year of facility visit:

___ ___ / ___ ___ / 2 0 1 ___

HF9. Day, month and year of birth
(From AG1 in Questionnaire for Children Under-5)

___ ___ / ___ ___ / 2 0 1 ___

HF10. Tel. no. of com. health center:_____

HF10A. Name of health staff: _____

HF10B. Tel. no. of health staff: _____

HF11. Result of health facility visit	Vaccination record seen 1
	Vaccination record not seen....................................... 2
	Could not meet with health staff 3
	Refused to provide information.... 4
	Other (*specify*)_____ 6

HF11A. Field editor's name and number:

Name_____ ___ ___
___

HF11B. Main data entry clerk's name and number:

Name_____ ___ ___

IMMUNIZATION										HF

HF12. *Record day, month and year of birth as written on vaccination record*

__ __ / __ __ / 2 0 1 __

HF13.
(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 AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
PENTAVALENT 1	DPT-HEP-HIB1									
PENTAVALENT 2	DPT-HEP-HIB 2									
PENTAVALENT 3	DPT-HEP-HIB 3									
DPT 1	DPT1									
DPT 2	DPT2									
DPT 3	DPT3									
HEPB AT BIRTH	HEP0									
HEPB 1	HEP1									
HEPB 2	HEP2									
HEPB 3	HEP3									
HIB 1	HIB1									
HIB 2	HIB2									
HIB 3	HIB3									
MEASLES (OR MMR OR MR)	MEASLES									
VITAMIN A (FIRST DOSE)	VITA1									
VITAMIN A (SECOND DOSE)	VITA2									

Observations: ....
....
....

MICS

15 YEARS OLD AND OVER HOUSEHOLD MEMBERS INFORMATION PANEL	HF

This questionnaire form must be completed after the completion of the Household Characteristic Module

This questionnaire form must be appended to the HOUSEHOLD QUESTIONNAIRE

MP0A. Province/ City's name and number:

Name _____ ___ ___

MP0B. District's name and number:

Name_____ ___ ___

MP0C. Commune/ Ward name and number:

Name _____ ___ ___ ___ ___ ___

MP1. Cluster's name and number:

Name _____ ___ ___ ___

MP2. Household number:

___ ___

List of Provinces

Order	Code	Name	Order	Code	Name
I	**1**	**Red River Delta**	33	49	Quảng Nam
1	01	Hà Nội	34	51	Quảng Ngãi
2	26	Vĩnh Phúc	35	52	Bình Định
3	27	Bắc Ninh	36	54	Phú Yên
4	22	Quảng Ninh	37	56	Khánh Hòa
5	30	Hải Dương	38	58	Ninh Thuận
6	31	Hải Phòng	39	60	Bình Thuận
7	33	Hưng Yên	**IV**	**4**	**Central Highland**
8	34	Thái Bình	40	62	Kon Tum
9	35	Hà Nam	41	64	Gia Lai
10	36	Nam Định	42	66	Đắk Lắk
11	37	Ninh Bình	43	67	Đắk Nông
II	**2**	**Northern Midlands and Mountains**	44	68	Lâm Đồng
12	02	Hà Giang	**V**	**5**	**Southeast**
13	04	Cao Bằng	45	70	Bình Phước
14	06	Bắc Kạn	46	72	Tây Ninh
15	08	Tuyên Quang	47	74	Bình Dương
16	10	Lào Cai	48	75	Đồng Nai
17	15	Yên Bái	49	77	Bà Rịa - Vũng Tầu
18	19	Thái Nguyên	50	79	Thành phố Hồ Chí Minh
19	20	Lạng Sơn	**VI**	**6**	**Mekong River Delta**
20	24	Bắc Giang	51	80	Long An
21	25	Phú Thọ	52	82	Tiền Giang
22	11	Điện Biên	53	83	Bến Tre
23	12	Lai Châu	54	84	Trà Vinh
24	14	Sơn La	55	86	Vĩnh Long
25	17	Hòa Bình	56	87	Đồng Tháp
III	**3**	**North and South Central Coast**	57	89	An Giang
26	38	Thanh Hóa	58	91	Kiên Giang
27	40	Nghệ An	59	92	Cần Thơ
28	42	Hà Tĩnh	60	93	Hậu Giang
29	44	Quảng Bình	61	94	Sóc Trăng
30	45	Quảng Trị	62	95	Bạc Liêu
31	46	Thừa Thiên - Huế	63	96	Cà Mau
32	48	Đà Nẵng		999	Nước ngoài

MDCP					MP

In MP3 copy each line number (HL1) of persons 15 years old and older (refer to HL6)
Next, in MP4, copy names from HL2 corresponding to these line numbers.
Ask questions starting with MP5 for each person at a time.

MP3. Line No.	**MP4**. *Name.* *Copy from HL2.*	**MP5**. IN WHICH PROVINCE HAS (*name*) REGISTERED FOR RESIDENCY? 98 DK	**MP6.** IN THE LAST 12 MONTHS HAS (*name*) WORKED FOR INCOME *Probe:* WORKED FOR WAGE/SALARY, HOUSEHOLD PRODUCTION OR SERVICE IN PLANTING, BREEDING, FORESTRY, OR AQUACULTURE, ORTRADING/BUSINESS FOR HOUSEHOLD? 1 Yes ⇨ Next Line 2 No 8 DK ⇨ Next Line	**MP7.** WHAT IS THE MAIN REASON (*name*)HAS NOT WORKED IN THE LAST 12 MONTHS? 11 Chronically ill 12 Disabled 13 Do housework 14 Studying 15 Old/retired 16 Could not find the job 96 Other reason (*specify*) 98 DK

Line	Name	Province	Code	Working status	Reason
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —
— —			— —	1 2 8	— —