

ANNEX 3

QUESTIONNAIRE

Household List

Province:.....

District :.....

Village :.....

S.No.	Name of household head	No. of persons in household			No. of mother and child		Remark
		Total	Male	Female	Mother	Children	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

(The children here are under 15 years only)

Date.....

Head of Village

Production. Country-specific. Eg., "We are from _____ and would like some information that will help us improve the health and well-being of children. The questions will take only a few minutes."

Cluster number:	Household number:	Date of interview: dd/mm/yy
Interviewer no.	Name of head of household:	Call-back necessary? Time:
No. persons in HH usually resident:	Material of dwelling floor: 1 wood/tile 2 planks/concrete 3 dirt/straw 4 other	Number of rooms in dwelling:
Data entry clerk no:	All forms completed? 1 Yes 2 No	Region 1 2 3 4
	If not, why not? 1 Refusal 2 Not at home 3 HH not found /destroyed 4 other	Urban 1 Rural 2

Interviewer: I would like to ask all mothers or others who care for children some questions about the health and well-being of the children in this household. Ask to speak to each mother/caretaker, listing the first mother's name in line 1-0. Ask each in turn to list the names and birth dates of the children she cares for who live in the household, starting with the youngest child, who is listed on line number 1-1. Stop listing when you reach a child over age 15. Go on to next woman, listing her name and the children living in the household she cares for, starting with line number 2-0. ADD CONTINUATION SHEET IF NOT ENOUGH ROOM ON THIS PAGE. Then ask: Are there any other children who live here, even if they are not at home now? (These may include children in school or at work.) IF YES, COMPLETE LISTING. Then, ask and record answers to questions as instructed in INSTRUCTIONS TO INTERVIEWERS. Tick here if continuation sheet used _____

Line No.	1.Name	2.Is _____ male or female?		3. Day, Month, year of birth?						4.Age in years	5. Over age 5?		
		M	F	D	D	M	M	Y	Y		Y	N	
1-0		1	2									M	C
1-1		1	2									1	2
1-2		1	2									1	2
1-3		1	2									1	2
1-4		1	2									1	2
2-0		1	2									M	C
2-1		1	2									1	2
2-2		1	2									1	2
2-3		1	2									1	2

Copy line numbers for all over-fives to next page. Copy line numbers for all under-fives to all health modules on following pages.

WATER AND SANITATION MODULE. Cluster No. _____ Household No. _____

To be asked once for each household visited. Record the number for only one answer. If more than one answer, enter most usual source/facility.

1. What is the source of drinking water for members of your household?

Piped in dwelling	1	Unprotected dug well	
Public tap	2	or spring, rainwater	5
Tube well or borehole	3	Pond, river or stream	6
Protected dug well or		Tanker-truck, vendor	7
protected spring	4	Other	9

2. How far is this source from your dwelling?

On premises	1	500m-1 km	4
Less than 100 metres	2	More than 1 km	5
100m - less than 500m	3	Don't know	9

3. How long does it take to get there, get water and come back?

Minutes....	
On premises	98
Don't know	99

4. What kind of toilet facility does your household use?

In dwelling:			
- flush to sewage system	1	Uncovered latrine	5
- to septic tank	2	Other	6
Pour flush latrine	3	No facilities	7
Covered dry latrine	4		

GO ON TO NEXT MODULE.

5. How far is the facility from your dwelling?

In dwelling	1	50 m or more away	3
Less than 50 m away	2	Don't know	9

GO ON TO NEXT MODULE.

SALT IODIZATION MODULE.

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

1. Record test outcome:
- | | |
|-----------------|---|
| Iodized | 1 |
| Not iodized | 2 |
| Not tested | 3 |
| No salt in home | 9 |
- GO ON TO NEXT MODULE**

2. Record type of salt:
- | | |
|----------------------------|---|
| Salt in bag with seal | 1 |
| Granular (loose or coarse) | 2 |
| Salt in blocks | 3 |
| Other _____ | 4 |
| Not seen | 9 |

GO ON TO NEXT MODULE.

EDUCATION MODULE

To be asked for all children over age 5 (or over school entry age):

	Line no.____ Name_____	Line no.____ Name_____	Line no.____ Name_____	Line no.____ Name_____
1. Has (NAME) ever attended school?				
Yes 1	1	1	1	1
No 2	2	2	2	2
Don't know 9	9	9	9	9
GO ON TO NEXT CHILD. IF NO OTHER CHILDREN 5 YEARS AND OVER, GO ON TO NEXT MODULE.				
2. Is he/she currently at school this year?				
Yes 1	1	1	1	1
No 2- GO TO	2	2	2	2
Don't know 9- Q.4	9	9	9	9
3. Which grade and level is he/she currently attending?	Grade_____			
Level: Primary 1	Level_____			
Secondary 2				
4. Was (NAME) attending school last year?				
Yes 1	1	1	1	1
No 2	2	2	2	2
Don't know 9	9	9	9	9
GO ON TO NEXT CHILD. IF NO OTHER CHILD 5 OR OVER, GO ON TO NEXT MODULE.				
5. Which grade and level did (NAME) attend last year?	Grade_____			
Level: Primary 1	Level_____			
Secondary 2				

GO ON TO NEXT MODULE.

TETANUS TOXOID MODULE.

Cluster No. _____ Household No. _____

Ask mother for her vaccination card, if different from child's. If card is present, record dates of doses found on card in spaces below:

	Mother Line no. _____ Name _____ D D M M Y Y						Mother Line No. _____ Name _____ D D M M Y Y						Mother Line no. _____ Name _____ D D M M Y Y					
1.TT1 Date:																		
2.TT2 Date:																		
3.TT3 Date:																		
4.TT4 Date:																		
5.TT5 Date:																		

For mothers without a card, you need to find out when the last TT dose was received, and how many doses in total she has had in her life. If the mother can give the following information without further probing, record here:

When was last dose received			
Total doses in lifetime			

Use the following questions if further probing is needed:

1. When you were pregnant with your last child, did you receive any injection (eg. to prevent him/her from getting convulsions after birth, an anti-tetanus shot)?

1. Yes 1 No 2 DK 9			
--------------------------	--	--	--

2. If yes, how many doses of TT did you receive during your last pregnancy?

2.No. of doses			
----------------	--	--	--

If the mother reports two TT injections during the last pregnancy STOP HERE. If she has received fewer than 2 TT injections, continue to question. Enter her responses below:

	Mother Line No. _____ Name _____	Mother Line No. _____ Name _____	Mother Line No. _____ Name _____
3. Did you receive any TT injection (at the top of the shoulder) at any time before your last pregnancy, either during a previous pregnancy or between pregnancies?			
3. Yes 1 No 2 DK 9			
4. If yes, how many doses did you receive? Enter enter response in box below:			
4.No. of doses			

GO ON TO NEXT MODULE.

Cluster No. _____ Household No. _____

CARE OF ACUTE RESPIRATORY ILLNESS <i>Ask once for each mother/caretaker of a child under 5 in the household.</i>		Mother Line no.:____ Name:_____	Mother Line no.:____ Name:_____																																
<p>1. Cough and cold are common illnesses. When your child is ill with a cough and/or cold, what signs or symptoms would lead you to take him/her to a [list appropriate health providers, eg., clinic, community health worker, doctor] or other health provider?</p> <p><i>DO NOT PROMPT. Circle the number for <u>each</u> answer mentioned. More than one answer can be circled.</i></p> <p>When he/she:</p> <table> <tbody> <tr> <td>- has a blocked nose</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>- has trouble sleeping/eating</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>- has a fever</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>- is breathing fast</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>- has difficulty breathing</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>- duration of illness</td> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>- other _____</td> <td>7</td> <td>7</td> <td>7</td> </tr> <tr> <td>- don't know</td> <td>9</td> <td>9</td> <td>9</td> </tr> </tbody> </table>		- has a blocked nose	1	1	1	- has trouble sleeping/eating	2	2	2	- has a fever	3	3	3	- is breathing fast	4	4	4	- has difficulty breathing	5	5	5	- duration of illness	6	6	6	- other _____	7	7	7	- don't know	9	9	9		
- has a blocked nose	1	1	1																																
- has trouble sleeping/eating	2	2	2																																
- has a fever	3	3	3																																
- is breathing fast	4	4	4																																
- has difficulty breathing	5	5	5																																
- duration of illness	6	6	6																																
- other _____	7	7	7																																
- don't know	9	9	9																																

GO ON TO NEXT MODULE.

Interviewer: Transfer names and line numbers of all children in the household under 5 yrs. from page 1 to this page and to all following pages (eg., children eligible for health modules). Add continuation sheets if necessary. Go through the questions with each mother in turn, until all the children she cares for have been covered.

Cluster No. _____

Household No. _____

DIARRHOEA MODULE		Line no.:			
		Name:			
1.	Has (name) had diarrhoea in the last 2 weeks? (diarrhoea = as perceived by mother or 3 or more loose stools/day or one large watery stool or blood in stool)				
Yes	1	1	1	1	1
No	2	2	2	2	2
DK	9	9	9	9	9
GO ON TO NEXT CHILD. IF NO CHILD HAS HAD A DIARRHOEA EPISODE, GO ON TO NEXT MODULE.					
2.	During this last episode of diarrhoea, did (NAME) drink: <i>Prompt and circle code for all items mentioned.</i>				
2A.	- Breast milk? 1	1	1	1	1
2B.	- Cereal-based gruel or gruel made from roots or soup? 2	2	2	2	2
2C.	- Other locally-defined acceptable home fluids (eg. SSS, yogurt drink)? 3	3	3	3	3
2D.	- ORS packet solution? 4	4	4	4	4
2E.	- Water with feeding during some part of the day? 5	5	5	5	5
2F.	- Water alone? 6	6	6	6	6
2G.	- Other milk or infant formula? 7	7	7	7	7
2H.	- Defined 'unacceptable' fluids 8	8	8	8	8
2I.	- Don't know 9	9	9	9	9
2J.	- Nothing <i>GO TO Q.4</i> 0	0	0	0	0
3.	During (NAME)'s diarrhoea, did he/she drink much less, about the same, or more than usual?				
	Much less or none 1	1	1	1	1
	About the same (or somewhat less) 2	2	2	2	2
	More 3	3	3	3	3
	Don't know 9	9	9	9	9
4.	During (NAME)'s diarrhoea, did he/she eat less, about the same, or more food than usual? (If less, probe: much less or a little less than usual?)				
	None 1	1	1	1	1
	Much less 2	2	2	2	2
	Somewhat less 3	3	3	3	3
	About the same 4	4	4	4	4
	More 5	5	5	5	5
	Don't know 9	9	9	9	9

GO ON TO NEXT MODULE.

VITAMIN A MODULES A or B or C TO BE USED ONLY IN KNOWN VITAMIN A-DEFICIENT COUNTRIES OR AREAS WITH A DEFINED PROGRAMME STRATEGY AND PROGRAMME IN OPERATION.

Some of the following questions are asked about the mother's knowledge, and should be asked once for the mother of a child in the household under 5. Other questions are asked about the practice of food consumption in the household, and are directed to the mother about her children under age 5.

Cluster No. _____ Household No. _____					
MODULE A [for countries with supplementation programme:]					
Line no.: _____					
Name: _____					
A1. Has (NAME) ever received a Vitamin A capsule (supplement) like this one? (SHOW CAPSULE or DISPENSER)					
Yes	1				
No	2	1	1	1	1
DK	9	2	2	2	2
		9	9	9	9
↓					
GO ON TO NEXT CHILD. IF NO OTHER CHILD UNDER 5, GO ON TO NEXT MODULE.					
A2. When was the last capsule taken? Months ago: _____					
MODULE B [for countries with food fortification programme:]					
Ask <u>once</u> for each mother/caretaker of named children in household:					
B1. We would like to know if some food products are used in your household. Do you have [fortified food product] in the house? Would you show us?					
Yes, seen	1	1	1	1	1
Yes, not seen	2	2	2	2	2
No	3	3	3	3	3
N/A	0	0	0	0	0
3 → GO TO NEXT MODULE					
B2. Since last (day of the week), did (NAME) eat (name of food fortified by programme)? [Show product package; PROMPT - used in cooking, stirred in drinks, etc?]					
Yes	1				
No	2	1	1	1	1
DK	9	2	2	2	2
		9	9	9	9

Cluster No. _____ Household No. _____

BREASTFEEDING MODULE <i>For children under age 5.</i>		Line no.:			
		Name:			
1.	Has (NAME) ever been breast fed?				
Yes	1		1	1	1
No	2		2	2	2
DK	9		9	9	9
↓					
GO ON TO NEXT CHILD. IF NO OTHER CHILD UNDER 5, GO ON TO NEXT MODULE.					
2.	Is he/she still being breast fed?				
Yes	1		1	1	1
No	2		2	2	2
DK	9		9	9	9
↓					
GO ON TO NEXT CHILD or to Q.4. IF NO OTHER CHILD UNDER 5, GO ON TO NEXT MODULE.					
3.	Since this time yesterday, did he/she receive any of the following?				
<i>Prompt AND circle code for all items mentioned.</i>					
3A.	Vitamin, mineral supplements or medicine	1	1	1	1
3B.	Plain water	2	2	2	2
3C.	Sweetened, flavoured water or fruit juice or tea or infusion	3	3	3	3
3D.	Oral rehydration solution (ORS)	4	4	4	4
3E.	Tinned, powdered or fresh milk or infant formula	5	5	5	5
3F.	Solid or semi-solid(mushy)food	6	6	6	6
3G.	Other (specify _____)	7	7	7	7
3H.	Received ONLY breastmilk	8	8	8	8
3I.	Don't know	9	9	9	9
OPTIONAL QUESTION:					
4.	Since this time yesterday, has (NAME) been given anything to drink from a bottle with a nipple or teat?				
Yes	1		1	1	1
No	2		2	2	2
DK	9		9	9	9

GO ON TO NEXT MODULE.

Cluster No. _____ Household No. _____

IMMUNIZATION MODULE. We would like to know about the immunizations your child has received. For all children under age 5 age. If card is present, copy dates to spaces below. If no date is recorded, insert 00/00/00; if no card, enter appropriate code for mother's report in lower box.

Is there a vaccination record card for (NAME):

	Line no. _____ Name _____ D D M M Y Y	Line no. _____ Name _____ D D M M Y Y	Line no. _____ Name _____ D D M M Y Y
1.BCG Date: Yes 1 No 2 DK 9			
1A.BCG SCAR? <i>See optional place-ment</i> Yes 1 No 2			
2A.DPT1 Date: Yes 1 No 2 DK 9			
2B.DPT2 Date: Yes 1 No 2 DK 9			
2C.DPT3 Date: Yes 1 No 2 DK 9			
3A.OPV1 Date: Yes 1 No 2 DK 9			
3B.OPV2 Date: Yes 1 No 2 DK 9			

Immunization module (cont'd)	Line no.____ Name_____						Line no.____ Name_____						Line no.____ Name_____					
	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y
3C.OPV3																		
Date:																		
Yes 1																		
No 2																		
Don't know 9																		
4.MEA-SLES																		
Date:																		
Yes 1																		
No 2																		
Don't know 9																		
<i>Alternative questions to use as prompts for mothers with no card:</i>																		
Has (name) ever been given a BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar? <i>[Fill in BCG.]</i>																		
Has (name) ever been given "vaccination injections" to prevent him/her from getting tetanus, whooping cough, diphtheria? <i>(Use country-specific prompts if possible.)</i> How many times? <i>[Fill in DPT1, DPT2, DPT3.]</i>																		
Has (name) ever been given any "vaccination drops" to protect him/her from getting diseases (ie. polio)? How many times has he/she been given these drops? <i>[Fill in OPV1, OPV2, OPV3.]</i>																		
Has (name) ever been given "vaccination injections" to prevent him/her from getting measles? <i>[Fill in MEASLES.]</i>																		

GO ON TO NEXT MODULE.

MORTALITY QUESTION MODULE

SCREENING QUESTIONNAIRE

Cluster Number:
Interviewer Number:
Date of Interview:

Introduction: as prepared by survey leaders, then:

"I would like to know about all the women between 15 and 50 who usually live and eat in this household." (Enter names below.)

	For women 15-50:				
Woman's Line No.	Name	Age in years		Marital Status married 1 widowed 2 divorced, separated 3 never married 4	Form completed? Y N

Interviewer: After completing the questions for each child, measurer to weigh (and *OPTIONALLY*, measure) all children under 5 yrs. Record measurement below. Add continuation sheet if more than 4 under-fives in household. If length/height are included, children under 24 months should be measured lying down. Children 24 months and older should be measured standing.

Cluster No. _____ Household No. _____

ANTHROPOMETRY MODULE	Line no. _____ Name: _____	Line no. _____ Name: _____	Line no. _____ Name: _____	Line no. _____ Name: _____
OPTIONAL PLACEMENT: 1. BCG SCAR? (See Immunization module)				
Yes 1	1	1	1	1
No 2	2	2	2	2
Not examined 3	3	3	3	3
2. Weight G.:				
OPTIONAL:				
3. Height/length CM.:				
3A. Measurement made:				
Lying 1	1	1	1	1
Standing 2	2	2	2	2
4. Measurer code				
5. Result:				
Measured 1	1	1	1	1
Not present 2	2	2	2	2
Refused 3	3	3	3	3
Other 9	9	9	9	9

GO ON TO NEXT CHILD.

WHEN ALL CHILDREN IN THE HOUSEHOLD HAVE BEEN WEIGHED, CHECK THAT ALL MODULES HAVE BEEN FILLED IN AND THAT THE IDENTIFYING NUMBER FOR THE HOUSEHOLD IS AT THE TOP OF EACH PAGE. CLIP ALL THE PAGES TOGETHER AS INSTRUCTED. GO BACK TO PAGE 1 AND RECORD THE COMPLETED INTERVIEW.

THANK THE MOTHER FOR HER COOPERATION.

MORTALITY QUESTIONNAIRE

INTERVIEWER: Use this form for EACH woman aged 15-50. (Note that eligibility criteria vary from survey to survey. In places where almost all childbearing occurs within marriage, only ever-married women (i.e., currently married, separated, widowed, or divorced) need to be interviewed.) If there is more than one eligible woman in each household, use a separate form for each woman. Assign each woman residing in the household a number working from the oldest to the youngest. If a woman you interview cannot give an answer to the question, DO NOT LEAVE A BLANK SPACE. PUT 9 OR 99 IN THE SPACE PROVIDED FOR HER ANSWER.

Q1. Identification (cluster,household,woman) _____/_____/_____

Q2. Interviewer number _____

Date of interview _____

Name of woman _____

Q3. How old are you (or In what month and year were you born)?

Age in completed years
OR: month
year

Q4. How many sons you have given birth to are now living with you? _____

Q5. How many sons you have given birth to are now living elsewhere? _____

Q6. How many daughters you have given birth to are now living with you? _____

Q7. How many daughters you have given birth to are now living elsewhere? _____

Q8. Have you ever given birth to a child who was born alive but later died, even if he/she lived only a short time? _____

YES
NO
↓
↓
 Go to Q. 9 enter 00 in Q. 9 and 10, then go to Q. 11

Q9. How many of your sons were born alive but later died? _____

Q10. How many of your daughters were born alive but later died? _____

Q11. **INTERVIEWER:** Sum the answers to Questions 4, 5, 6, 7, 9 and 10. _____

NOW ASK:

Q12. So altogether you have had (SUM from Q. 11) live births?

YES
↓
Go to Q. 13

NO →
(check previous answers and correct where necessary)

Interviewer: If no live births (Q.11), go to Q. 18. Otherwise, ask:

"Could you give me the following information on your last one or two live-born children, even if they are now no longer alive, beginning with your last delivery?"

Use your conversion chart to convert age of last child to date of birth, if mother cannot supply a date.

Q13. In what month and year did your most recent (last) live birth occur?

Month _____
Year _____

Q14. Was this newest (most recent) baby a boy or a girl?

BOY 1
GIRL 2
TWINS 3

Q15. Is he or she still alive today?

YES 1
NO 2
TWINS/ONE DIED 3
TWINS/BOTH DIED 4
DK 9

Interviewer: Check the answer to Q.11 before continuing. If Q.11=1, go to Q.18.

Q16. Was your second-last baby a boy or a girl?

BOY 1
GIRL 2
TWINS 3

Q17. Is he or she still alive today?

YES 1
NO 2
TWINS/ONE DIED 3
TWINS/BOTH DIED 4
DK 9

Q18. Respondent is:

Woman herself 1
Her mother 2
Sister living in same house 3
Other 4

(Marriage duration option. Can be used in every case but recommended option when only ever-married women are interviewed):

Q19. In what month and year did you first marry?

(or, 'first begin living with a man?')

Date of marriage: month _____
year _____

Thank the woman for her help.