

Appendix H. Questionnaires

MALAWI GOVERNMENT
NATIONAL STATISTICAL OFFICE

HOUSEHOLD QUESTIONNAIRE

MALAWI MDG ENDLINE SURVEY 2013/14

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____	HH7. DISTRICT NAME AND NUMBER: Name _____	
HH6. AREA: Urban1 Rural2		
HH8. Is the household selected for Questionnaire for Men? Yes1 No.....2		

MY NAME IS _____. WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **30** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND 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 (<i>specify</i>)	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: _____	
<i>If the household is selected for Questionnaire for Men:</i>	
HH13A. Number of men age 15-49 years: _____	
HH14. Number of children under age 5: _____	

ENGLISH

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

HH13.	Number of women's questionnaires completed:	___	___
<i>If the household is selected for Questionnaire for Men:</i>			
HH13B.	Number of men'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 _____
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HH18. Record the start 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 men 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 RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6A. DID (name) STAY HERE LAST NIGHT?	HL7. Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	HL7A. Circle line no. if woman age 15-49	HL7B. Circle line no. if age 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE?	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	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	Y	N	15-49	15-49	0-4	Y	N	DK	Mother		Y	N	DK	Father		Mother
01		01	1	2	___	___	___	1	2	01	01	01	1	2	8	___	___	1	2	8	___	___	___
02		___	1	2	___	___	___	1	2	02	02	02	1	2	8	___	___	1	2	8	___	___	___
03		___	1	2	___	___	___	1	2	03	03	03	1	2	8	___	___	1	2	8	___	___	___
04		___	1	2	___	___	___	1	2	04	04	04	1	2	8	___	___	1	2	8	___	___	___
05		___	1	2	___	___	___	1	2	05	05	05	1	2	8	___	___	1	2	8	___	___	___
06		___	1	2	___	___	___	1	2	06	06	06	1	2	8	___	___	1	2	8	___	___	___
07		___	1	2	___	___	___	1	2	07	07	07	1	2	8	___	___	1	2	8	___	___	___
08		___	1	2	___	___	___	1	2	08	08	08	1	2	8	___	___	1	2	8	___	___	___
09		___	1	2	___	___	___	1	2	09	09	09	1	2	8	___	___	1	2	8	___	___	___
10		___	1	2	___	___	___	1	2	10	10	10	1	2	8	___	___	1	2	8	___	___	___
11		___	1	2	___	___	___	1	2	11	11	11	1	2	8	___	___	1	2	8	___	___	___

							For women age 15-49	For men 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 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?		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6A. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL7. Circle line no. if woman age 15-49	HL7A. Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	HL7B. Circle line no. if age 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13 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 8 DK HL15 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	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	Y	N	15-49	15-49	0-4	Y	N	DK	Mother		Y	N	DK	Father		Mother					
12		___	1	2	___	___	___	1	2	12	12	12	1	2	8	___		1	2	8	___		1	2	3	8	___	
13		___	1	2	___	___	___	1	2	13	13	13	1	2	8	___		1	2	8	___		1	2	3	8	___	
14		___	1	2	___	___	___	1	2	14	14	14	1	2	8	___		1	2	8	___		1	2	3	8	___	
15		___	1	2	___	___	___	1	2	15	15	15	1	2	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 man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man'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
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EDUCATION														ED
			For household members age 5 and above				For household members age 5-24 years							
ED1. Line number	ED2. Name and age Copy all names and ages from HL2 and HL6		ED3. HAS (name) EVER ATTENDE D SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST CLASS/FORM/ YEAR (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE 2013-2014 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND CLASS/FORM/YEAR IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012- 2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/FORM/YEAR DID (name) ATTEND?					
			1 Yes 2 No ↘ Next Line	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED5	Class: 98 DK If class/form/ year 1 is not completed at this level, enter "00".	1 Yes 2 No ↘ ED7	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED7	Class: 98 DK	1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, go to next line	Class: 98 DK			
Line	Name	Age	Yes No	Level	Class	Yes No	Level	Class	Yes No DK	Level	Class			
01		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
02		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
03		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
04		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
05		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
06		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
07		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
08		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
09		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
10		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
11		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
12		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
13		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
14		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			

15		— —	1 2	0 1 2 3 8	— —	1 2	0 1 2 3 8	— —	1 2 8	0 1 2 3 8	— —
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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, child's name and age

☐ 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: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module <input type="checkbox"/> 5-17 years ⇒ Continue with CL2																
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [A] DID (<i>name</i>) 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 (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) 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 (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Worked on plot / farm / food garden / looked after animals</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped in family / relative's business/ran own business</td> <td>1</td> <td>2</td> </tr> <tr> <td>Produce / sell articles / handicrafts / clothes / food or agricultural products</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any other activity</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		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
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Produce / sell articles / handicrafts / clothes / food or agricultural products	1	2														
Any other activity	1	2														
CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8																
CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) 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 No2	1⇒ CL8														
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes.....1 No2	1⇒ CL8														

CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)? [A] IS (name) EXPOSED TO DUST, FUMES OR GAS? [B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY? [C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION? [D] IS (name) REQUIRED TO WORK AT HEIGHTS? [E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES? [F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?	Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 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)? <i>If less than one hour, record "00"</i>	Number of hours.....__ __																									
CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD? [A] SHOPPING FOR HOUSEHOLD? [B] REPAIR ANY HOUSEHOLD EQUIPMENT? [C] COOKING OR CLEANING UTENSILS OR THE HOUSE? [D] WASHING CLOTHES? [E] CARING FOR CHILDREN? [F] CARING FOR THE OLD OR SICK? [G] OTHER HOUSEHOLD TASKS?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking / cleaning utensils /house</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old / sick</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment	1	2	Cooking / cleaning utensils /house	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old / sick	1	2	Other household tasks	1	2	
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CL11. Check CL10, A to G <input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12 <input type="checkbox"/> 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? <i>If less than one hour, record "00"</i>	Number of hours__ __																									

CHILD DISCIPLINE		CD																																							
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 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 <u>(name)</u> IN THE PAST MONTH.	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[A1]FORBADE (name) A MEAL.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[A1]FORBADE (name) A MEAL.	1	2	[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE 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.	1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD	1	2	
	Yes	No																																							
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2																																							
[A1]FORBADE (name) A MEAL.	1	2																																							
[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	1	2																																							
[C] SHOOK HIM/HER.	1	2																																							
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2																																							
[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2																																							
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE 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.	1	2																																							
[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2																																							
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2																																							
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2																																							
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER 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?	Catholic.....01	
	CCAP.....02	
	Anglican.....03	
	Seventh Day Adventist.....04	
	Other Christian.....05	
	Muslim.....06	
	No Religion.....07	
	Other religion (<i>specify</i>) 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Chewa.....01	
	Tumbuka.....02	
	Lomwe.....03	
	Tonga.....04	
	Yao.....05	
	Sena.....06	
	Nkhonde.....07	
	Ngoni.....08	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor	
	Earth / Sand.....11	
	Dung.....12	
	Rudimentary floor	
	Wood planks.....21	
	Palm / Bamboo.....22	
	Finished floor	
	Parquet or polished wood.....31	
	Vinyl or asphalt strips.....32	
	Ceramic tiles.....33	
	Cement.....34	
	Carpet.....35	
	Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing	
	No Roof.....11	
	Thatch / Palm leaf.....12	
	Rudimentary roofing	
	Palm / Bamboo.....22	
	Wood planks.....23	
	Cardboard.....24	
	Finished roofing	
	Metal / Tin / Iron sheets.....31	
	Wood.....32	
	Ceramic tiles.....34	
	Cement.....35	
	Other (<i>specify</i>) 96	

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls11</p> <p>Cane / Palm / Trunks12</p> <p>Dirt13</p> <p>Rudimentary walls</p> <p>Bamboo with mud21</p> <p>Stone with mud22</p> <p>Uncovered adobe23</p> <p>Plywood24</p> <p>Cardboard25</p> <p>Reused wood26</p> <p>Unburnt bricks27</p> <p>Finished walls</p> <p>Cement31</p> <p>Stone with lime / cement32</p> <p>Bricks (burnt)33</p> <p>Cement blocks34</p> <p>Covered adobe35</p> <p>Wood planks / shingles36</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity01</p> <p>Liquefied Petroleum Gas (LPG) / gas cylinder02</p> <p>Natural gas03</p> <p>Biogas04</p> <p>Kerosene05</p> <p>Coal / Lignite06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung10</p> <p>Agricultural crop residue11</p> <p>No food cooked in household95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen1</p> <p>Elsewhere in the house2</p> <p>In a separate building3</p> <p>Outdoors4</p> <p>Other (<i>specify</i>) 6</p>	

HC8. DOES YOUR HOUSEHOLD HAVE: [A] ELECTRICITY? [A1] SOLAR PANEL? [B] A RADIO? [C] A TELEVISION? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR? [F] PARAFFIN LAMP? [G] A BED WITH MATTRESS? [H] A TABLE AND CHAIR(S)? [I] KOLOBOYI? [J] TORCH/BATTERY LAMP? [K] COMPUTER/LAPTOP?	<div style="text-align: right;">Yes No</div> Electricity1 2 Solar panel1 2 Radio1 2 Television1 2 Non-mobile telephone1 2 Refrigerator.....1 2 Paraffin Lamp1 2 A bed with mattress1 2 A table and chair(s)1 2 Koloboyi.....1 2 Torch/Battery Lamp1 2 Computer/Laptop.....1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK? [G] A BOAT WITH A MOTOR? [H] A CANOE/BOAT WITHOUT A MOTOR? [I] A FISHING NET?	<div style="text-align: right;">Yes No</div> Watch1 2 Mobile telephone1 2 Bicycle1 2 Motorcycle / Scooter1 2 Animal- drawn cart.....1 2 Car / Truck.....1 2 Boat with motor.....1 2 Canoe/Boat without a motor1 2 Fishing net1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i>	Own1 Rent2 Other (<i>specify</i>) 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes1 No2	2⇒HC13

<p>HC12. HOW MUCH AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>Record in units respondent uses</i></p> <p><i>If 95 or more, circle '995'.</i></p> <p><i>If unknown, circle '998'.</i></p>	<p>Acres1 ____ . ____</p> <p>Hectares2 ____ . ____</p> <p>Football pitches3 ____ . ____</p> <p>95 or more Acres/Hectares/Football Pitches995</p> <p>DK.....998</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒HC15</p>
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKEN?</p> <p>[F] PIGS?</p> <p>[G] OTHER POULTRY (DUCKS, GUINEA FOWL)</p> <p><i>If none, record '00'. If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls ____ ____</p> <p>Horses, donkeys, or mules ____ ____</p> <p>Goats ____ ____</p> <p>Sheep ____ ____</p> <p>Chicken..... ____ ____</p> <p>Pigs..... ____ ____</p> <p>Other poultry (Ducks, Guinea fowl) .. ____ ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes1</p> <p>No2</p>	

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets ____	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the brand/type of mosquito net. Long-lasting net Duranet (green, square) Olyset (light blue square) Lifenet (white, square) Permanet (green square) Other nets: Safi net (dark blue, conical) If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.	Long-lasting treated nets Duranet 11 Olyset 12 Lifenet 13 Permanet 14 Other (specify) 16 DK brand 18 Re-treatable nets Specify 26 DK brand 28 Other net Safi 31 Other (specify) 36 DK brand / type 98	Long-lasting treated nets Duranet 11 Olyset 12 Lifenet 13 Permanet 14 Other (specify) 16 DK brand 18 Re-treatable nets Specify 26 DK brand 28 Other net Safi 31 Other (specify) 36 DK brand / type 98	Long-lasting treated nets Duranet 11 Olyset 12 Lifenet 13 Permanet 14 Other (specify) 16 DK brand 18 Re-treatable nets Specify 26 DK brand 28 Other net Safi 31 Other (specify) 36 DK brand / type 98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? If less than one month, record "00"	Months ago More than 36 mo. ago... 95 DK / Not sure 98	Months ago More than 36 mo. ago... 95 DK / Not sure 98	Months ago More than 36 mo. ago... 95 DK / Not sure 98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Re-treatable (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11

TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago ____ ____ More than 24 mo. ago... 95 DK / Not sure 98	Months ago ____ ____ More than 24 mo. ago ... 95 DK / Not sure 98	Months ago ____ ____ More than 24 mo. ago ... 95 DK / Not sure 98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13	Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13	Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the List of Household Members</i> <i>If someone not in the List of Household Members slept under the mosquito net, record "00"</i>	Name Line number ____ ____ Name Line number ____ ____ Name Line number ____ ____ Name Line number ____ ____ Name Line number ____ ____	Name Line number ____ ____ Name Line number ____ ____ Name Line number ____ ____ Name Line number ____ ____	Name Line number ____ ____ Name Line number ____ ____ Name Line number ____ ____ Name Line number ____ ____
TN13.	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i>
<i>Tick here if additional questionnaire used</i> <input type="checkbox"/>			

INDOOR RESIDUAL SPRAYING		IF
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes 1 No..... 2 DK 8	2⇒Next Module 8⇒Next Module
IR2. WHO SPRAYED THE DWELLING? <i>Circle all that apply.</i>	Government worker / program A Private company B Non-governmental organization..... C Other (specify) X DK Z	

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 neighbour13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring42 Rainwater collection51 Tanker-truck61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Bottled water91 Other (<i>specify</i>) 96	
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 neighbour13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring42 Rainwater collection51 Tanker-truck61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THE MAIN SOURCE OF DRINKING WATER LOCATED?	In own dwelling1 In own yard / plot2 Elsewhere3	1⇒WS6 2⇒WS6
WS3A HOW FAR IS THE MAIN SOURCE OF DRINKING WATER: LESS THAN 200M, BETWEEN 200M AND 500M OR OVER 500M?	Less than 200m1 Between 200 and 500 m.....2 Over 500m3	
WS4. HOW LONG DOES IT TAKE TO GO TO THE MAIN SOURCE OF DRINKING WATER, GET WATER, AND COME BACK?	Total Number of minutes__ __ __ DK.....998	
WS4A. HOW MUCH OF THIS TIME IS SPENT WAITING AT THE SOURCE (IN QUEUE)?	No waiting time000 Waiting time in minutes__ __ __ DK.....998	

<p>WS5. WHO USUALLY GOES TO THE MAIN SOURCE OF DRINKING WATER TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years)1 Adult man (age 15+ years)2 Female child (under 15).....3 Male child (under 15)4 DK.....8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK..... Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system11 Flush to septic tank.....12 Flush to pit (latrine).....13 Flush to somewhere else.....14 Flush to unknown place / Not sure / DK where15 Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with concrete slab22 Pit latrine with solid slab made from mud/rock/wood etc24 Pit latrine without slab / Open pit23 Composting toilet.....31 Bucket.....41 Hanging toilet, Hanging latrine51 No facility, Bush, Field95 Other (<i>specify</i>) 96</p>	<p>95⇒Next MODULE</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes.....1 No2</p>	<p>2⇒Next MODULE</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public).....1 Public facility2</p>	<p>2⇒Next MODULE</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ____ Ten or more households.....10 DK.....98</p>	

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
HW1A <i>Record the place where members most often wash their hands</i>	Tap 1 Container with tap 2 Home-made hand washing facility 3 Other (specify) 6	
HW1B <i>Where is the location?</i>	Kitchen 1 Toilet 2 Other 6	
HW2. Observe presence of water at the place for handwashing. <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available 1 Water is not available 2	
HW3A. Is soap, detergent or ash/mud/sand present at the place for handwashing?	Yes, present 1 No, not present 2	 2 ⇒ HW4
HW3B. Record your observation. <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	 A ⇒ HW6 B ⇒ HW6 C ⇒ HW6 D ⇒ HW6
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes 1 No 2	 2 ⇒ HW6
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown 1 No, not shown 2	 2 ⇒ HW6

<p>HW5B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap.....A</p> <p>Detergent (Powder / Liquid / Paste).....B</p> <p>Liquid soap.....C</p> <p>Ash / Mud / SandD</p>	
<p>HW6. WHEN DO MEMBERS OF YOUR HOUSEHOLD USUALLY WASH THEIR HANDS?</p> <p><i>Check each activity provided but do not prompt answer.</i></p>	<p>When coming homeA</p> <p>After eating.....B</p> <p>Before eating.....C</p> <p>After visiting the latrine/toiletD</p> <p>Before preparing foodE</p> <p>After cleaning baby's bottomF</p> <p>Before feeding a baby.....G</p> <p>Whenever they are dirty.....H</p> <p>Other (<i>specify</i>)X</p> <p>Do not usually wash handsZ</p>	

HH19. Record the finish time.	Hour and minutes : ..	
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SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house..... 4 Salt not tested (specify 5	

<p>HH20. Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</i> has been issued for each woman age 15-49 years in the List of Household Members (HL7)</p> <p>Check HH8. If the household is selected for <i>QUESTIONNAIRE FOR INDIVIDUAL MEN</i>:</p> <p><input type="checkbox"/> A separate <i>Questionnaire for Individual Men</i> has been issued for each man age 15-49 years in the List of Household Members (HL7A)</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> has been issued for each child under age 5 years in the List of Household Members (HL7B)</p> <p><i>Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A) and under-5s (HH14) are entered.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

WOMAN'S INFORMATION PANEL		WM
<i>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.</i>		
WM1. Cluster number: <div style="text-align: right;">_ _ _ _ _</div>	WM2. Household number: <div style="text-align: right;">_ _ _</div>	
WM3. Woman's name: Name _____	WM4. Woman's line number: <div style="text-align: right;">_ _ _</div>	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: <div style="text-align: right;">_ _ _ / _ _ _ / 2 0 1 _</div>	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>MY NAME IS _____. WE ARE FROM NATIONAL STATISTICAL OFFICE WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40 – 50 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 40 - 50 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</p>	

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
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WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____
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SENTENCES FOR LITERACY TEST

CHICHEWA

MAKOLO AMAKONDA ANA AWO.

ULIMI NDI KHAMA.

MWANA AKUWERENGA BUKHU.

ANA AMALIMBIKILA SUKULU.

TUMBUKA

WAPAPI WAKUTEMWA WANA WAO.

KULIMA NDI NTCHITO YINONONO.

MWANA WAKUWERENGA BUKHU.

WANA WAKULIMBIKIRA KUSUKULU.

ENGLISH

PARENTS LOVE THEIR CHILDREN.

FARMING IS HARD WORK.

THE CHILD IS READING A BOOK.

CHILDREN WORK HARD AT SCHOOL

WM10. Record the start time.	Hour and minutes : ..	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month98 Year DK year9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes1 No2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool0 Primary1 Secondary2 Higher3	0⇒WB7
WB5. WHAT IS THE HIGHEST CLASS/FORM/YEAR YOU COMPLETED AT THAT LEVEL? <i>If class/form/year 1 is not completed at this level, enter "00"</i>	Class/Form/Year	
WB6. Check WB4: <input type="checkbox"/> Secondary or higher (WB4=2 or 3) ⇒ Go to Next Module <input type="checkbox"/> Primary (WB4=1) ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all1 Able to read only parts of sentence2 Able to read whole sentence3 No sentence in required language4 (specify language) Blind / visually impaired5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check WB7: <input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3		
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? <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> 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? <i>If necessary, probe for use from any location, with any device.</i>	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? <i>If none, record '00'.</i>	Sons at home Daughters at home.....	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere Daughters elsewhere	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I 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?</i>	Yes 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead Girls dead	
CM10. Sum answers to CM5, CM7, and CM9.	Sum	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?		
<input type="checkbox"/> <i>Yes. Check below:</i>		
<input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module</i>		
<input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module</i>		
<input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module</i>		

BIRTH HISTORY													BH
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. <i>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.</i>													
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 HLI)	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)?		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.	Record days if less than 1 month; record months if less than 2 years; or years		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 Next Birth	
03		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days.....1 Months.....2 Years.....3	__ __	1 2 Add Next Birth	
04		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days.....1 Months.....2 Years.....3	__ __	1 2 Add Next Birth	
05		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days.....1 Months.....2 Years.....3	__ __	1 2 Add Next Birth	
06		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days.....1 Months.....2 Years.....3	__ __	1 2 Add Next Birth	
07		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days.....1 Months.....2 Years.....3	__ __	1 2 Add 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? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. <i>Record household line number of child (from HLI)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (name)? <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		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 Months2 Years.....3	___	1 2 Add Birth Next Birth
09		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days.....1 Months2 Years.....3	___	1 2 Add Birth Next Birth
10		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days.....1 Months2 Years.....3	___	1 2 Add Birth Next Birth
11		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days.....1 Months2 Years.....3	___	1 2 Add Birth Next Birth
12		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days.....1 Months2 Years.....3	___	1 2 Add Birth Next Birth
13		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days.....1 Months2 Years.....3	___	1 2 Add Birth Next Birth
14		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days.....1 Months2 Years.....3	___	1 2 Add Birth Next Birth
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?							Yes 1 No 2			1⇒Record birth(s) in Birth History		

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

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor/Clinical Officer/Medical Assistant.....A Nurse / MidwifeB Community Midwife.....C Other person Traditional birth attendant F Community health worker/HSA G Patient /Ward Attendant.....H Other (specify)X													
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? <i>Record the answer as stated by respondent.</i>	Weeks 1 ____ Months 2 0 ____ DK 998													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>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.</i>	Number of times..... ____ DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes 1 No..... 2 DK 8	2⇒MN9 8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?	Number of times..... ____ DK 8	8⇒MN9												

MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> 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⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times..... DK 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If less than 1 year, record '00'.</i>	Years ago.....	
MN12. Check MN1 for presence of antenatal care during this pregnancy: <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13 <input type="checkbox"/> No antenatal care received ⇒ Go to MN17		
MN13. DURING (ANY OF) YOUR ANTENATAL VISIT(S) FOR THE PREGNANCY WITH (name), DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes 1 No 2 DK 8	2⇒MN17 8⇒MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i>	SP / Fansidar A Chloroquine B Other (specify) X DK Z	
MN15. Check MN14 for medicine taken: <input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16 <input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN17		
MN16. DURING YOUR PREGNANCY WITH (name), HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR IN TOTAL? PLEASE INCLUDE ALL THAT YOU OBTAINED EITHER DURING AN ANTENATAL CARE VISIT, DURING A VISIT TO A HEALTH FACILITY OR FROM ANOTHER SOURCE?	Number of times..... DK 98	

<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor/Clinical Officer/Medical Assistant.....A</p> <p>Nurse / MidwifeB</p> <p>Community Midwife.....C</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker/HSA..... G</p> <p>Relative / FriendH</p> <p>Patient /Ward Attendant..... I</p> <p>Other (<i>specify</i>) X</p> <p>No one..... Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government health centre 22</p> <p>Government health post/Dispensary..... 23</p> <p>Outreach 24</p> <p>Other public (<i>specify</i>) 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) 36</p> <p>CHAM/Mission</p> <p>Hospital 41</p> <p>Health centre 42</p> <p>Other (<i>specify</i>) 96</p>	<p>21⇒MN19</p> <p>22⇒MN19</p> <p>23⇒MN19</p> <p>24⇒MN19</p> <p>26⇒MN19</p> <p>31⇒MN19</p> <p>32⇒MN19</p> <p>33⇒MN19</p> <p>36⇒MN19</p> <p>41⇒MN19</p> <p>42⇒MN19</p>
<p>MN18A. WHAT WAS USED TO CUT THE CORD OF (name)?</p> <p><i>If 'razor blade', then ask:</i> WAS THE RAZOR BLADE NEW OR USED? <i>If 'new', circle '1'. If 'used or don't know', circle '2'.</i></p>	<p>New razor blade 1</p> <p>Used razor blade..... 2</p> <p>Scissors..... 3</p> <p>Sickle..... 4</p> <p>Knife 5</p> <p>Other (<i>specify</i>) 6</p> <p>Don't know/Can't remember 8</p>	<p>1⇒MN18C</p> <p>8⇒MN18C</p>
<p>MN18B. WAS THE (instrument) USED TO CUT THE CORD OF (name) BOILED PRIOR TO USE?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	

MN18C. WAS ANYTHING APPLIED TO THE CORD OF <i>(name)</i> AFTER THE CORD WAS CUT AND TIED UNTIL THE CORD FELL OFF?	Yes 1 No 2 DK 8	2⇒MN20 8⇒MN20
MN18D. WHAT WAS APPLIED TO THE CORD? <i>Probe: ANYTHING ELSE?</i>	Spirit A Water B Breast milk C Cow dung D Herbs E Other (<i>specify</i>) X DK / Don't remember Z	A⇒MN20 B⇒MN20 C⇒MN20 D⇒MN20 E⇒MN20 X⇒MN20 Z⇒MN20
MN19. WAS <i>(name)</i> 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 <i>(name)</i> 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	
MN20A. WAS <i>(name)</i> DRIED OR WIPED AFTER DELIVERY?	Yes 1 No 2 DK 8	2⇒MN21 8⇒MN21
MN20B. HOW SOON AFTER BIRTH WAS <i>(name)</i> DRIED OR WIPED? <i>if less than 1 hour record 00</i>	Immediately / less than one hour 00 Hours — — DK / Don't remember 98	
MN20C. HOW SOON AFTER BIRTH WAS <i>(name)</i> BATHED FOR THE FIRST TIME? <i>if less than 1 hour record 00</i>	Immediately / less than one hour 00 Hours — — Never bathed 95 DK / Don't remember 98	
MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2⇒MN23 8⇒MN23

MN22. HOW MUCH DID (name) WEIGH? <i>If a card is available, record weight from card.</i>	From card.....1 (kg) __ . __ __ __ From recall2 (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? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	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? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk).....A Plain waterB Sugar or glucose waterC Gripe water.....D Sugar-salt-water solutionE Fruit juice.....F Infant formulaG Tea / Infusions.....H HoneyI Water and herbs.....J Other (<i>specify</i>).....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 or 41-42) ⇒ 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 YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?

DID ANYONE CHECK ON YOUR 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, community health worker or patient/ward attendant assist with the delivery?

- ☐ Yes, delivery assisted by a health professional, traditional birth attendant, community health worker or Patient/Ward Attendant (MN17=A-G, I) ⇒ Continue with PN7
- ☐ No, delivery not assisted by a health professional, traditional birth attendant, or community health worker, Patient/Ward Attendant (A-G, I not circled in MN17) ⇒ Go to PN10

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

PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional: Doctor/Clinical Officer/Medical Assistant.....A Nurse / MidwifeB Community Midwife.....C Other person Traditional birth attendant F Community health worker/HSA..... G Relative / FriendH Patient /Ward Attendant..... I Other (<i>specify</i>).....X	
PN14. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> <hr/> (Name of place)	Home Respondent's home 11 Other home 12 Public sector Government hospital 21 Government health centre 22 Government health post/Dispensary..... 23 Outreach 24 Other public (<i>specify</i>) 26 Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 CHAM/Mission Hospital 41 Health centre 42 Other (<i>specify</i>)..... 96	
PN15. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41-42) ⇒ Continue with PN16 <input type="checkbox"/> 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 or patient/ward attendant assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, community health worker or patient/ward attendant(MN17=A-G, I) ⇒ Continue with PN18 <input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, community health worker or patient/ward attendant (A-G not circled in MN17) ⇒ Go to PN19		

PN18. AFTER THE DELIVERY WAS OVER AND <i>(person or persons in MN17)</i> LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No..... 2	1⇒PN20 2⇒Next Module
PN19. AFTER THE BIRTH OF <i>(name)</i> , 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? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	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/Clinical Officer/Medical Assistant.....A Nurse / MidwifeB Community Midwife.....C Other person Traditional birth attendant F Community health worker/HSA..... G Relative / FriendH Patient /Ward Attendant..... I Other (<i>specify</i>).....X	

<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government health centre 22</p> <p>Government health post/Dispensary..... 23</p> <p>Outreach 24</p> <p>Other public (<i>specify</i>) 26</p> <p>Private medical sector</p> <p>Private hospital..... 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) 36</p> <p>CHAM/Mission</p> <p>Hospital 41</p> <p>Health centre 42</p> <p>Other (<i>specify</i>) 96</p>	
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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 not prompt with any suggestions

Child not able to drink or breastfeed A
 Child becomes sicker B
 Child develops a fever C
 Child has fast breathing D
 Child has difficulty breathing E
 Child has blood in stool F
 Child is drinking poorly G
 Child is vomiting H

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? <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	Female sterilizationA Male sterilizationB IUDC InjectablesD Implants.....E PillF Male condom.....G Female condomH Foam / JellyJ Periodic abstinence / RhythmL WithdrawalM Other (<i>specify</i>).....X	

UNMET NEED		UN
UN1. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No 2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child..... 1 No more / None..... 2 Undecided / DK..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using “Female sterilization”? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None..... 2 Says she cannot get pregnant 3 Undecided / DK..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i>	Months 1 ____ Years..... 2 ____ Does not want to wait (soon/how)..... 993 Says she cannot get pregnant 994 After marriage 995 Other 996 DK 998	994⇒UN11
UN8. Check CP1. Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

UN9. Check CP2. Currently using a method? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> 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? <i>If more than one reason given, circle all the codes for these responses</i>	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? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? <i>Record the answer using the same unit stated by the respondent</i>	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?	Burns food	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man..... 2 No, not in union 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes 1 No 2	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.....__ __	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before continuing, ensure privacy.		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse 00 Age in years First time when started living with (first) husband/partner 95	00⇒Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i>	Days ago 1 Weeks ago 2 Months ago 3 Years ago 4	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Other (specify) 6	3⇒SB7 4⇒SB7 6⇒SB7
SB6. Check MAI: <input type="checkbox"/> Currently married or living with a man (MAI = 1 or 2) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MAI = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner DK 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband1 Cohabiting partner2 Boyfriend.....3 Casual acquaintance4 Other (<i>specify</i>)6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)</i> AND <i>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner..... _ _ DK 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes.....1 No2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... _ _</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners _ _ DK 98</p>	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK 8	2 ⇒Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>During pregnancy</td><td>1</td><td>2</td><td>8</td></tr><tr><td>During delivery</td><td>1</td><td>2</td><td>8</td></tr><tr><td>By breastfeeding</td><td>1</td><td>2</td><td>8</td></tr></table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8																	

HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> 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 AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test.....	1	2	8	
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Offered a test.....	1	2	8																			
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes1 No2 DK.....8	2⇒HA19 8⇒HA19																				
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No2 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?	Yes1 No2 DK.....8	1⇒HA22 2⇒HA22 8⇒HA22																				
HA19. Check MN17: Birth delivered by health professional (A, B, or C)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or C) ⇒ Continue with HA20 <input type="checkbox"/> 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 AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes1 No2	2⇒HA24																				
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No2																					
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes1 No2	1⇒HA25																				

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	1 ⇒ 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 AIDS 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 AIDS VIRUS?	Yes 1 No 2	

MATERNAL MORTALITY		MM
MM1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BROTHERS AND SISTERS, THAT IS, ALL OF THE CHILDREN BORN TO YOUR NATURAL MOTHER. PLEASE INCLUDE ALL YOUR SISTERS AND BROTHERS WHO ARE LIVING WITH YOU, THOSE WHO ARE LIVING ELSEWHERE, AND THOSE WHO HAVE DIED.		
HOW MANY CHILDREN DID YOUR MOTHER GIVE BIRTH TO, INCLUDING YOURSELF?	Number of births to natural mother ____ ____	
MM2. Check MM1. <input type="checkbox"/> Two or more births ⇒ Continue with MM3 <input type="checkbox"/> Only one birth (respondent only) ⇒ Go to Next Module		
MM3. HOW MANY OF THESE BIRTHS DID YOUR MOTHER HAVE BEFORE YOU WERE BORN?	Number of preceding births..... ____ ____	

	[S1] Oldest	[S2] Next oldest	[S3] Next oldest	[S4] Next oldest
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____
MM5. IS (name) MALE OR FEMALE?	Male..... 1 Female..... 2	Male 1 Female2	Male..... 1 Female..... 2	Male.....1 Female2
MM6. IS (name) STILL ALIVE?	Yes 1 No 2 ⇒MM8 DK..... 8 ⇒[S2]	Yes 1 No2 ⇒MM8 DK 8 ⇒[S3]	Yes..... 1 No 2 ⇒MM8 DK..... 8 ⇒[S4]	Yes1 No2 ⇒MM8 DK8 ⇒[S5]
MM7. HOW OLD IS (name)?	____ ____ ⇒ Go to [S2]	____ ____ ⇒ Go to [S3]	____ ____ ⇒ Go to [S4]	____ ____ ⇒ Go to [S5]
MM8. HOW MANY YEARS AGO DID (name) DIE?	____ ____	____ ____	____ ____	____ ____
MM9. HOW OLD WAS (name) WHEN HE/SHE DIED?	____ ____	____ ____	____ ____	____ ____
MM9A. Check MM5 and MM9. Is the sibling male OR died before age 12?	<input type="checkbox"/> Yes. ⇒ Go to [S2] <input type="checkbox"/> No. ⇒ Continue with MM10	<input type="checkbox"/> Yes. ⇒ Go to [S3] <input type="checkbox"/> No. ⇒ Continue with MM10	<input type="checkbox"/> Yes. ⇒ Go to [S4] <input type="checkbox"/> No. ⇒ Continue with MM10	<input type="checkbox"/> Yes. ⇒ Go to [S5] <input type="checkbox"/> No. ⇒ Continue with MM10
MM10. WAS (name) PREGNANT WHEN SHE DIED?	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No2	Yes..... 1 ⇒MM13 No 2	Yes1 ⇒MM13 No2
MM11. DID (name) DIE DURING CHILDBIRTH?	Yes 1 ⇒MM13 No 2	Yes 1 ⇒MM13 No2	Yes..... 1 ⇒MM13 No 2	Yes1 ⇒MM13 No2
MM12. DID (name) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes 1 No 2	Yes 1 No2	Yes..... 1 No 2	Yes1 No2
MM13. HOW MANY LIVE BORN CHILDREN DID (name) GIVE BIRTH TO DURING HER LIFETIME?	____ ____	____ ____	____ ____	____ ____
MM14.	If no more siblings, go to next module	If no more siblings, go to next module	If no more siblings, go to next module	If no more siblings, go to next module

	[S5] Oldest	[S6] Next oldest	[S7] Next oldest	[S8] Next oldest
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____
MM5. IS <i>(name)</i> MALE OR FEMALE?	Male 1 Female 2	Male 1 Female 2	Male 1 Female 2	Male 1 Female 2
MM6. IS <i>(name)</i> STILL ALIVE?	Yes 1 No 2 ⇒ MM8 DK 8 ⇒ [S6]	Yes 1 No 2 ⇒ MM8 DK 8 ⇒ [S7]	Yes 1 No 2 ⇒ MM8 DK 8 ⇒ [S8]	Yes 1 No 2 ⇒ MM8 DK 8 ⇒ [S9]
MM7. HOW OLD IS <i>(name)</i> ?	___ __ ⇒ Go to [S6]	___ __ ⇒ Go to [S7]	___ __ ⇒ Go to [S8]	___ __ ⇒ Go to [S9]
MM8. HOW MANY YEARS AGO DID <i>(name)</i> DIE?	___ __	___ __	___ __	___ __
MM9. HOW OLD WAS <i>(name)</i> WHEN HE/SHE DIED?	___ __	___ __	___ __	___ __
MM9A. Check MM5 and MM9. <i>Is the sibling male OR died before age 12?</i>	<input type="checkbox"/> Yes. ⇒ Go to [S6] <input type="checkbox"/> No. ⇒ Continue with MM10	<input type="checkbox"/> Yes. ⇒ Go to [S7] <input type="checkbox"/> No. ⇒ Continue with MM10	<input type="checkbox"/> Yes. ⇒ Go to [S8] <input type="checkbox"/> No. ⇒ Continue with MM10	<input type="checkbox"/> Yes. ⇒ Go to [S9] <input type="checkbox"/> No. ⇒ Continue with MM10
MM10. WAS <i>(name)</i> PREGNANT WHEN SHE DIED?	Yes 1 ⇒ MM13 No 2	Yes 1 ⇒ MM13 No 2	Yes 1 ⇒ MM13 No 2	Yes 1 ⇒ MM13 No 2
MM11. DID <i>(name)</i> DIE DURING CHILDBIRTH?	Yes 1 ⇒ MM13 No 2	Yes 1 ⇒ MM13 No 2	Yes 1 ⇒ MM13 No 2	Yes 1 ⇒ MM13 No 2
MM12. DID <i>(name)</i> DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
MM13. HOW MANY LIVE BORN CHILDREN DID <i>(name)</i> GIVE BIRTH TO DURING HER LIFETIME?	___ __	___ __	___ __	___ __
MM14.	<i>If no more siblings, go to next module</i>	<i>If no more siblings, go to next module</i>	<i>If no more siblings, go to next module</i>	<i>If no more siblings, go to next module</i>
				Tick here if additional questionnaire used <input type="checkbox"/>

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes1 No2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette00 Age ____	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes1 No2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month10 Every day / Almost every day30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes1 No2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes1 No2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos C Pipe D Other (<i>specify</i>) X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Number of days0 ____ 10 days or more but less than a month10 Every day / Almost every day30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes1 No2	2 ⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes1 No2	2 ⇒TA14

<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco A Snuff B Dip C Other (<i>specify</i>) X</p>	
<p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i></p>	<p>Number of days0 ____ 10 days or more but less than a month 10 Every day / Almost every day30</p>	
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes1 No2</p>	<p>2⇒Next Module</p>
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol00 Age ____ ____</p>	<p>00⇒Next Module</p>
<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month ..00 Number of days0 ____ 10 days or more but less than a month 10 Every day / Almost every day30</p>	<p>00⇒Next Module</p>
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks ____ ____</p>	

LIFE SATISFACTION

LS

LS1. Check WB2: Age of respondent is between 15 and 24?

☐ Age 25-49 ⇒ Go to Next Module

☐ Age 15-24 ⇒ Continue with LS2

LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.

FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.

Very happy 1
Somewhat happy 2
Neither happy nor unhappy 3
Somewhat unhappy 4
Very unhappy 5

LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

Does not have a family..... 0
Very satisfied..... 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied..... 5

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

Does not have friends 0
Very satisfied..... 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied..... 5

LS5. DURING THE CURRENT 2013-2014 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

Yes 1
No..... 2

2⇒LS7

LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job 0 Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved 1 More or less the same..... 2 Worsened 3	
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better..... 1 More or less the same..... 2 Worse 3	

SOAP		SO
SO1. WHEN YOU HAVE SOAP IN THE HOUSE, WHAT DO YOU USE IT FOR? <i>Don't prompt. Circle all mentioned</i>	Bathing A Washing clothes B Washing dishes C Washing hands D Other (specify) X	

WM11. Record the finish time.	Hour and minutes : ..	
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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? <input type="checkbox"/> Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> for that child and start the interview with this respondent <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MALAWI GOVERNMENT QUESTIONNAIRE FOR INDIVIDUAL MEN

NATIONAL STATISTICAL OFFICE

MALAWI MDG ENDLINE SURVEY 2013/14

MAN'S INFORMATION PANEL		MWM
<p><i>This questionnaire is to be administered to all men age 15 through 49 (see List of Household Members, column HL7A).</i></p> <p><i>A separate questionnaire should be used for each eligible man.</i></p>		
MWM1. Cluster number: <div style="text-align: right;">_____</div>	MWM2. Household number: <div style="text-align: right;">_____</div>	
MWM3. Man's name: Name _____	MWM4. Man's line number: <div style="text-align: right;">_____</div>	
MWM5. Interviewer's name and number: Name _____	MWM6. Day / Month / Year of interview: <div style="text-align: right;">____ / ____ / 201____</div>	

<p><i>Repeat greeting if not already read to this man:</i></p> <p>MY NAME IS _____. WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in MWM7. Discuss this result with your supervisor.</p>	

MWM7. Result of man's interview	Completed..... 01 Not at home 02 Refused..... 03 Partly completed 04 Incapacitated..... 05 Other (specify) _____ 96
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MWM8. Field editor's name and number: Name _____	MWM9. Main data entry clerk's name and number: Name _____
--	---

ENTENCES FOR LITERACY TEST

CHICHEWA

MAKOLO AMAKONDA ANA AWO.

ULIMI NDI KHAMA.

MWANA AKUWERENGA BUKHU.

ANA AMALIMBIKILA SUKULU.

TUMBUKA

WAPAPI WAKUTEMWA WANA WAO.

KULIMA NDI NTCHITO YINONONO.

MWANA WAKUWERENGA BUKHU.

WANA WAKULIMBIKIRA KUSUKULU.

ENGLISH

PARENTS LOVE THEIR CHILDREN.

FARMING IS HARD WORK.

THE CHILD IS READING A BOOK.

CHILDREN WORK HARD AT SCHOOL

MWM10. Record the start time.	Hour and minutes : ..	
--------------------------------------	-----------------------------	--

MAN'S BACKGROUND		MWB
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month 98 Year DK year 9998	
MWB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MWB1 and/or MWB2 if inconsistent</i>	Age (in completed years)	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Secondary 2 Higher 3	0⇒MWB7
MWB5. WHAT IS THE HIGHEST CLASS/FORM/YEAR YOU COMPLETED AT THAT LEVEL? <i>If class 1 is not completed at this level , enter "00"</i>	Class/Form/Year	
MWB6. Check MWB4: <input type="checkbox"/> Secondary or higher (MWB4 = 2 or 3) ⇒ Go to Next Module <input type="checkbox"/> Primary (MWB4 = 1) ⇒ Continue with MWB7		
MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 (specify language) Blind / visually impaired 5	

MMT1. Check MWB7:

- ☐ Question left blank (Respondent has secondary or higher education) ⇒ Continue with MMT2
- ☐ Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2
- ☐ Cannot read at all or blind/visually impaired (MWB7 = 1 or 5) ⇒ Go to MMT3

MMT2. 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

MMT3. 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

MMT4. 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

MMT5. Check MWB2: Age of respondent?

- ☐ Age 15-24 ⇒ Continue with MMT6
- ☐ Age 25-49 ⇒ Go to Next Module

MMT6. HAVE YOU EVER USED A COMPUTER?

Yes 1
No..... 2

2⇒MMT9

MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?

Yes 1
No..... 2

2⇒MMT9

MMT8. 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

MMT9. HAVE YOU EVER USED THE INTERNET?

Yes 1
No..... 2

2⇒Next Module

MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?

Yes 1
No..... 2

2⇒ Next Module

If necessary, probe for use from any location, with any device.

MMT11. 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		MCM
MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFE. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME. HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?	Yes 1 No..... 2 DK 8	2⇒MCM8 8⇒MCM8
MCM3. HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?	Age in years _ _	
MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?	Yes 1 No..... 2	2⇒MCM6
MCM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home _ _ Daughters at home _ _	
MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No..... 2	2⇒MCM8
MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere..... _ _ Daughters elsewhere _ _	
MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking:</i> I MEAN, 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⇒MCM10
MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead _ _ Girls dead _ _	
MCM10. Sum answers to MCM5, MCM7, and MCM9.	Sum _ _	

MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (*total number in MCM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ Yes. Check below:

☐ No live births ⇒ Go to Next Module

☐ One or more live births ⇒ Continue with MCM11A

☐ No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary

MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes 1 No 2	1⇒MCM12
MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women..... _ _	
MCM12. OF THESE (<i>total number in MCM10</i>) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)? <i>Month and year must be recorded.</i>	Date of last birth Month _ _ Year _ _ _ _	

ATTITUDES TOWARD DOMESTIC VIOLENCE

MDV

MDV1. 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:

- [A] IF SHE GOES OUT WITHOUT TELLING HIM?
- [B] IF SHE NEGLECTS THE CHILDREN?
- [C] IF SHE ARGUES WITH HIM?
- [D] IF SHE REFUSES TO HAVE SEX WITH HIM?
- [E] IF SHE BURNS THE FOOD?

	Yes	No	DK
Goes out without telling	1	2	8
Neglects children	1	2	8
Argues with him	1	2	8
Refuses sex.....	1	2	8
Burns food	1	2	8

MARRIAGE/UNION		MMA
MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a woman 2 No, not in union 3	3⇒MMA5
MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes (More than one) 1 No (Only one) 2	2⇒MMA7
MMA4. HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE?	Number.....__ __	⇒MMA8B
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a woman..... 2 No 3	3 ⇒Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced 2 Separated 3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	1 ⇒MMA8A 2 ⇒MMA8B
MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of (first) marriage Month.....__ __ DK month.....98	⇒Next Module
MMA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Year__ __ __ __ DK year.....9998	
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years.....__ __	

Check for the presence of others. Before continuing, ensure privacy.

<p>MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years _ _</p> <p>First time when started living with (first) wife/partner 95</p>	<p>00⇒Next Module</p>
<p>MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If more than 12 months (one year), answer must be recorded in years.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago 2 _ _</p> <p>Months ago 3 _ _</p> <p>Years ago 4 _ _</p>	<p>4⇒MSB15</p>
<p>MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1</p> <p>Cohabiting partner 2</p> <p>Girlfriend 3</p> <p>Casual acquaintance 4</p> <p>Prostitute 5</p> <p>Other (specify) 6</p>	
<p>MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒MSB15</p>
<p>MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	

<p>MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1</p> <p>Cohabiting partner 2</p> <p>Girlfriend 3</p> <p>Casual acquaintance 4</p> <p>Prostitute 5</p> <p>Other (specify) 6</p>	
<p>MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒MSB15</p>
<p>MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners _ _</p>	
<p>MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners _ _</p> <p>DK 98</p>	

HIV/AIDS		MHA																
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes.....1 No2 DK.....8	2⇒ Next Module																
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes.....1 No2 DK.....8																	
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No2 DK.....8																	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No2 DK.....8																	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No2 DK.....8																	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes.....1 No2 DK.....8																	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No2 DK.....8																	
MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>During pregnancy</td><td>1</td><td>2</td><td>8</td></tr><tr><td>During delivery.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>By breastfeeding.....</td><td>1</td><td>2</td><td>8</td></tr></table>		Yes	No	DK	During pregnancy	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery.....	1	2	8															
By breastfeeding.....	1	2	8															
MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes.....1 No2 DK / Not sure / Depends.....8																	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes.....1 No2 DK / Not sure / Depends.....8																	
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1 No2 DK / Not sure / Depends.....8																	
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes.....1 No2 DK / Not sure / Depends.....8																	

MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes.....1 No2	2⇒MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago.....2 2 or more years ago3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No2 DK.....8	1⇒Next Module 2⇒Next Module 8⇒Next Module
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes.....1 No2	

CIRCUMCISION		MMC
MMC1. SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED?	Yes.....1 No2	2⇒Next Module
MMC2. HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED?	Age in completed years__ __ DK.....98	
MMC3. WHO DID THE CIRCUMCISION?	Traditional practitioner/family/friend1 Health worker/Professional.....2 Other (<i>specify</i>)6 DK.....8	
MMC4. WHERE WAS IT DONE?	Health facility1 Home of a health worker/professional2 Circumcision done at home3 Ritual site4 Other home/place (<i>specify</i>).....6 DK.....8	

TOBACCO AND ALCOHOL USE		MTA
MTA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes 1 No 2	2⇒MTA6
MTA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age ____	00⇒MTA6
MTA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes 1 No 2	2⇒MTA6
MTA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
MTA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	
MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes 1 No 2	2⇒MTA10
MTA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes 1 No 2	2⇒MTA10
MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars A Water pipe B Cigarillos C Pipe D Other (specify) X	
MTA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	

MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes..... 1 No..... 2	2 ⇒ MTA14
MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes..... 1 No..... 2	2 ⇒ MTA14
MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobacco A Snuff..... B Dip..... C Other (specify)..... X	
MTA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Number of days..... 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	
MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes..... 1 No..... 2	2⇒Next Module
MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol 00 Age..... ____ ____	00⇒Next Module
MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i>	Did not have one drink in last one month . 00 Number of days..... 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	00⇒Next Module
MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks..... ____ ____	

LIFE SATISFACTION
MLS
MLS1. Check MWB2: Age of respondent is between 15 and 24?

☐ Age 25-49 ⇒ Age 25-49 ⇒ Go to Next Module

☐ Age 15-24 ⇒ Continue with MLS2

MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.

FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.

Very happy.....1
Somewhat happy2
Neither happy nor unhappy3
Somewhat unhappy4
Very unhappy.....5

MLS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions MLS3 to MLS13.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

Does not have a family0
Very satisfied1
Somewhat satisfied2
Neither satisfied nor unsatisfied3
Somewhat unsatisfied4
Very unsatisfied5

MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

Does not have friends.....0
Very satisfied1
Somewhat satisfied2
Neither satisfied nor unsatisfied3
Somewhat unsatisfied4
Very unsatisfied5

MLS5. DURING THE CURRENT 2013-2014 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

Yes.....1
No2

2⇒MLS7

MLS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he does not have a job, circle "0" and continue with the next question. Do not probe to find out how he feels about not having a job, unless he tells you himself.</i>	Does not have a job.....0 Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that he does not have any income, circle "0" and continue with the next question. Do not probe to find out how he feels about not having any income, unless he tells you himself.</i>	Does not have any income0 Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved.....1 More or less the same2 Worsened3	
MLS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better1 More or less the same2 Worse3	

SOAP		SO
MSO1. WHEN YOU HAVE SOAP IN THE HOUSE, WHAT DO YOU USE IT FOR? <i>Don't prompt. Circle all mentioned</i>	Bathing A Washing clothes B Washing dishes C Washing hands..... D Other (specify) _____ X	

MWM11. Record the finish time.	Hour and minutes :	
---------------------------------------	--------------------------------	--

MWM12. Check List of Household Members, column HL7B and HL15 Is the respondent the caretaker of any child age 0-4 living in this household? <input type="checkbox"/> Yes ⇒ Proceed to complete the result of man's interview (MWM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent. <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him for his cooperation and proceed to complete the result of man's interview (MWM7) on the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

UNDER-FIVE CHILD INFORMATION PANEL		UF												
<p><i>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).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>														
UF1. Cluster number: <div style="text-align: right;">_ _ _ _ _</div>	UF2. Household number: <div style="text-align: right;">_ _ _ _ _</div>													
UF3. Child's name: Name _____	UF4. Child's line number: <div style="text-align: right;">_ _ _ _ _</div>													
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: <div style="text-align: right;">_ _ _ _ _</div>													
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: <div style="text-align: right;">_ _ _ / _ _ _ / 2 0 1 _</div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><i>Repeat greeting if not already read to this respondent:</i></p> <p>MY NAME IS _____ WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> </div> <div style="width: 48%;"> <p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> </div> </div>														
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</p>														
UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Completed</td> <td style="text-align: right;">01</td> </tr> <tr> <td>Not at home</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Refused</td> <td style="text-align: right;">03</td> </tr> <tr> <td>Partly completed</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Incapacitated</td> <td style="text-align: right;">05</td> </tr> <tr> <td>Other (<i>specify</i>) _____</td> <td style="text-align: right;">96</td> </tr> </table>		Completed	01	Not at home	02	Refused	03	Partly completed	04	Incapacitated	05	Other (<i>specify</i>) _____	96
Completed	01													
Not at home	02													
Refused	03													
Partly completed	04													
Incapacitated	05													
Other (<i>specify</i>) _____	96													

UF10. Field editor's name and number: Name _____	UF11. Main data entry clerk's name and number: Name _____
--	---

UF12. <i>Record the start time.</i>	Hour and minutes__ __ : __ __	
--	-------------------------------------	--

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day__ __</p> <p>DK day98</p> <p>Month__ __</p> <p>Year 2 0 __ __</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years).....__</p>	

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen1	1⇒Next Module 2⇒Next Module
	Yes, not seen2	
	No3	
	DK8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH CIVIL AUTHORITIES (DISTRICT COMMISSIONER, VILLAGE HEADMAN, REGISTRAR GENERAL, CHURCH CERTIFICATE)?	Yes1	1⇒Next Module
	No2	
	DK8	
BR3. DO YOU KNOW HOW TO REGISTER <i>(name)</i> 'S BIRTH?	Yes1	
	No2	

EARLY CHILDHOOD DEVELOPMENT		EC																
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None00 Number of children's books0 ____ Ten or more books10																	
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 "KUUNJIKA" OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop	1	2	8	Household objects or outside objects	1	2	8	
	Y	N	DK															
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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? <i>If 'none' enter '0'. If 'don't know' enter '8'</i>	Number of days left alone for more than an hour Number of days left with other child for more than an hour.....																	
EC4. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module <input type="checkbox"/> 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 No2 DK.....8																	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. 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 <i>(name)</i>'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>																																				

EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes.....1 No2 DK.....8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes.....1 No2 DK.....8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes.....1 No2 DK.....8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes.....1 No2 DK.....8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes.....1 No2 DK.....8	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module		
BD2. HAS (name) EVER BEEN BREASTFED?	Yes1 No2 DK.....8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes1 No2 DK.....8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes1 No2 DK.....8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 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:	<div style="text-align: right;">Yes No DK</div>	
[A] PLAIN WATER?	Plain water 1 2 8	
[B1] REAL JUICE DRINKS (PAWPAW OR MANGO OR PEACHES)?	Real Juice or juice drinks (Mango or Pawpaw or Peaches) 1 2 8	
[B2] OTHER REAL JUICE DRINKS (BAOBAB FRUIT, BWEMBA) ?	Other Real Juice or juice drinks (Baobab fruit, Bwemba) 1 2 8	
[B3] ANY OTHER JUICES OR DRINKS	Any other juices or drinks 1 2 8	
[C] Msuzi (CLEAR BROTH/SOUP)	Soup 1 2 8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk 1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk ____	

[E] INFANT FORMULA?	Infant formula	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA?</i> <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	Number of times drank infant formula__			
[F] ANY OTHER LIQUIDS?	Other liquids	1	2	8
<i>If yes specify</i> _____				
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
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt__			
[B] ANY FORTIFIED CEREALS (LIKUNI PHALA, NESTUM, PURITY SIBUSISO)?	Fortified Cereals	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS (E.G. NSIMA)?	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, PAPAYAS, PEACHES ?	Ripe mangoes or Papayas or Peaches	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
[J1] ANY INSECT LARVAE OR LAKE FLY OR ANTS?	Insect larvae or Lake fly or Ants	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

<p>[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?</p> <p><i>If yes: specify</i> _____</p>	<p>Other solid, semi-solid, or soft food 1 2 8</p>	
<p>BD9. Check BD8 (Categories “A” through “O”)</p> <p><input type="checkbox"/> At least one “Yes” or all “DK” ⇒ Go to BD11</p> <p><input type="checkbox"/> Else ⇒ Continue with BD10</p>		
<p>BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night</p> <p><input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module</p> <p><input type="checkbox"/> 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</p>		
<p>BD11. HOW MANY TIMES DID (name) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times ____</p> <p>DK 8</p>	

IMMUNIZATION										IM
<i>If an immunization (Child Health) Passport is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM16 are for registering vaccinations that are not recorded on the card. IM6-IM16 will only be asked when a card is not available.</i>										
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>					Yes, seen 1 Yes, not seen 2 No card 3					1⇒IM3 2⇒IM6
IM2. DID YOU EVER HAVE A VACCINATION (<i>child health</i>) CARD FOR (name)?					Yes 1 No 2					1⇒IM6 2⇒IM6
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.					Date of Immunization					
					Day		Month		Year	
BCG		BCG								
DPT-HEPB-HIB1		DPT1								
DPT - HEPB-HIB2		DPT2								
DPT- HEPB-HIB3		DPT3								
PCV1		PCV1								
PCV2		PCV2								
PCV3		PCV3								
POLIO AT BIRTH		POLIO 0								
POLIO 1		POLIO 1								
POLIO 2		POLIO 2								
POLIO 3		POLIO 3								
ROTA 1		ROTA 1								
ROTA 2		ROTA 2								
MEASLES (OR MMR OR MR)		MEASLES								
VITAMIN A (RECENT DOSE)		VITAMIN A								
IM4. Check IM3. Are all vaccines (<i>BCG to Measles</i>) recorded? <input type="checkbox"/> Yes ⇒ Go to IM19 <input type="checkbox"/> No ⇒ Continue with IM5										

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID <i>(name)</i> RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?		
<input type="checkbox"/> <i>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</i>		
<input type="checkbox"/> <i>No/DK ⇒ Go to IM19</i>		
IM6. HAS <i>(name)</i> 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 <i>(name)</i> 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 <i>(name)</i> EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes 1 No 2 DK 8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes 1 No 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times..... ____	
IM11A. HAS <i>(name)</i> EVER RECEIVED A DPT-HEPB-HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH/PERTUSIS, OR DIPHTHERIA, HEPATITIS-B? <i>Probe by indicating that DPT-HepB-Hib first dose is sometimes given at the same time as Polio</i>	Yes 1 No 2 DK 8	2⇒IM13A 8⇒IM13A
IM12A. HOW MANY TIMES WAS THE DPT-HEPB-HIB VACCINE RECEIVED?	Number of times..... ____	
IM13A. HAS <i>(name)</i> EVER RECEIVED A PCV VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING PNEUMONIA?	Yes 1 No 2 DK 8	2⇒IM15C 8⇒IM15C
IM13B. HOW MANY TIMES WAS PCV VACCINE RECEIVED?	Number of times..... ____	
IM15C. HAS <i>(name)</i> EVER RECEIVED A ROTA VACCINATION – THAT IS, AN ORAL VACCINATION TO PREVENT HIM/HER FROM GETTING DIARRHOEA CAUSED BY ROTA VIRUS?	Yes 1 No 2 DK 8	2⇒IM16 8⇒IM16
IM15D. HOW MANY TIMES WAS THE ROTA VACCINE RECEIVED?	Number of times..... ____	

IM16. HAS (<i>name</i>) 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 (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: [A] JUNE 2013 CHILD HEALTH DAY [B] NOVEMBER 2013 NATIONAL IMMUNIZATION DAYS	<div style="text-align: right;">Y N DK</div> June 2013.....1 2 8 November 2013.....1 2 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK..... 8	 2⇒CA6A 8⇒CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Nothing to drink 5 DK..... 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	 2⇒CA4 8⇒CA4

<p>CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital A</p> <p>Government health centre B</p> <p>Government health post C</p> <p>Village health worker/HSA D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>BLM M</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>CHAM/Mission</p> <p>Hospital S</p> <p>Health Centre T</p> <p>Other (<i>specify</i>) X</p>	
<p>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN A FLUID FROM A PACKET OF ORAL REHYDRATION SALTS (THANZI) TO DRINK?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA4C</p> <p>8⇒CA4C</p>

<p>CA4B. WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital11</p> <p>Government health centre12</p> <p>Government health post13</p> <p>Village health worker/HSA.....14</p> <p>Mobile / Outreach clinic15</p> <p>Other public (<i>specify</i>)16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>BLM25</p> <p>Other private medical (<i>specify</i>)26</p> <p>CHAM/Mission</p> <p>Hospital.....28</p> <p>Health Centre29</p> <p>Other source</p> <p>Relative / Friend31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Other (<i>specify</i>)96</p>	
<p>CA4C. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets1 2 8</p> <p>Zinc syrup1 2 8</p>	
<p>CA4D. Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA5</p>		

<p>CA4E. WHERE DID YOU GET THE ZINC?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital11</p> <p>Government health centre12</p> <p>Government health post13</p> <p>Village health worker/HSA14</p> <p>Mobile / Outreach clinic15</p> <p>Other public (<i>specify</i>)16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>BLM25</p> <p>Other private medical (<i>specify</i>)26</p> <p>CHAM/Mission</p> <p>Hospital28</p> <p>Health Centre29</p> <p>Other source</p> <p>Relative / Friend31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (<i>specify</i>)96</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>
<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name)</i></p>	<p>Pill or Syrup</p> <p>AntibioticA</p> <p>AntimotilityB</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc).....G</p> <p>Unknown pill or syrupH</p> <p>Injection</p> <p>AntibioticL</p> <p>Non-antibiotic.....M</p> <p>Unknown injectionN</p> <p>IntravenousO</p> <p>Home remedy / Herbal medicineQ</p> <p>Other (<i>specify</i>)X</p>	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>

CA6B. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes1 No2 DK.....8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?	Yes1 No2 DK.....8	2⇒CA9A 8⇒CA9A
CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes1 No2 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 only1 Blocked or runny nose only2 Both3 Other (<i>specify</i>)6 DK.....8	1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10
CA9A. Check CA6A: Had fever? <input type="checkbox"/> Child had fever ⇒ Continue with CA10 <input type="checkbox"/> Child did not have fever ⇒ Go to CA14		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes1 No2 DK.....8	2⇒CA12 8⇒CA12

<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital A</p> <p>Government health centre B</p> <p>Government health post C</p> <p>Village health worker/HSA D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>BLM M</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>CHAM/Mission</p> <p>Hospital..... S</p> <p>Health Centre T</p> <p>Other (<i>specify</i>) X</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Names of medicines)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar A</p> <p>Chloroquine B</p> <p>Amodiaquine C</p> <p>Quinine D</p> <p>Combination with Artemisinin E</p> <p>Other anti-malarial (<i>specify</i>) H</p> <p>Antibiotics:</p> <p>Pill / Syrup..... I</p> <p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen . P</p> <p>Aspirin..... Q</p> <p>Ibuprofen..... R</p> <p>Other (<i>specify</i>) X</p> <p>DK..... Z</p>	

CA13A. Check CA13: Antibiotic mentioned (codes I or J)?☐ Yes ⇒ Continue with CA13B☐ No ⇒ Go to CA13C**CA13B. WHERE DID YOU GET THE (name of medicine from CA13)?***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/HSA	14
Mobile / Outreach clinic	15
Other public (specify)	16
Private medical sector	
Private hospital / clinic	21
Private physician	22
Private pharmacy	23
Mobile clinic	24
BLM	25
Other private medical (specify)	26
CHAM/Mission	
Hospital	28
Health Centre	29
Other source	
Relative / Friend	31
Shop	32
Traditional practitioner	33
Already had at home	40
Other (specify)	96

CA13C. Check CA13: Anti-malarial mentioned (codes A - H)?☐ Yes ⇒ Continue with CA13D☐ No ⇒ Go to CA14

<p>CA13D. WHERE DID YOU GET THE <i>(name of medicine from CA13)?</i></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital11</p> <p>Government health centre12</p> <p>Government health post13</p> <p>Village health worker/HSA14</p> <p>Mobile / Outreach clinic15</p> <p>Other public (<i>specify</i>)16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>BLM25</p> <p>Other private medical (<i>specify</i>)26</p> <p>CHAM/Mission</p> <p>Hospital.....28</p> <p>Health Centre29</p> <p>Other source</p> <p>Relative / Friend31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (<i>specify</i>)96</p>	
<p>CA13E. HOW LONG AFTER THE FEVER STARTED DID <i>(name)</i> FIRST TAKE <i>(name of anti-malarial from CA13)?</i></p> <p><i>If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.</i></p>	<p>Same day0</p> <p>Next day1</p> <p>2 days after the fever.....2</p> <p>3 days after the fever.....3</p> <p>4 or more days after the fever4</p> <p>DK.....8</p>	
<p>CA14. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13</p>		
<p>CA15. THE LAST TIME <i>(name)</i> PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine01</p> <p>Put / Rinsed into toilet or latrine02</p> <p>Put / Rinsed into drain or ditch03</p> <p>Thrown into garbage (solid waste)04</p> <p>Buried05</p> <p>Left in the open06</p> <p>Other (<i>specify</i>)96</p> <p>DK.....98</p>	

UF13. <i>Record the finish time.</i>	Hour and minutes__ __ : __ __	
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<p>UF14. <i>Check List of Household Members, columns HL7B and HL15.</i></p> <p><i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent</i></p> <p><input type="checkbox"/> <i>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</i></p> <p><i>Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.</i></p>
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ANTHROPOMETRY**AN**

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.

AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement</i>	Either or both measured1 Child not present2 Child or mother/caretaker refused3 Other (<i>specify</i>)6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. <i>Child's weight</i>	Kilograms (kg)..... _ _ . _ Weight not measured99.9	
AN3A. <i>Was the child undressed to the minimum?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum		
AN3B. <i>Check age of child in AG2:</i> <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).		
AN4. <i>Child's length or height</i>	Length / Height (cm) _ _ _ . _ Length / Height not measured999.9	⇒ AN6
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down.....1 Standing up.....2	

AN6. *Is there another child in the household who is eligible for measurement?*

- ☐ Yes ⇒ Record measurements for next child.
- ☐ No ⇒ Check if there are any other individual questionnaires to be completed in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations