

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE

Egypt Sub-national MICS

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: ____ / ____ / 201__	HH7. Governorate: Gharbia 1 Qalyubia 2 Minya 3 Asyut 4 Suhaj 5 Qena 6	
HH6. Area: Upper Egypt pilot 1 Upper Egypt expansion 2 Lower Egypt expansion 3		
<p>MY NAME IS, WE ARE IMPLEMENTING A SURVEY FOR THE MINISTRY OF HEALTH AND POPULATION. THE SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
HH9.	Result	of household interview:
Completed		01
No household member or no competent respondent at home at time of visit		02
Entire household absent for extended period of time		03
Refused		04
Dwelling vacant / Address not a dwelling		05
Dwelling destroyed		06
Dwelling not found		07

Other (specify) _____ 96

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

HH10. Respondent to Household Questionnaire:

Name _____

HH11. Total number of

household members: _____

HH12. Number of Ever-married women

age 15-49 years: _____

HH14. Number of children

under age 5: _____

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

HH13. Number of Ever-married women's

questionnaires completed: _____

HH15. Number of under-5
questionnaires completed: _____

HH16. Field editor's name and number:

Name _____

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

Name _____

HH18. *Record the time.*

Hour _ _

Minutes..... _ _

LIST OF HOUSEHOLD MEMBERS

HL

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

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

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

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

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

								Marital status For household members age 12 and older	For ever married women age 15-49 HL6B=1-4	For children age 0-4	For children age 0-17 years					For children age 0-4	
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? 98 DK DK 9998		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6B WHAT IS (name)'S CURRENT MARITAL STATUS? 1 Married 2 Widowed 3 Divorced 4 Separated 5 Never-married	HL7. Circle line no. If woman age 15-49 And Ever-married	HL7B Circle line no. if age 0-4	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No HL13 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS 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)? Mother/ CARETAKER	
Line	Name	Relation*	M	F	month	year	AGE		15-49	0-4	Y N DK	Mother		Y N DK	Father		
01		01	1	2	___	_____	___	1 2 3 4 5	01	01	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
02		___	1	2	___	_____	___	1 2 3 4 5	02	02	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
03		___	1	2	___	_____	___	1 2 3 4 5	03	03	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
04		___	1	2	___	_____	___	1 2 3 4 5	04	04	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
05		___	1	2	___	_____	___	1 2 3 4 5	05	05	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
06		___	1	2	___	_____	___	1 2 3 4 5	06	06	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___

								Marital status For household members age 12 and older	For ever married women age 15-49 HL6B=1-4	For children age 0-4	For children age 0-17 years						For children age 0-4
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? 98 DK DK 9998		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6B WHAT IS (name)'S CURRENT MARITAL STATUS? 1 Married 2 Widowed 3 Divorced 4 Separated 5 Never-married	HL7. Circle line no. If woman age 15-49 And Ever-married	HL7B Circle line no. if age 0-4	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No HL13 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS 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)? Mother/ CARETAKER	
Line	Name	Relation*	M	F	month	year	AGE		15-49	0-4	Y N DK	Mother		Y N DK	Father		
07		___	1	2	___	___	___	1 2 3 4 5	07	07	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
08		___	1	2	___	___	___	1 2 3 4 5	08	08	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
09		___	1	2	___	___	___	1 2 3 4 5	09	09	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
10		___	1	2	___	___	___	1 2 3 4 5	10	10	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
11		___	1	2	___	___	___	1 2 3 4 5	11	11	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
12		___	1	2	___	___	___	1 2 3 4 5	12	12	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___

								Marital status For household members age 12 and older	For ever married women age 15-49 HL6B=1-4	For child ren age 0-4	For children age 0-17 years						For children age 0-4
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Line	Name	Relation*	M F	month	year	AGE		15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother/ CARETAKER	
13		___	1 2	___	___	___	1 2 3 4 5	13	13	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	
14		___	1 2	___	___	___	1 2 3 4 5	14	14	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	
15		___	1 2	___	___	___	1 2 3 4 5	15	15	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___	

☐ PUT A SIGN IN THIS SQUARE IF YOU USED ANOTHER QUESTIONNAIRE

	<p>Probe for additional household members.</p> <p>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.</p> <p>Insert names of additional members in the household list and complete form accordingly.</p>
	<p>Now for each Ever-married 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.</p> <p>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.</p> <p>You should now have a separate questionnaire for each eligible woman and each child under five in the household.</p>

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

EDUCATION											ED										
			For household members age 5 and above					For household members age 5-24 years													
ED1. Line no.	ED2. Name and age Copy from HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE SCHOOL YEAR2013- 2014, DID (NAME) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR(2013- 2014), WHICH LEVEL AND GRADE 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 GRADE DID (name) ATTEND?											
			1 Yes 2 No⇒ Next Line	Level: 0 Preschool 1 Primary 2 Preparatory 3 Secondary 4 Higher 8 DK If level=0, skip to ED5	Grade: 8 DK If less than 1 grade at this level, enter 0.	1 Yes 2 No⇒ ED7	Level: 0 Preschool 1 Primary 2 Preparatory 3 Secondary 4 Higher 8 DK If level=0, skip to ED7	Grade: 8 DK	1 Yes 2 No ⇒Next Line 8 DK ⇒Next Line	Level: 0 Preschool 1 Primary 2 Preparatory 3 Secondary 4 Higher 8 DK If level=0, go to next person	Grade: 8 DK										
Line	Name	Age	Yes No	Level	Grade	Yes No	Level	Grade	Yes No DK	Level	Grade										
01		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___										
02		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___										

03		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
04		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
05		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
06		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
07		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
08		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
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11		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
12		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
13		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
14		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__
15		__ __	1 2	0 1 2 3 4 8	__	1 2	0 1 2 3 4 8	__	1 2 8	0 1 2 3 4 8	__

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand.....11 Rudimentary floor Wood planks.....21 Finished floor Parquet or polished wood.....31 Vinyl tiles.....32 Ceramic / Marble tiles.....33 Cement / Cement tiles.....34 Wall to wall carpet35 Other (<i>specify</i>).....96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof.....11 Thatch / Palm leaf.....12 Sod13 Rudimentary roofing Rustic mat.....21 Palm / Bamboo.....22 Wood planks.....23 Cardboard.....24 Finished roofing Metal / Tin.....31 Wood32 Calamine / Cement fibre.....33 Ceramic tiles.....34 Cement35	

	Roofing shingles36	
	Other (<i>specify</i>) 96	
HC5. Main material of the exterior walls.	Natural walls	
	No walls11	
	Cane / Palm / Trunks.....12	
	Dirt13	
	Rudimentary walls	
	Bamboo with mud.....21	
	Stone with mud.....22	
	Uncovered adobe23	
	Plywood24	
	Cardboard.....25	
	Reused wood.....26	
	Finished walls	
	Cement31	
	Stone with lime / cement32	
	Bricks.....33	
	Cement blocks.....34	
	Covered adobe35	
	Wood planks / shingles.....36	
	Other (<i>specify</i>) 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity01</p> <p>Liquefied Petroleum Gas (LPG)02</p> <p>Natural gas03</p> <p>Biogas.....04</p> <p>Kerosene05</p> <p>Coal / Lignite.....06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung.....10</p> <p>Agricultural crop residue.....11</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 kitchen 1</p> <p> Elsewhere in the house2</p> <p>In a separate building3</p> <p>Outdoors4</p> <p>Other (<i>specify</i>) 6</p>																																																				
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A MOBILE TELEPHONE?</p> <p>[F] A VIDEO OR DVD PLAYER?</p> <p>[G] A PERSONAL HOME COMPUTER?</p> <p>[H] A SEWING MACHINE?</p> <p>[I] AN ELECTRIC FAN?</p> <p>[J] AN AIR CONDITIONER?</p> <p>[K] SATELLITE DISH OR CONNECTION?</p> <p>[L] A REFRIGERATOR?</p> <p>[M] A FREEZER?</p> <p>[N] A WATER HEATER?</p> <p>[O] A DISHWASHER?</p> <p>[P] AN AUTOMATIC WASHING MACHINE?</p>	<table> <thead> <tr> <th></th><th>Yes</th><th>no</th></tr> </thead> <tbody> <tr><td>Electricity</td><td>1</td><td>2</td></tr> <tr><td>Radio</td><td>1</td><td>2</td></tr> <tr><td>Television</td><td>1</td><td>2</td></tr> <tr><td>Non-mobile telephone</td><td>1</td><td>2</td></tr> <tr><td>Mobile telephone</td><td>1</td><td>2</td></tr> <tr><td>Video or dvd player.....</td><td>1</td><td>2</td></tr> <tr><td>Personal home computer</td><td>1</td><td>2</td></tr> <tr><td>Sewing machine</td><td>1</td><td>2</td></tr> <tr><td>Electric fan</td><td>1</td><td>2</td></tr> <tr><td>Air conditioner.....</td><td>1</td><td>2</td></tr> <tr><td>Satellite dish or connection</td><td>1</td><td>2</td></tr> <tr><td>Refrigerator.....</td><td>1</td><td>2</td></tr> <tr><td>Freezer</td><td>1</td><td>2</td></tr> <tr><td>Water heater</td><td>1</td><td>2</td></tr> <tr><td>Dishwasher.....</td><td>1</td><td>2</td></tr> <tr><td>Automatic washing machine.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	no	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile telephone	1	2	Mobile telephone	1	2	Video or dvd player.....	1	2	Personal home computer	1	2	Sewing machine	1	2	Electric fan	1	2	Air conditioner.....	1	2	Satellite dish or connection	1	2	Refrigerator.....	1	2	Freezer	1	2	Water heater	1	2	Dishwasher.....	1	2	Automatic washing machine.....	1	2	
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[Q] ANY OTHER WASHING MACHINE?	Other washing machine.....1	2	
[R] A BED?	Bed1	2	
[S] A SOFA?	Sofa1	2	
[T] HANGING LAMP (YELLOW WITH NO COVER)?	Hanging lamp1	2	
[U] A TABLE?	Table.....1	2	
[V] A TABLIA (VERY LOW ROUND TABLE)?	Tablia (very low round table)1	2	
[W] A CHAIR?	Chair1	2	
[X] KOLLA/ZEER (A CONTAINER FOR RESERVING WATER)?	Kolla/zeer (a container for reserving water)..... 1	2	

<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A BICYCLE?</p> <p>[C] A MOTORCYCLE OR SCOOTER?</p> <p>[D] AN ANIMAL-DRAWN CART?</p> <p>[E] A CAR OR TRUCK?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch	1	2	Bicycle	1	2	Motorcycle / Scooter	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	
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Motorcycle / Scooter	1	2																		
Animal drawn-cart.....	1	2																		
Car / Truck.....	1	2																		
<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING OR IT IS RENTED FROM SOMEONE?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own1</p> <p>Rent2</p> <p>Other (specify) 6</p>	<p>2⇒ HC11</p> <p>6⇒ HC11</p>																		
<p>HC10A. DID YOU OWN THIS DWELLING ALONE OR WITH SOMEONE ELSE</p>	<p>Own1</p> <p>Owned jointly2</p>																			
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒ HC13</p>																		

<p>HC12. HOW MANY FEDDANS OR KIRRATES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>Write in feddan and kirrat as mentioned and don't record the area in the shadowed space.</p>	<p>Record the area </p> <p>Feddan ____ Kirrat ____</p> <p>Don't know998</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] POULTRY (CHICKEN, DUCKS, TURKEY,...)?</p> <p>[F] CAMELS?</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>Poultry ____ ____</p> <p>Camels ____ ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes1</p> <p>No2</p>	

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	11⇒WS6
	Piped into compound, yard or plot 12	12⇒WS6
	Piped to neighbour 13	13⇒WS6
	Public tap / standpipe 14	14⇒WS3
	Tube Well, Borehole 21	21⇒WS3
	Dug well	
	Protected well 31	31⇒WS3
	Unprotected well 32	32⇒WS3
	Water from spring	
	Protected spring 41	41⇒WS3
	Unprotected spring 42	42⇒WS3
	Rainwater collection 51	51⇒WS3
	Tanker-truck 61	61⇒WS3
	Cart with small tank / drum 71	71⇒WS3
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81	81⇒WS3
	Bottled water 91	
	Other (<i>specify</i>) 96	96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling 11	11⇒WS6
	Piped into compound, yard or plot 12	12⇒WS6
	Piped to neighbour 13	13⇒WS6
	Public tap / standpipe 14	
	Tube Well, Borehole 21	
	Dug well	
	Protected well 31	

	Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 96	
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes — — — DK 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i></p> <p>IS THIS PERSON UNDER AGE 15?</p> <p>WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1</p> <p>Adult man (age 15+ years) 2</p> <p>Female child (under 15)..... 3</p> <p>Male child (under 15) 4</p> <p>DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒WS8</p> <p>8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach / chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection..... E</p> <p>Let it stand and settle..... F</p> <p>Other (<i>specify</i>) X</p> <p>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></p> <p>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</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit latrine (bayara) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place / Not sure / DK where 15</p> <p>Pit latrine</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / Open pit 23</p>	

	Composting toilet 31 Bucket 41 No facility, Bush, Field 95 Other (<i>specify</i>) 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No 2	2⇒Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) 1 Public facility 2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ____ Ten or more households 10 DK 98	

HANDWASHING		HW
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed..... 1 Not observed Not in dwelling / plot / yard 2 No permission to see 3 Other reason (specify)..... 6	 2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
HW2. <i>Observe presence of water at the place for handwashing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available..... 1 Water is not available..... 2	
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. Circle all that apply.	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	A ⇨ HH19 B ⇨ HH19 C ⇨ HH19 D ⇨ HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes 1 No 2	2 ⇨ HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown 1 No, not shown 2	2 ⇨ HH19
HW5B. Record your observation. Circle all that apply.	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	
HH19. Record the time.		Hour and minutes :

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

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

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

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

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

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: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: _____ / _____ / 201__	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>MY NAME IS, AND WE ARE CONDUCTING A SURVEY ON BEHALF OF THE MINISTRY OF HEALTH AND POPULATION AND UNICEF. THE SURVEY IS ABOUT THE SITUATION OF CHILDREN AND MOTHERS, FAMILIES AND HOUSEHOLDS, AND IS FOCUSING ON PERINATAL CARE, CHILD HEALTH AND NUTRITION. 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>	<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>
<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>	Completed01
	Not at home02
	Refused03
	Partly completed.....04
	Incapacitated05
	Other (specify) _____ 96

UF10. Field editor's name and number: Name _____	UF11. Main data entry clerk's name and number: Name _____	
UF12. Record the time.	Hour and minutes..... __ : __	

AGE		AG
AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i> . ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN? <i>Probe:</i> WHAT IS HIS / HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i> <i>Month and year must be recorded.</i>	Date of birth Day DK day.....98 Month..... Year 20 ____	
AG2. HOW OLD IS <i>(name)</i> ? <i>Probe:</i>	Age (in completed years)	

<p>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>		
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BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No 3 DK 8	1⇒Next Module 2⇒Next Module
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No 2 DK 8	2⇒BR3 8⇒BR3
BR2A. HOW LONG AFTER (name's) BIRTH WAS THE BIRTH REGISTERED?	Days 1__ __ Months 2__ __ DK 998	
BR2B. Check BR2A number of days/months <input type="checkbox"/> <i>If number of days less than 4 or DK⇒ Go to next module</i> <input type="checkbox"/> <i>if number of days is 4 or more⇒ Continue with BR2C</i>		
BR2C. WHAT ARE THE REASONS FOR LATE REGISTRATION WITH (NAME)? <i>Probe:</i> WHAT ELSE?	Didn't have the required documents A The responsible official wasn't available B The father wasn't available C The child was very sick D Long and complex procedures E Costs too much/didn't have money F Must travel too far G	A⇒Next Module B⇒Next Module C⇒Next Module D⇒Next Module E⇒Next Module F⇒Next Module G⇒Next Module H⇒Next

	Did not know it should be registered.....H Did not want to pay fine I Does not know where to register J Other (<i>specify</i>) _____ X DK Z	Module I⇒Next Module J⇒Next Module X⇒Next Module Z⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER (<i>name</i>)'S BIRTH?	Yes 1 No..... 2	2⇒Next Module
BR3A. WHY WAS (<i>name</i>)'S BIRTH NOT REGISTERED? <i>Probe:</i> WHAT ELSE?	Didn't have the required documentsA The responsible official wasn't available.....B The father wasn't availableC The child was very sickD Long and complex procedures.....E Costs too much/didn't have money..... F Must travel too far G Did not know it should be registered.....H Did not want to pay fine I Does not know where to register J Other (<i>specify</i>) _____ X DK Z	

BREASTFEEDING AND DIETARY INTAKE

BD

BD1. Check AG2: Age of child

☐ Child age 0, 1 or 2 ⇒ Continue with BD2

☐ Child age 3 or 4 ⇒ Go to Immunisation module

BD2. HAS (name) EVER BEEN BREASTFED?	Yes..... 1 No 2 DK..... 8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes..... 1 No 2 DK..... 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes..... 1 No 2 DK..... 8	
BD5. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)?</u>	Yes..... 1 No 2 DK..... 8	
BD6. YESTERDAY, DURING THE DAY OR NIGHT, DID (NAME) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES?</u>	Yes..... 1 No 2 DK..... 8	

<p>BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) DRINK (<i>Name of item</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>	<p>Yes No DK</p>			
<p>[A] PLAIN WATER?</p>	<p>Plain water</p>	<p>1</p>	<p>2</p>	<p>8</p>
<p>[B] JUICE OR JUICE DRINKS?</p>	<p>Juice or juice drinks</p>	<p>1</p>	<p>2</p>	<p>8</p>
<p>[C] <i>Any clear broth or soup?</i></p>	<p>Soup</p>	<p>1</p>	<p>2</p>	<p>8</p>
<p>[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?</p>	<p>Milk</p>	<p>1</p>	<p>2</p>	<p>8</p>
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK MILK? If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>Number of times drank milk ____</p>			
<p>[E] INFANT FORMULA?</p>	<p>Infant formula</p>	<p>1</p>	<p>2</p>	<p>8</p>
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?</i></p> <p><i>If 7 or more times, record '7'.</i></p> <p><i>If unknown, record '8'.</i></p>	<p>Number of times drank infant formula ____</p>			
<p>[F] ANY OTHER LIQUIDS?</p>	<p>Other liquids</p>	<p>1</p>	<p>2</p>	<p>8</p>
<p>BD7A. Check BD7 (Category "E")</p> <p><input type="checkbox"/> "Yes" ⇒ Continue with BD7B</p> <p><input type="checkbox"/> No/DK ⇒ Go to BD8</p>				
<p>BD7B. HOW OLD WAS (<i>name</i>) WHEN HE/SHE TOOK THE INFANT FORMULA FOR THE FIRST TIME?</p>	<p>Number of months ____</p> <p>DK 98</p>			

[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 (SPINACH, MOLOKHIA, PARSLEY, THE DILL)?	Dark green, leafy vegetables	1	2	8
[G] MANGOES, APRICOT, PEACH, CANTALOUPE?	Mangoes apricot, peach, cantaloupe	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, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food	1	2	8
[P] ANY OTHER OILS, FATS OR BUTTER OR FOODS MADE WITH ANY OF THESE?	any other oils, fats or butter or foods made with any of these	1	2	8
[Q] ANY SUGARY FOODS SUCH AS CHOCOLATES, SWEETS, PASTRIES, OR BISCUITS?	any sugary foods such as chocolates, sweets, pastries, or biscuits	1	2	8

BD9. Check BD8 (Categories “A” through “Q”)

☐ At least one “Yes” or all “DK” ⇒ Go to BD11

☐ Else ⇒ Continue with BD10

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

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

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

BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?

If 7 or more times, record '7'.

Number of times

DK.....8

IMMUNIZATION										IM	
If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card.											
IM1. DO YOU HAVE A CARD OR BIRTH CERTIFICATE WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>				Yes, card seen 1 Yes, card not seen 2 No card 3 Yes, birth certificate seen 4				1⇒IM3 2⇒IM6 3⇒IM3			
IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD OR CERTIFICATE FOR (<i>name</i>)?				Yes 1 No 2				1⇒IM6 2⇒IM6			
IM3. (a) Copy dates for each vaccination from the card or birth certificate. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.				Date of Immunization							
				Day		Month		Year			
POLIO 0		OPV0						2	0		
BCG		BCG						2	0		
POLIO 1		OPV1						2	0		
DPT 1		DPT1						2	0		
HEPB1		HEP1									
POLIO 2		OPV2						2	0		
DPT 2		DPT2						2	0		
HEP2		HEP2									
POLIO 3		OPV3						2	0		
DPT 3		DPT3						2	0		
HEP3		HEP3									
POLIO 4		OPV4						2	0		
MEASLES, MMR 1		MEASLES						2	0		
POLIO 5		OPV5						2	0		
POLIO BOOSTER DOSE		OPV(BD)						2	0		

DPT BOOSTER DOSE	DPT					2	0		
MEASLES, MMR BOOSTER DOSE	MEASLES					2	0		

IM4.CHECK IM3.ARE ALL VACCINES (POLIO TO MMR BOOSTER DOSE) RECORDED?

☐ Yes⇒Go to IM18

☐ No⇒Continue with IM5

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?

☐ Yes ⇒ *Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM18*

☐ No/DK ⇒ *Go to IM18*

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?	Yes..... 1 No 2 DK..... 8	 2⇒IM18 8⇒IM18
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, OR LATER?	In the first two weeks 1 later 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times	
IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?	Yes..... 1 No 2	 2⇒IM13

<i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i>	DK..... 8	8⇒IM13
IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times _	
IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes..... 1 No 2 DK..... 8	2⇒IM16 8⇒IM16
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 2 MONTHS AFTER BIRTH?	Yes..... 1 No 2 DK..... 8	
IM15. HOW MANY TIMES WAS A HEPATITIS B 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 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No 2 DK..... 8	

IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE THIS/ANY OF THESE WITHIN THE LAST 6 MONTHS? <i>Show common types of ampules / capsules / syrups</i>	Yes..... 1 No 2 DK..... 8	
IM19. PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: [A] 21-23 Apr 2012 / National Polio campaign [B] 17-20 Nov 2013 / National Polio campaign	Y N N/A DK Campaign A1 2 5 8	

	Campaign B.....1 2 5 8	
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GM

GM1CHECK IM1?

- ☐ Yes, card seen \Rightarrow Continue GM2
- ☐ Yes, birth certificate seen \Rightarrow go to Next Module (CA).
- ☐ Card Not seen or No card \Rightarrow Go to Next Module (CA).

GM2. FROM THE CHILD'S AGE, IDENTIFY THE LAST SCHEDULED GROWTH MONITORING VISIT. RECORD WHETHER THE CHILD ATTENDED, AND IF HEIGHT AND WEIGHT AND HAEMOGLOBIN ARE COMPLETELY RECORDED	GM2A	GM2B	GM2C	GM2D
	Attended (Y/N)	Weight	Height	Haemoglobin
	1: Yes	1: weighed and plotted	1: measured and plotted	Recorded
	2: No	2. weighed, not plotted	2. measured, and not plotted	(Y/N)
		3. not weighed	3. not measured	1: Yes
				2: No
BIRTH	Yes No			Yes No
2 MONTHS	1 2	1 2 3	1 2 3	NA
4 MONTHS	1 2	1 2 3	1 2 3	NA
6 MONTHS	1 2	1 2 3	1 2 3	NA
9 MONTHS	1 2	1 2 3	1 2 3	NA
12 MONTHS	1 2	1 2 3	1 2 3	1 2
18 MONTHS	1 2	1 2 3	1 2 3	1 2
24 MONTHS	1 2	1 2 3	1 2 3	1 2
36 MONTHS	1 2	1 2 3	1 2 3	1 2
48 MONTHS	1 2	1 2 3	1 2 3	1 2

60 MONTHS	1 2	1 2 3	1 2 3	1 2	
GM2E.CHECK GM2A: <input type="checkbox"/> Yes ⇒ <i>Go to Next Module (CA).</i> <input type="checkbox"/> No ⇒ <i>Continue GM3</i>					
GM3. WHY DID YOU NOT ATTEND THE LAST GROWTH MONITORING VISIT? PROBE : ANY OTHER REASONS?	Costs too much A Too far/ no transport B Poor quality service C Husband/ family did not allow D Did not find it necessary E Child ill F Did not know that timing of last visit G Did not know that I was supposed to bring child for visitH Other (<i>specify</i>) X				

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHEA?	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 DIARRHEA (INCLUDING BREASTMILK). DURING THE TIME (<i>name</i>) HAD DIARRHEA, 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 DIARRHEA, 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 DIARRHEA FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE?	Public sector (Government) Hospital.....A PHCUB	

<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>-</p> <p>(Name of place)</p>	<p>Health office..... C</p> <p>FHU D</p> <p>Other public (specify) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic..... I</p> <p>Private doctor J</p> <p>Pharmacy K</p> <p>NGO(specify) _____ L</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative/Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other non-medical (specify) _____ X</p>	
<p>CA3C. Check CA3B:</p> <p><input type="checkbox"/> Two or more codes circled ⇒ Continue with CA3D</p> <p><input type="checkbox"/> Only one code circled ⇒ Go to CA4</p>		
<p>CA3D. WHERE DID YOU <u>FIRST</u> SEEK ADVICE FOR DIARRHEA?</p> <p><i>Probe to identify the type of source.</i></p>	<p>Public sector (Government)</p> <p>Hospital..... 11</p> <p>PHCU 12</p> <p>Health office..... 13</p> <p>FHU 14</p> <p>Other public (specify) _____ 16</p>	

<p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Private medical sector</p> <p>Private hospital / clinic.....21</p> <p>Private doctor22</p> <p>Pharmacy23</p> <p>NGO(<i>specify</i>).....24</p> <p>Other private medical (<i>specify</i>)26</p> <p>Other source</p> <p>Relative / Friend31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Other non-medical (<i>specify</i>)96</p>	
<p>CA4. DURING THE TIME (<i>name</i>) HAD DIARRHEA, WAS (<i>name</i>) GIVEN TO DRINK A FLUID MADE FROM A SPECIAL PACKET CALLED "<i>Mahlol moalget el gafaf</i>"?</p>	<p>Yes1</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>_____</p> <p>(Name of place)</p>	<p>Public sector (Government)</p> <p>Hospital.....11</p> <p>PHCU12</p> <p>Health office.....13</p> <p>FHU14</p> <p>Other public (<i>specify</i>)16</p> <p>Private medical sector</p> <p>Private hospital / clinic.....21</p> <p>Private doctor22</p> <p>Pharmacy23</p> <p>NGO(<i>specify</i>)24</p>	

	Other private medical (<i>specify</i>) _____ 26 Other source Relative / Friend 31 Shop 32 Traditional practitioner 33 Other non-medical (<i>specify</i>) _____ 96	
CA4C. DURING THE TIME (<i>name</i>) HAD DIARRHEA, WAS (<i>name</i>) GIVEN: ZINC SYRUP?	Yes 1 No 2 DK..... 8	2⇒CA5 8⇒CA5

CA4E. WHERE DID YOU GET THE ZINC? <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> _____ _____ (Name of place)	Public sector (Government) Hospital..... 11 PHCU 12 Health office..... 13 FHU 14 Other public (<i>specify</i>) _____ 16 Private medical sector Private hospital / clinic..... 21 Private doctor 22 Pharmacy 23 NGO(<i>specify</i>)_____ 24 Other private medical (<i>specify</i>) _____ 26 Other source Relative/Friend 31	
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	Shop 32 Traditional practitioner 33 Already had at home 40 Other non-medical (<i>specify</i>) 96	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHEA?	Yes 1 No 2 DK..... 8	2⇒CA6A 8⇒CA6A
CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHEA? <i>Probe:</i> ANYTHING ELSE? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> _____ _____ (Name)	Pill or Syrup Antibiotic A Antimotility B Other pill or syrup (Not antibiotic, antimotility or zinc) G Unknown pill or syrup H Injection Antibiotic L Non-antibiotic M Unknown injection N Intravenous..... O Home remedy / Herbal medicine..... Q Other (specify) X	
CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK..... 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?	Yes 1 No 2	2⇒CA9A

	DK.....8	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⇒CA9B 8⇒CA9B
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⇒CA9B 2⇒CA9B 3⇒CA9B 6⇒CA9B 8⇒CA9B
CA9A. Check CA6A: Had fever? <input type="checkbox"/> Child had fever ⇒ Continue with CA9B <input type="checkbox"/> Child did not have fever ⇒ Go to CA14		
CA9B. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK (INCLUDING BREASTMILK) DURING THE ILLNESS WITH A (FEVER/COUGH). DURING THE TIME (<i>name</i>) HAD (FEVER/COUGH), 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 less1 Somewhat less2 About the same3 More4 Nothing to drink5 DK.....8	
CA9C. DURING THE TIME (<i>name</i>) HAD (FEVER/COUGH), 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>	Much less1 Somewhat less2 About the same3 More4 Stopped food5	

<p>WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Never gave food 6</p> <p>DK..... 8</p>	
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector (Government)</p> <p>Hospital.....A</p> <p>PHCUB</p> <p>Health office..... C</p> <p>FHU D</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic..... I</p> <p>Private doctor J</p> <p>PharmacyK</p> <p>NGO(<i>specify</i>)_____ L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative/FriendP</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other non-medical (<i>specify</i>) _____ X</p>	

CA11A. Check CA11:

☐ Two or more codes circled ⇒ Continue with CA11B

☐ Only one code circled ⇒ Go to CA12

<p>CA11B. WHERE DID YOU <u>FIRST</u> SEEK ADVICE OR TREATMENT?</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>_____</p> <p>(Name of place)</p>	<p>Public sector (Government)</p> <p>Hospital..... 11</p> <p>PHCU 12</p> <p>Health office..... 13</p> <p>FHU 14</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor 22</p> <p>Pharmacy 23</p> <p>NGO(<i>specify</i>)..... 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative/Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home _____ 40</p> <p>Other non-medical (<i>specify</i>) _____ 96</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, DID (name) TAKE 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>Antibiotic drugs</p> <p>Pill / Syrup I</p>	

<p><i>Probe:</i></p> <p>ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>_____</p> <p>(Names of medicines)</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>	
<p>CA13A. Check CA13: Antibiotic mentioned (codes I and/or J)?</p> <p><input type="checkbox"/> Yes ⇨ Continue with CA13B</p> <p><input type="checkbox"/> No ⇨ Go to CA14</p>		
<p>CA13B. WHERE DID YOU GET THE (NAME OF ANTIBIOTICS FROM CA13)?</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 (Government)</p> <p>hospital 11</p> <p>PHCU 12</p> <p>Health office..... 13</p> <p>FHU 14</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private doctor 22</p> <p>Pharmacy 23</p> <p>NGO(<i>specify</i>)..... 24</p> <p>Other private medical (<i>specify</i>) 26</p>	

	Other source Relative/Friend 31 Shop 32 Traditional practitioner 33 Already had at home 40 Other non-medical (<i>specify</i>) 96	
CA14. Check AG2: Age of child <input type="checkbox"/> <i>Child age 0, 1 or 2 ⇒ Continue with CA15</i> <input type="checkbox"/> <i>Child age 3 or 4 ⇒ Go to UF13</i>		
CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine 01 Put / Rinsed into toilet or latrine 02 Put / Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open..... 06 Other (<i>specify</i>) 96 DK..... 98	
UF13. Record the time.	Hour and minutes __ __ : __ __	

UF14. Check List of Household Members, columns HL7B and HL15.

Is the respondent the mother or caretaker of another child age 0-4 living in this household?

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

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

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 on the household listing before recording measurements.

AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present..... 2 Child or mother/caretaker refused 3 Other (specify) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg)..... ____ . ____ Weight not measured..... 99.9	
AN3A. Was the child undressed to the minimum?	Yes 1 No..... 2	
AN3B. Check age of child in AG2: <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 measured 999.9	⇒ AN6
AN4A. <i>How was the child actually measured? lying down or standing up?</i>	Lying down..... 1 Standing up..... 2	

<p>AN6. <i>Is there another child in the household who is eligible for measurement?</i></p> <p><input type="checkbox"/> Yes ⇒ <i>Record measurements for next child.</i></p> <p><input type="checkbox"/> No ⇒ <i>Check if there are any other individual questionnaires to be completed in the household.</i></p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

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[illegible]

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all ever-married women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / 201__	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>'MY NAME IS, AND WE ARE CONDUCTING A SURVEY ON BEHALF OF THE MINISTRY OF HEALTH AND POPULATION AND UNICEF. THE SURVEY IS ABOUT THE SITUATION OF CHILDREN AND MOTHERS, FAMILIES AND HOUSEHOLDS, AND IS FOCUSING ON PERINATAL CARE, CHILD HEALTH AND NUTRITION . I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40- 30 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 30-40 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
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	Partly completed 04
	Incapacitated 05
	Other (<i>specify</i>) 96

WM8. Field editor's name and number:	WM9. Main data entry clerk's name and number:
Name _____	Name _____

WM10. <i>Record the time.</i>	Hour and minutes : ..	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date _____ of _____ birth Month..... DK month.....98 Year DK year.....9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes1 No2	2⇒WB7

WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Preparatory 2 Secondary 3 Higher 4	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If grade 1 is not completed at this level, enter "0"</i>	Grade —	
WB6. Check WB4: <input type="checkbox"/> <i>Preparatory or higher (WB4=2,3 or 4) ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Primary (WB4= 1) ⇒ Continue with WB7</i>		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 Blind / visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY

MT

MT1. Check WB7:

☐ Question left blank (Respondent has preparatory or higher education) ⇒ Continue with MT2

☐ Able to read (WB7 = 2, 3) ⇒ Continue with MT2

☐ 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

MT4A. DO YOU HAVE YOUR OWN MOBILE PHONE?

Yes 1
No 2

MT5. Check WB2: Age of respondent?

☐ Age 15-24 ⇒ Continue with MT6

☐ Age 25-49 ⇒ Go to Next Module

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

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married1 Not currently married3	3⇒MA6
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years..... _ _ DK.....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes1 No2	2⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number 0 _ DK.....98	⇒MA7 98⇒MA7
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once.....2	1 ⇒MA8A 2 ⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	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?	Age in years..... _ _	

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> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead Girls dead	

<i>If none, record '00'.</i>		
CM10. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum__ __	
<p>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?</p> <p><input type="checkbox"/> Yes. <i>Check below:</i></p> <p><input type="checkbox"/> No live births ⇒ <i>Go to ILLNESS SYMPTOMS Module</i></p> <p><input type="checkbox"/> One or more live births ⇒ <i>Continue with the BIRTH HISTORY module</i></p> <p><input type="checkbox"/> No. ⇒ <i>Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module</i></p>		

BIRTH HISTORY												BH
<p>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.</p> <p>Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 12 births, use an additional questionnaire.</p>												
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 HL 1) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?
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 Months2 Years.....3	_____	
02		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth

03		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
04		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
05		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
06		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth 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. for less than 1 write "00"</i>	BH7. Is (name) LIVING WITH YOU? 1 Yes 2 No	BH8. <i>Record household line number of child (from HL 1)</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
Line	Name	S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
07		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
08		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒ BH10	Days1 Months.....2 Years.....3	_____	1 2 Add Next Birth Birth
09		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth

10		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
11		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
12		1 2	1 2	_____	_____	1 2 ⇒ BH9	_____	1 2	_____ ⇒BH10	Days.....1 Months2 Years.....3	_____	1 2 Add Next Birth Birth
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (<i>name of last birth in BIRTH HISTORY Module</i>)?							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 5 years, that is, since (month of interview) in **2008** (if the month of interview and the month of birth are the same, and the year of birth is **2008**, consider this as a birth within the last 5 years)

☐ No live birth in last 5 years. ⇒ Go to *ILLNESS SYMPTOMS* Module.

☐ One or more live births in last 5 years. ⇒ Record name of last born child

Name of last-born child _____

IF CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES

DESIRE FOR LAST BIRTH

DB

This module is to be administered to all women with a live birth in the 5 years preceding date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

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

MATERNAL AND NEWBORN HEALTH

MN

This module is to be administered to all women with a live birth in the 5 years preceding date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

Now I would like to ask you some questions regarding your health care during and after your pregnancy with (name).

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse B Other person TRAINED Midwife D Traditional birth attendant (Daya) F Community health worker (Raida Refia) G Other (specify) _____ X	
MN2D: WHERE DID YOU RECEIVE ANTENATAL CARE FOR YOUR PREGNANCY WITH (name of last child)? <i>Probe for the type of facility and circle all answers given.</i>	Home Your home A Other home B Governmental(public sector): Hospital..... C PHCU..... D FHU E Other government (specify) _____ F Private sector Private hospital /clinic G Private doctor H Other private (specify) _____ I	

	Non-governmental/NGO's Mosque/church/NGO clinic/unitJ Other NGO (<i>specify</i>) K	
MN2E. CHECK MN2D <input type="checkbox"/> <i>If a private or non-governmental sector is chosen (codes G - K) ⇒Continue with MN2F</i> <input type="checkbox"/> <i>Otherwise (no circles around codes G-K) ⇒Go to MN3</i>		
MN2F: WHAT WERE THE REASONS FOR YOU TO OBTAIN ANTENATAL CARE FROM A PRIVATE PROVIDER/NGO? <i>Probe:</i> ANY OTHER REASON? <i>Probe for the reasons and circle all answers given.</i>	Better quality of services.....A Provider more skilled.....B Shorter waiting times.....C More convenient clinic times.....D I can obtain ANC from a female physician..E As this physician will attend my delivery, I prefer to perform ANC with him/her..... F Other (<i>specify</i>).....X	
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	
MN3A. Check MN3: number of antenatal care visits during the last pregnancy <input type="checkbox"/> <i>number of times is less than 4 (MN3 = 1, 2 or 3) ⇒Continue with MN3B</i> <input type="checkbox"/> <i>number of times is 4 or more or DK ⇒Go to MN3C</i>		
MN3B: WHY DID YOU NOT ATTEND MORE ANTENATAL VISITS? <i>Probe:</i> ANY OTHER REASON?	Costs too muchA Too far/ no transport B Poor quality service C No female provider D Husband/ family did not allow E	

<p><i>Probe for the reasons and circle all answers given.</i></p>	<p>Completed tetanus toxoid doses F</p> <p>Did not find it necessary/satisfied with progress of pregnancy.....G</p> <p>Other (<i>specify</i>) X</p>	
<p>MN3C: HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY ?</p>	<p>Months.....0 ____</p> <p>DK.....98</p>	
<p>MN3D. <i>check MN3C, number of months of pregnancy:</i></p> <p><input type="checkbox"/> <i>If 3 months or less (MN 3C =1,2,3) ⇒ Go to MN3F</i></p> <p><input type="checkbox"/> <i>If number is greater than 3 or DK ⇒ Continue with MN3E</i></p>		
<p>MN3E: WHY DID YOU NOT ATTEND ANTENATAL CARE EARLIER?</p> <p><i>Probe:</i></p> <p>ANY OTHER REASON?</p> <p><i>Probe for the reasons and circle all answers given.</i></p>	<p>Costs too much A</p> <p>Too far/ no transport B</p> <p>Poor quality service C</p> <p>No female provider D</p> <p>Husband/ family did not allow E</p> <p>Concerned that there might not be a health provider F</p> <p>Did not find it necessary/satisfied with progress of pregnancy.....G</p> <p>Not yet time for tetanus toxoid vaccinationH</p> <p>Not yet time for iron tablets supplementationI</p> <p>Waiting for period of spontaneous abortions to passJ</p> <p>Other (<i>specify</i>) X</p>	
<p>MN3F: HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU HAD YOUR LAST ANTENATAL CARE VISIT FOR THIS PREGNANCY?</p>	<p>Months0 ____</p> <p>DK.....98</p>	

<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p> <p>[D] WERE YOU WEIGHED?</p>	<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> <tr> <td>Weighed</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	Weighed	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample	1	2															
Weighed	1	2															
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>IF YES, MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen)1</p> <p>Yes (card not seen)2</p> <p>No3</p> <p>DK.....8</p>																
<p>MN6. WHEN YOU WERE PREGNANT WITH (<i>name</i>), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒MN9</p> <p>8⇒MN9</p>															
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (<i>name</i>)?</p>	<p>Number of times__</p> <p>DK.....8</p>	<p>8⇒MN9</p>															
<p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least 2 tetanus injections during last pregnancy. ⇒ Go to MN12A</p> <p><input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9</p>																	
<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (<i>name</i>), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes1</p>																

	No..... 2	2⇒MN12A
	DK 8	8⇒MN12A
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⇒MN12A
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.....	
MN12A. DURING YOUR PREGNANCY WITH (NAME), WERE YOU GIVEN OR DID YOU BUY ANY IRON TABLETS OR SYRUP?	Yes 1 No..... 2 DK 8	2⇒MN12F 8⇒MN12F
MN12B. DID A HEALTH CARE PROVIDER (PHYSICIAN /NURSE) GIVE YOU ANY INFORMATION ABOUT HOW TO DEAL WITH THE SIDE EFFECTS OF IRON TABLETS?	Yes 1 No..... 2 DK 8	

MN12C. FOR HOW MANY DAYS DID YOU TAKE THE IRON TABLETS? <i>IF MORE THAN 95 DAYS, RECORD 95</i>	Days DK.....98	
MN12D. Check MN12C: number of taking days of taking iron tablets/syrup <input type="checkbox"/> If 60 or more days or MN12C is '98' ⇒ Go to MN12F <input type="checkbox"/> Less than 60 days. ⇒ Continue with MN12E		
MN12E. WHY DID YOU NOT CONTINUE TO TAKE THE IRON TABLETS? PROBE: WHAT ELSE?	Tablets not available at PHCU.....A Tablets too expensive.....B Experienced side effects (like Constipation, Upset stomach,...etc.)C	

<p>PROBE AND CIRCLE ALL GIVEN ANSWERS.</p>	<p>Did not find the need, did not think it was required/importantD</p> <p>Other (<i>specify</i>) X</p>	
<p>MN12F. THE PHC CARRIES OUT HEALTH EDUCATION SESSIONS ON HEALTH CARE DURING PREGNANCY, DELIVERY CARE, CARE OF THE BABY, AND NUTRITION. HAVE YOU ATTENDED ANY SUCH SESSION IN THE LAST PREGNANCY?</p> <p><i>If yes, what is the number of sessions that you had attended during your last pregnancy with (name)?</i></p> <p><i>If number is greater than 7 record 7</i></p>	<p>no, she didn't attended any session0</p> <p>Number of attended sessions__</p>	<p>0⇒ MN12I</p>
<p>MN12G. WERE YOU SATISFIED, NEUTRAL OR NOT SATISFIED WITH THE HEALTH INFORMATION THAT YOU RECEIVED FROM THESE SESSIONS?</p>	<p>Satisfied.....1</p> <p>Neutral.....2</p> <p>Not satisfied.....3</p>	<p>1⇒ MN12J</p> <p>2⇒ MN12J</p> <p>3⇒ MN12J</p>
<p>MN12I.WHAT WAS THE REASON FOR NOT ATTENDING THESE HEATH EDUCATION SESSIONS?</p> <p><i>Probe:</i></p> <p>ANY OTHER REASON?</p> <p><i>Probe for the reasons and circle all answers given.</i></p>	<p>Costs too much.....A</p> <p>Too far/no transportB</p> <p>Husband/family did not allowC</p> <p>Did not find it necessary / useful..... D</p> <p>Was not aware of these sessions..... E</p> <p>Did not know the timing of sessions.....F</p> <p>Did not have time to attend..... G</p> <p>Other (<i>specify</i>) X</p> <p>No sessions held at FHU.....Y</p>	
<p>MN12J.SOMETIMES A CHW (RAIDA REFIA) VISIT PEOPLE'S HOUSES TO ADVISE THEM ABOUT THEIR HEALTH. HAS ANY RAIDA REFIA VISITED YOU AT HOME FOR THIS DURING YOUR PREGNANCY WITH (NAME)?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know.....8</p>	
<p>MN12K.WHAT SYMPTOMS OR COMPLICATIONS DURING PREGNANCY DO YOU KNOW OF WHICH CAN BE CONSIDERED AS DANGER SIGNS AND WHICH WOULD REQUIRE YOU TO SEEK IMMEDIATE MEDICAL ASSISTANCE ?</p> <p><i>Probe:</i></p>	<p>Bleeding.....A</p> <p>Severe headache and blurring of vision.....B</p> <p>Convulsions or loss of consciousness.....C</p> <p>Baby does not move.....D</p>	

C. CONVULSIONS OR LOSS OF CONSCIOUSNESS	C. Convulsions or loss of consciousness	1	2	
D. BABY DOES NOT MOVE	D. Baby does not move	1	2	
E. SEVERE OR CONTINUOUS VOMITING	E. Severe or continuous vomiting	1	2	
F. FOUL-SMELLING DISCHARGE OR COPIOUS WATER	F. Foul-smelling discharge or copious water	1	2	

MN12P. Check MN12O

☐ At least one circle was put around code (1) ⇒ Continue with MN12Q

☐ Circles were put on all (2) codes ⇒ Go to MN12U

MN12Q. Who DID YOU CONSULT ABOUT THESE DANGER SIGNS?

Probe: ANY OTHER ONE?

Physician.....A
Nurse..... B
Trained Midwife.....C
Pharmacist..... D
Traditional birth attendant (Daya).....F
Relative/friend.....H
No one.....Y

Y ⇒ MN12T

MN12R. HOW LONG AFTER EXPERIENCING THIS DANGER SIGN CONSULTATION WAS TAKEN?

if less than one day record hours otherwise record days

Hours.....1__ __
days..... 2__ __
Don't know998

MN12S. Check MN12Q

☐ Did not consult a physician nurse (A and/or B are not circled) ⇒ Continue with MN12T

☐ Consulted a physician, nurse or not asked (A and/or B are circled) ⇒ Go to MN12U

MN12T. WHY DID YOU NOT CONSULT A MEDICAL PROVIDER (PHYSICIAN/NURSE) OR GO TO A HEALTH FACILITY FOR THESE DANGER SIGNS?

Probe: ANY OTHER REASON?

Costs too much.....A
Too far/ no transport.....B
Poor quality serviceC
No female provider.....D
Husband/ family did not allow.....E

	Facility not open /physician not available.....F Not necessary.....G No one to go with me.....H Did not recognize this as a danger sign.....I Did not know where to go/ who to consult.....J No one with whom to leave the other family members (other children, grandparents)... K Other (<i>specify</i>)_____X																									
MN12U. SOME PARENTS MAKE SOME ARRANGEMENTS IN ADVANCE FOR THE DELIVERY OF THE INFANT. CAN YOU TELL ME IF YOU MADE ANY OF THESE ARRANGEMENTS? A. IDENTIFIED A PHYSICIAN/MIDWIFE TO ATTEND THE BIRTH? B. IDENTIFYING WHERE YOU WOULD DELIVER? C. ARRANGING MONEY FOR DELIVERY? D. ARRANGING TRANSPORT FOR DELIVERY? E. ARRANGING/SAVING MONEY FOR ANY EMERGENCY? F. IDENTIFIED POTENTIAL BLOOD DONOR? G. ARRANGED WITH FRIENDS/RELATIVES FOR CARE OF OTHER FAMILY MEMBERS WHILE YOU WERE AWAY?	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>A physician</td><td>1</td><td>2</td></tr> <tr> <td>Identifying where</td><td>1</td><td>2</td></tr> <tr> <td>Arranging money</td><td>1</td><td>2</td></tr> <tr> <td>Arranging transport</td><td>1</td><td>2</td></tr> <tr> <td>Arranging/saving money</td><td>1</td><td>2</td></tr> <tr> <td>Identified blood donor</td><td>1</td><td>2</td></tr> <tr> <td>Arranging with friends</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	A physician	1	2	Identifying where	1	2	Arranging money	1	2	Arranging transport	1	2	Arranging/saving money	1	2	Identified blood donor	1	2	Arranging with friends	1	2	
	Yes	No																								
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Arranging with friends	1	2																								
MN12V. DID A PHYSICIAN/NURSE GAVE YOU ADVISE ABOUT THE IMPORTANCE OF HAVING A PHYSICIAN/NURSE AT DELIVERY?	Yes1 No2 DK.....8																									
MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)? <i>Probe:</i> ANYONE ELSE?	Health professional: Doctor A Nurse B Other person																									

<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>Trained Midwife D</p> <p>Traditional birth attendant.....F</p> <p>Relative / Friend H</p> <p>Other (<i>specify</i>) X</p> <p>No one Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (<i>name</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>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Government</p> <p>Hospital 21</p> <p>PHCU 22</p> <p>FHU 23</p> <p>Other government (<i>specify</i>) 26</p> <p>Private</p> <p>Private hospital / clinic..... 31</p> <p>Private doctor 32</p> <p>Other private medical (<i>specify</i>) 36</p> <p>Non-governmental/NGO's</p> <p>Mosque/church/NGO clinic/unit 41</p> <p>Other NGO (<i>specify</i>) 46</p> <p>Other non-medical (<i>specify</i>) 96</p>	<p>11⇒MN19E</p> <p>12⇒MN19E</p> <p>96⇒MN19E</p>
<p>MN19. WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒MN19F</p>
<p>MN19B. WHEN WAS THE DECISION FOR A CAESAREAN SECTION MADE? DURING PREGNANCY OR BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>During ANC 1</p> <p>Before the start of labour 2</p> <p>During delivery 3</p> <p>Other(<i>specify</i>) 6</p>	

<p>MN19C. WHY WAS A CAESAREAN SECTION PERFORMED FOR YOU?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Previous Caesarean section.....A Obstructed labour.....B Prolonged labour.....C Fetal distress.....D Twins/triplets.....E I requested it/ didn't want normal delivery.....F Other (<i>specify</i>).....X Don't know the reason.....Z</p>	<p>A⇒MN19F B⇒MN19F C⇒MN19F D⇒MN19F E⇒MN19F F⇒MN19F X⇒MN19F Z⇒MN19F</p>
<p>MN19E. WHAT WERE THE REASONS FOR NOT DELIVERING AT A HEALTH FACILITY?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Costs too much.....A Too far/ no transport.....B Poor quality serviceC No female provider.....D Husband/ family did not allow.....E Facility not open /physician not available.....F Not necessary.....G Not customary.....H Sudden delivery.....I Afraid that physician would deliver me by Caesarean section.....J Other (<i>specify</i>).....X</p>	
<p>MN19F. WHAT ARE THE DANGER SIGNS OR COMPLICATIONS DURING THE DELIVERY THAT YOU KNOW OF?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Bleeding before or after labour (about a cup full of blood).....A Convulsions or loss of consciousness.....B Prolonged labour (>10 hours) without delivery.....C Placenta not delivered within ½ hour of infant.....D Other (<i>specify</i>).....X DKZ</p>	<p>Z⇒MN20</p>
<p>MN19G. WHAT WAS THE SOURCE OF YOUR INFORMATION ABOUT THE DANGER SIGNS DURING DELIVERY ?</p> <p><i>Probe:</i> ANY OTHER SOURCE?</p>	<p>Television..... A Radio..... B Newspaper/ magazine.....C Pamphlet/brochure..... D Poster.....E Health provider (physician or nurse) F CHW /(Raida Refia) G Husband..... H Other relative..... I Friends/neighbours..... J</p>	

	Other (specify)_____X																
MN19H. Check MN19G: Source of information <input type="checkbox"/> Health provider is mentioned (code F is circled) ⇒ Continue with MN19I <input type="checkbox"/> Code F IS NOT CIRCLED ⇒ Go to MN19J																	
MN19I. DID THE HEALTH PROVIDER (PHYSICIAN/NURSE) TOLD YOU WHERE TO GO IF THESE COMPLICATIONS OCCURRED?	Yes 1 No 2 DK 8																
MN19J. DURING YOUR PREGNANCY WITH (name), DID ANYONE GIVE YOU ANY INFORMATION ABOUT THE WARNING OR DANGER SIGNS DURING DELIVERY?	Yes 1 No 2																
MN19L. DID YOU EXPOSED TO ANY OF THESE DANGER SIGNS DURING THE DELIVERY?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>BLEEDING BEFORE OR AFTER LABOUR (ABOUT A CUP FULL OF BLOOD)</td> <td>Bleeding before or after labour (about a cup full of blood) 1</td> <td>2</td> </tr> <tr> <td>CONVULSIONS OR LOSS OF CONSCIOUSNESS</td> <td>Convulsions or loss of consciousness 1</td> <td>2</td> </tr> <tr> <td>PROLONGED LABOUR (>10 HOURS) WITHOUT DELIVERY</td> <td>Prolonged labour (>10 hours) without delivery 1</td> <td>2</td> </tr> <tr> <td>PLACENTA NOT DELIVERED WITHIN ½ HOUR OF INFANT</td> <td>Placenta not delivered within ½ hour of infant 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	BLEEDING BEFORE OR AFTER LABOUR (ABOUT A CUP FULL OF BLOOD)	Bleeding before or after labour (about a cup full of blood) 1	2	CONVULSIONS OR LOSS OF CONSCIOUSNESS	Convulsions or loss of consciousness 1	2	PROLONGED LABOUR (>10 HOURS) WITHOUT DELIVERY	Prolonged labour (>10 hours) without delivery 1	2	PLACENTA NOT DELIVERED WITHIN ½ HOUR OF INFANT	Placenta not delivered within ½ hour of infant 1	2	
	Yes	No															
BLEEDING BEFORE OR AFTER LABOUR (ABOUT A CUP FULL OF BLOOD)	Bleeding before or after labour (about a cup full of blood) 1	2															
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PLACENTA NOT DELIVERED WITHIN ½ HOUR OF INFANT	Placenta not delivered within ½ hour of infant 1	2															
MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8																
MN21. WAS (name) WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2 ⇒ MN22A 8 ⇒ MN22A															
MN22. HOW MUCH DID (name) WEIGH AT BIRTH?	From card 1 (kg) ____ . ____ ____																

<i>Record weight from health card, if available.</i>	From recall2 (kg) ____ . ____ ____ DK 99998	
MN22A. DURING THE TWO WEEKS AFTER BIRTH, WAS A BLOOD SAMPLE TAKEN FROM (NAME'S) HEEL?	Yes 1 No 2 DK 8	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes 1 No 2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2⇒MN27A
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) 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 ____ Don't know / 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⇒MN27B
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) A Plain water B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Fruit juice F Infant formula G Tea / Infusions H Honey I Other (<i>specify</i>) X	
MN27A: WHY DID YOU GIVE ANYTHING OTHER THAN BREAST MILK?	Milk in the beginning not nutritious A The amount of Milk in the beginning not sufficient B Tired C Not necessary/not customary to give breast milk immediately D	

<i>Probe: WHAT ELSE?</i>	Did not know how to breastfeed/found it difficult to breastfeed..... E No milk in breast..... F Infant ill/ not able to breastfeed/ in NICU.. G Twins/triplets..... H Caesarean delivery I Other (<i>specify</i>)..... X	
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MN27B. WHILE YOU WERE PREGNANT OR AFTER YOU DELIVERED YOUR LAST CHILD, DID ANYONE ADVISE ABOUT BREASTFEEDING (SUCH AS ITS IMPORTANCE, ITS DURATION, HOW TO BREASTFEED?) <i>If yes, probe: WHO GAVE YOU THE ADVICE? Record all categories mentioned.</i> <i>Probe: ANY OTHER PERSON?</i>	Health provider (physician or nurse).....A CHW (Raida Refia)B Traditional birth attendant (Daya)C Religious leaderD Neighbours/friendsE Household memberF Other relativesG Other(<i>specify</i>)X No one Y	Y⇒MN27D
MN27C. WHAT ADVICE WERE YOU GIVEN ABOUT BREASTFEEDING? <i>Probe: ANY OTHER ADVICE?</i> <i>Record all responses mentioned.</i>	Infant should be breastfed immediately after delivery (within 1 hour).....A Infant should be breastfed on demand.....B Infant should be given nothing other than breastmilk for the first 6 months.....C Breastfeeding position was demonstrated...D Other (<i>specify</i>)X	
MN27D. AFTER YOUR LAST BIRTH, DID YOU TAKE A FREE MILK FORMULA SAMPLE OR SUBSIDIZED (YOU PAID A SMALL AMOUNT OF MONEY) ?	Yes, Free..... 1 Yes, Subsidized 2 No 3 DK 8	3⇒NEXT MODULE 8⇒NEXT MODULE
MN27E. WHERE WERE YOU GIVEN THIS FORMULA FOR THE FIRST TIME?	Private clinic/ hospital1 Public hospital.....2 PHCU3 FHU.....4 At home5 Other(<i>specify</i>) 6	

POST-NATAL HEALTH CHECKS

PN

This module is to be administered to all women with a live birth in the 5 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, 46) ⇒ 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 __ __

Days2 __ __

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?

Yes1

No2

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*)?

Yes1

No2

<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT <i>(name or type of facility in MN18)</i>.</p> <p>DID ANYONE CHECK ON <i>(name)</i>'S HEALTH AFTER YOU LEFT <i>(name or type of facility in MN18)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional (MN17=A and/or B) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional (A and/or B not circled in MN17) ⇒ Go to PN10</p>		
<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</p> <p>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</p> <p>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</p> <p>No 2</p>	<p>1⇒PN11</p> <p>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</p> <p>No 2</p>	<p>2⇒PN19</p>

PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1⇒PN12A 2⇒PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <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	
PN13. WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME? <i>Probe: WHO ELSE?</i>	Health professional Doctor A Nurse B Other person Trained Midwife D Traditional birth attendant (Daya)..... F Community health worker (Raida Refa) . G Relative / Friend H Other (<i>specify</i>) _____ X	

<p>PN14. 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>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home..... 12</p> <p>Government</p> <p>Hospital.....21</p> <p>PHCU22</p> <p>FHU23</p> <p>Other government (specify) _____ 26</p> <p>Private</p> <p>Private hospital / clinic31</p> <p>Private doctor32</p> <p>Other private medical (specify) _____ 36</p> <p>Non-governmental/NGO's</p> <p>Mosque/church/NGO clinic/unit..... 41</p> <p>Other NGO (specify) _____ 46</p> <p>Other non-medical (specify) _____ 96</p>	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41, 46) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No2</p>	<p>1⇒PN20</p> <p>2⇒PN23D</p>
<p>PN17. Check MN17: Did a health professional assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional (MN17=A and/or B) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional (A and/or B not circled in MN17) ⇒ Go to PN19</p>		

PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒PN23D
PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes 1 No 2	2⇒ PN23D
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once 1 More than once 2	1⇒PN21A
PN20A. HOW MANY TIMES DID YOU HAVE THIS CHECK BY ANY HEALTH PROVIDER (PHYSICIAN/NURSE)?	Number of PNC check.....__ __	⇒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? <i>Probe: WHO ELSE?</i>	Health professional Doctor A Nurse B Other person Trained Midwife D Traditional birth attendant (Daya) F Community health worker (Raida Refia) G Relative / Friend H Other (specify) _____ 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>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home..... 12</p> <p>Government</p> <p>Hospital..... 21</p> <p>PHCU 22</p> <p>FHU 23</p> <p>Other government (specify) 26</p> <p>Private</p> <p>Private hospital / clinic 31</p> <p>Private doctor 32</p> <p>Other private medical (specify) 36</p> <p>Non-governmental/NGO's</p> <p>Mosque/church/NGO clinic/unit 41</p> <p>Other NGO (specify) 46</p> <p>Other non-medical (specify) 96</p>	
<p>PN23A. Check PN20</p> <p><input type="checkbox"/> If PN20 (only one time) ⇒ Go to PN23D</p> <p><input type="checkbox"/> If PN20 = 2 or more ⇒ Continue with PN23B</p>		
<p>PN23B. DID ANY DOCTOR OR NURSE FROM THE HEALTH UNIT CAME TO CHECK YOU DURING POSTPARTUM PERIOD?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇒ PN23D</p>
<p>PN23C. DID THE FIRST VISIT WAS AT THE FIRST 2 DAYS AFTER DELIVERY ?</p>	<p>Yes 1</p> <p>No 2</p>	

<p>PN23D. AS A PART OF THE CHECKS ON YOUR HEALTH AFTER DELIVERY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] WAS YOUR PULSE MEASURED?</p> <p>[C] WAS YOUR TEMPERATURE MEASURED?</p> <p>[D] WAS YOUR BREAST EXAMINED?</p> <p>[E] WERE YOUR LOWER LIMBS EXAMINED?</p>	<p style="text-align: center;">Yes No</p> <p>A. Blood pressure 1 2</p> <p>B. Pulse 1 2</p> <p>C. Temperature 1 2</p> <p>D. Breast 1 2</p> <p>E. Lower limbs 1 2</p>	
<p>PN23E. IN THE FIRST TWO MONTHS AFTER DELIVERY, DID YOU RECEIVE A VITAMIN A DOSE LIKE (THIS/ANY OF THESE)?</p> <p><i>Show (types of) capsules</i></p>	<p>Yes1</p> <p>No.....2</p>	
<p>PN24A. WHAT ARE THE DANGER SIGNS DURING THE POSTPARTUM PERIOD THAT YOU KNOW?</p> <p><i>Probe: WHAT ELSE?</i></p>	<p>Severe bleeding..... A</p> <p>Abdominal pain or foul-smelling discharge. B</p> <p>Convulsions or loss of consciousness..... C</p> <p>Vomiting and diarrhoea..... D</p> <p>Severe chest pain with difficulty breathing.. E</p> <p>Fever..... F</p> <p>Other (<i>specify</i>)..... X</p> <p>Don't know..... Z</p>	<p>Z⇒ PN24C</p>
<p>PN24B. WHAT WAS THE SOURCE OF YOUR INFORMATION ABOUT THE DANGER SIGNS IN POSTPARTUM PERIOD?</p> <p><i>Probe: WHAT ELSE?</i></p>	<p>Television..... A</p> <p>Radio..... B</p> <p>Newspaper/ magazine..... C</p> <p>Pamphlet/brochure..... D</p> <p>Poster..... E</p> <p>Health provider..... F</p> <p>CHW (Raida Refia)..... G</p> <p>Husband..... H</p> <p>Other relative..... I</p> <p>Friends/neighbours..... J</p> <p>.. X</p> <p>Other (<i>specify</i>).....</p>	<p>F⇒ PN24D</p>

PN24C. DURING THE PREGNANCY WITH (name), OR AFTER DELIVERY, DID ANYONE GIVE YOU ANY INFORMATION ABOUT THE WARNING OR DANGER SIGNS DURING THE POSTPARTUM PERIOD?	Yes 1 No 2 DK..... 8	2⇒ PN24E 8⇒ PN24E																					
PN24D. WERE YOU TOLD WHERE TO GO IF THESE COMPLICATIONS OCCURRED?	Yes 1 No 2 DK..... 8																						
PN24E. DID YOU EXPERIENCE ANY OF THESE DURING THE POSTPARTUM PERIOD: SEVERE BLEEDING ABDOMINAL PAIN OR FOUL-SMELLING DISCHARGE CONVULSIONS OR LOSS OF CONSCIOUSNESS VOMITING AND DIARRHOEA SEVERE CHEST PAIN WITH DIFFICULTY BREATHING FEVER	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Severe bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>Abdominal pain or foul-smelling discharge</td> <td>1</td> <td>2</td> </tr> <tr> <td>Convulsions or loss of consciousness</td> <td>1</td> <td>2</td> </tr> <tr> <td>Vomiting and diarrhoea</td> <td>1</td> <td>2</td> </tr> <tr> <td>Severe chest pain with difficulty breathing</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fever</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Severe bleeding	1	2	Abdominal pain or foul-smelling discharge	1	2	Convulsions or loss of consciousness	1	2	Vomiting and diarrhoea	1	2	Severe chest pain with difficulty breathing	1	2	Fever	1	2	
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Fever	1	2																					
PN24F. Check PN24E <input type="checkbox"/> At least one circle was put around code (1) ⇒ Continue with PN24G <input type="checkbox"/> Circles were put on all (2) codes ⇒ Go to next module																							
PN24G. Who DID YOU CONSULT ABOUT THESE DANGER SIGNS? <i>Probe: WHO ELSE?</i>	Physician.....A Nurse.....B Pharmacist.....D Traditional birth attendant (Daya).....F Relative/friend.....H Other (<i>specify</i>).....X No one.....Y	Y⇒ PN24J																					
PN24H. HOW LONG AFTER EXPERIENCING THIS DANGER SIGN DID YOU CONSULT THIS PERSON OR GO TO THE HEALTH FACILITY?	Hours.....1 __ __ Days.....2 __ __ Don't know998																						

<i>If less than one day record in hours, if else record in days.</i>		
PN24I. Check PN24G <input type="checkbox"/> <i>Did not consult a physician or nurse (PN24G =D,F,H,Y are circled) ⇒ Continue with PN24J</i> <input type="checkbox"/> <i>Consulted a physician, nurse (PN24G =A and/or B are circled) ⇒ Go to Next module</i>		
PN24J.WHY DID YOU NOT CONSULT A PHYSICIAN OR NURSE FOR THESE DANGER SIGNS? <i>Probe: ANY OTHER REASON?</i>	Costs too much..... A Too far/ no transport..... B Poor quality service C No female provider..... D Husband/ family did not allow..... E Facility not open F Not necessary..... G No one to go with me... H Did not recognize this as a danger sign..... I Did not know where to go/ who to consult... J No one with whom to leave the other fami members (other childre grandparents)..... K Other (<i>specify</i>)..... X	

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 IS3.

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 stoolF

Child is drinking poorly G

Other (specify) _____ X

IS3. Check BH4 (birth history)

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

☐ Yes ⇒ Continue with next module.

☐ No ⇒ Go to AT4A.

ATTITUDE MODULE		AT
AT1. WHO WAS USUALLY DECIDE ON WHETHER YOU SHOULD RECEIVE AND NOT RECEIVE ANC: YOU, YOUR HUSBAND, YOU AND YOUR HUSBAND JOINTLY, OR SOMEONE ELSE?	Respondent 1 Husband 2 Respondent & husband jointly..... 3 Family member..... 4 Someone else..... 5 Other (<i>specify</i>) 6	
AT2. WHO MADE THE DECISION ON WHETHER A SBA SHOULD ATTEND YOUR DELIVERY: MAINLY YOU, MAINLY YOUR HUSBAND, YOU AND YOUR HUSBAND JOINTLY, OR SOMEONE ELSE?	Respondent 1 Husband 2 Respondent & husband jointly..... 3 Family member..... 4 Someone else..... 5 Other (<i>specify</i>) 6	
AT3. WOULD YOU ACCEPT ANC PROVIDED BY A MALE PHYSICIAN?	Yes..... 1 No 2 DK..... 8	
NOW, I WILL READ YOU A SERIES OF STATEMENTS, AND I WOULD LIKE TO ASK YOU IF YOU AGREE, ARE NEUTRAL OR DISAGREE WITH EACH OF THEM		
AT4A. "WOMEN IN GENERAL DO NOT ACCEPT TO RECEIVE ANTENATAL CARE FROM A MALE PHYSICIAN". WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?	Agree..... 1 Neutral..... 2 Disagree..... 3	
AT4B. "WOMEN IN GENERAL DO NOT ACCEPT A MALE PHYSICIAN ATTEND AT DELIVERY". WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?	Agree..... 1 Neutral..... 2 Disagree..... 3	
AT4C. "WOMEN IN GENERAL BELIEVE THAT THE NEW BORN INFANT SHOULD BE GIVEN THE BREAST IMMEDIATELY AFTER BIRTH". WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?	Agree..... 1 Neutral..... 2 Disagree..... 3	
AT4D. "WOMEN IN GENERAL BELIEVE THAT INFANTS SHOULD BE GIVEN BREASTMILK ONLY AT THE FIRST 3 DAYS. WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?	Agree..... 1 Neutral..... 2 Disagree..... 3	

<p>AT4E. "WOMEN IN GENERAL BELIEVE THAT INFANTS SHOULD NOT BE GIVEN FLUIDS OR FOODS OTHER THAN BREASTMILK IN THE FIRST 6 MONTHS OF LIFE".</p> <p>WHAT IS YOUR OPINION: AGREE OR NEUTRAL OR DISAGREE?</p>	<p>Agree.....1</p> <p>Neutral.....2</p> <p>Disagree.....3</p>																												
<p>AT5. THE PHC CARRIES OUT HEALTH EDUCATION SESSIONS ON HEALTH CARE, CARE OF THE INFANTS AND CHILDREN, AND NUTRITION. HAVE YOU ATTENDED ANY SUCH SESSION (OTHER THAN DURING PREGNANCY)?</p> <p><i>If yes: WHAT IS THE NUMBER OF SESSIONS YOU HAD ATTENDED?</i></p> <p><i>If number is more than 7 record 7</i></p>	<p>No, she didn't attend any session0</p> <p>Number of attended sessions —</p>																												
<p>AT6. SOMETIMES A CHW (RAIDA REFIA) GOES TO PEOPLE'S HOUSES TO ADVISE THEM ABOUT THEIR HEALTH. HAS ANY RAIDA REFIA GONE TO YOUR HOUSE FOR THIS?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know.....8</p>																												
<p>AT7.THE FAMILY HEALTH UNIT OFFERS MANY DIFFERENT SERVICES TO BOTH MOTHERS AND CHILDREN. I WILL READ THESE SOME OF THESE SERVICES IF YOU KNOW. PLEASE TELL ME IF OFFERED IT OR NOT AT THE FHU?</p> <p><i>(Read the following services and check all that the woman is aware of).</i></p> <p>A. ANC?</p> <p>A. MOTHER'S VACCINATION (TETANUS TOXOID)?</p> <p>B. DISTRIBUTE IRON TABLETS FOR MOTHER DURING ANC?</p> <p>C. POSTNATAL CARE AT HOME?</p> <p>D. FOLLOW-UP OF GROWTH OF THE CHILD (WEIGHT AND HEIGHT) ?</p> <p>E. SCREENING OF CHILDREN FOR ANAEMIA?</p> <p>F. CHILD VACCINATION?</p> <p>G. FAMILY PLANNING?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>ANC</td> <td>1</td> <td>2</td> </tr> <tr> <td>tetanus toxoid</td> <td>1</td> <td>2</td> </tr> <tr> <td>Iron supplementation</td> <td>1</td> <td>2</td> </tr> <tr> <td>Postnatal care at home</td> <td>1</td> <td>2</td> </tr> <tr> <td>Growth monitoring (Weight And height)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Anaemia screening</td> <td>1</td> <td>2</td> </tr> <tr> <td>Child vaccination</td> <td>1</td> <td>2</td> </tr> <tr> <td>Family planning</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	ANC	1	2	tetanus toxoid	1	2	Iron supplementation	1	2	Postnatal care at home	1	2	Growth monitoring (Weight And height)	1	2	Anaemia screening	1	2	Child vaccination	1	2	Family planning	1	2	
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H. HEALTH EDUCATION FOR NUTRITION, CARE OF CHILD, SAFE PREGNANCY?	Health education	1	2	
I. CARE OF THE ILL CHILD	Care of the ill child	1	2	
J. THYROID HORMONE TESTING OF THE NEW-BORN (BLOOD SAMPLE TAKEN FROM HEEL OF NEW-BORN WITHIN 7 DAYS OF BIRTH)	Thyroid hormone	1	2	
AT8. HAVE YOU ATTENDED AT THE FHU FOR ANY REASON IN THE PAST 12 MONTH?	Yes1 No.....2 Don't know.....8			2⇒NEXT MODULE 8⇒NEXT MODULE
AT9. NOW I WANT TO KNOW THE WHETHER YOU WERE SATISFIED, NEUTRAL OR, NOT SATISFIED AT ALL ABOUT SOME ISSUES RELATED TO THE HEALTH SERVICES THAT PROVIDED IN THE FAMILY HEALTH UNIT.				
	Satisfied	Neutral	Not satisfied	NA
[A] TIME YOU WAITED?	3	2	1	5
[B] TIME IT TAKES TO COMPLETE ALL PARTS OF THE CONSULTATION ONCE INITIALLY SEEN?	3	2	1	5
[C] TIME IT TAKES TO RECEIVE RESULTS FROM TESTS?	3	2	1	5
[D] ABILITY OF HEALTH CARE PROVIDER TO DISCUSS PROBLEMS OR CONCERNS ABOUT YOUR CONDITION?	3	2	1	5
[E] AMOUNT OF EXPLANATION YOU WERE GIVEN ABOUT THE PROBLEM OR TREATMENT?	3	2	1	5
[F] QUALITY OF THE EXAMINATION AND TREATMENT PROVIDED?	3	2	1	5
[G] PRIVACY FROM OTHERS SEEING EXAM?	3	2	1	5
[H] PRIVACY FROM OTHERS HEARING DISCUSSION?	3	2	1	5
[I] AVAILABILITY OF MEDICINES AT THE FACILITY?	3	2	1	5
[J] THE HOURS/DAYS OF SERVICES	3	2	1	5
[K] CLEANLINESS OF FACILITY?	3	2	1	5
[L] STAFF TREATMENT?	3	2	1	5
[M] COST OF SERVICES	3	2	1	5

Woman and Husband's work status		ECO
ECO1. HAVE YOU DONE ANY WORK IN THE LAST SEVEN DAYS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?	Yes 1 No 2	1 ⇒ ECO4
ECO2. ALTHOUGH YOU DID NOT WORK IN THE LAST SEVEN DAYS, DO YOU HAVE ANY JOB OR BUSINESS FROM WHICH YOU WERE ABSENT FOR LEAVE, ILLNESS, VACATION, MATERNITY LEAVE OR ANY OTHER SUCH REASON?	Yes 1 No 2	1 ⇒ ECO4
ECO3. HAVE YOU DONE ANY WORK IN THE LAST 12 MONTHS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?	Yes 1 No 2	2 ⇒ ECO9
ECO4. WHAT IS YOUR OCCUPATION, THAT IS, WHAT KIND OF WORK DO YOU MAINLY DO?	<div style="text-align: right;">— —</div> _____ _____ _____ (RECORD ANSWER IN DETAIL)	
ECO5. DO YOU DO THIS WORK FOR A MEMBER OF YOUR FAMILY, FOR SOMEONE ELSE, OR ARE YOU SELF-EMPLOYED?	For family member 1 For someone else 2 Self-employed 3	
ECO6. DO YOU USUALLY WORK AT HOME OR AWAY FROM HOME?	Home 1 Away 2	
ECO7. DO YOU USUALLY WORK THROUGHOUT THE YEAR, OR DO YOU WORK SEASONALLY, OR ONLY ONCE IN A WHILE?	Throughout the year 1 Seasonally/part of the year 2 Once in a while 3	
ECO8. ARE YOU PAID IN CASH OR KIND FOR THIS WORK OR ARE YOU NOT PAID AT ALL?	Cash only 1 Cash and kind 2 In kind only 3 Not paid 4	

ECO9. <i>Check HL6B: Marital status</i>		
<input type="checkbox"/> <i>Widowed / Divorced / Separated ⇒ Go to ECO12.</i>		
<input type="checkbox"/> <i>Currently married ⇒ Continue with ECO10.</i>		
ECO10. <i>Record line number of husband from household schedule. if husband is not present in the household, record '00'.</i>	Husband line number.....__ __	NOT "00" ⇒ ECO12
ECO11. WHY YOUR HUSBAND IS NOT LIVING WITH YOU IN THE HOUSEHOLD?	Work Outside Egypt 1 Work Inside Egypt 2 Studying 3 Other (<i>specify</i>) 6	
ECO12. DID YOUR CURRENT/LAST HUSBAND EVER ATTEND SCHOOL?	Yes 1 No 2	2 ⇒ ECO15
ECO13. WHAT IS THE HIGHEST LEVEL OF SCHOOL HE ATTENDED?	Preschool 0 Primary 1 Preparatory..... 2 Secondary 3 Higher 4	0 ⇒ ECO15
ECO14. WHAT IS THE HIGHEST GRADE HE COMPLETED AT THAT LEVEL?	Grade __ Don't know..... 8	
ECO15. <i>Check ECO9</i>		
<input type="checkbox"/> <i>Widowed/divorced/separated ⇒ continue with ECO16</i>		
<input type="checkbox"/> <i>Currently Married ⇒ Go to ECO 17</i>		

ECO16. WHAT WAS YOUR (LAST) HUSBAND'S OCCUPATION? THAT WAS, WHAT KIND OF WORK DID HE MAINLY DO?	<div style="text-align: right;">— —</div> <hr/> <hr/> <hr/> (RECORD ANSWER IN DETAIL)	⇨WM11
ECO17. HAVE YOUR HUSBAND DONE ANY WORK IN THE LAST SEVEN DAYS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?	Yes 1 No 2	1⇨ECO20
ECO18. ALTHOUGH YOUR HUSBAND DID NOT WORK IN THE LAST SEVEN DAYS, DOES YOUR HUSBAND HAVE ANY JOB OR BUSINESS FROM WHICH HE WERE ABSENT FOR LEAVE, ILLNESS, VACATION OR ANY OTHER SUCH REASON?	Yes 1 No 2	1⇨ECO20
ECO19. HAVE YOUR HUSBAND DONE ANY WORK IN THE LAST 12 MONTHS EVEN IF IT WAS ONLY FOR A SHORT PERIOD OF TIME?	Yes 1 No 2	2⇨WM11
ECO20. WHAT IS YOUR HUSBAND'S OCCUPATION, THAT IS, WHAT KIND OF WORK HE IS MAINLY DO?	<div style="text-align: right;">— —</div> <hr/> <hr/> <hr/> (RECORD ANSWER IN DETAIL)	
ECO21. DO YOUR HUSBAND DO THIS WORK FOR A MEMBER OF YOUR FAMILY, FOR SOMEONE ELSE, OR ARE HE SELF-EMPLOYED?	For family member 1 For someone else..... 2 Self-employed 3	
ECO22. DO YOUR HUSBAND USUALLY WORK AT HOME OR AWAY FROM HOME?	Home 1 Away..... 2	
ECO23. DO YOUR HUSBAND USUALLY WORK THROUGHOUT THE YEAR, OR DOES HE WORK SEASONALLY, OR ONLY ONCE IN A WHILE?	Throughout the year 1 Seasonally/part of the year 2 Once in a while 3	

ECO24. ARE YOUR HUSBAND PAID IN CASH OR KIND FOR THIS WORK OR IS HE NOT PAID AT ALL?	Cash only	1	
	Cash and kind	2	
	In kind only	3	
	Not paid	4	

WM11. Record the time.	Hour and minutes..... ____ : ____	
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<p>WM12. Check List of Household Members, columns HL7B and HL15.</p> <p><i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete the cover page and then go to Questionnaire for Children Under Five for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the cover page</p>
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Interviewer's Observations

Field Editor's Observations






Supervisor's Observations

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

ⁱInfants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

ⁱⁱInfants receiving breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

ⁱⁱⁱInfants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

^{iv}Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

^vThe indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

^{vi} Full vaccination includes the following: One BCG One dose of BCG and three doses of Polio, DPT, and HepB vaccines by 12 months of age and Measles by 24 months of age.