



Health Results Based Financing Impact Evaluation
Lesotho
2015

IDENTIFIER	
CENSUS AREA NUMBER	HOUSEHOLD NUMBER

HOUSEHOLD QUESTIONNAIRE: SELECTED WOMAN 1

GEOGRAPHICAL LOCATION									
District				Village				Health Center	
GPS COORDINATES OF DWELLING									
LATITUDE (NORTH):					.				
LONGITUDE (EAST):					.				
								ALTITUDE (METERS):	

INTERVIEWER AND VISITS					LANGUAGE USED				
NAME: _____ CODE: <input type="text"/>					...BY THE INTERVIEWER? <input type="text"/> ... BY THE RESPONDENT? <input type="text"/>				
VISIT # 1:	DAY	MONTH	YEAR		RESULT OF THE INTERVIEW: <input type="text"/>				
VISIT # 2:	DAY	MONTH	YEAR		INTERVIEW DONE 01				
					PARTIALLY COMPLETED 02				
VISIT # 3:	DAY	MONTH	YEAR		REGISTERED PERSON REFUSED INTERVIEW 03				
					HOUSEHOLD MEMBERS NOT PRESENT 04				
					HOUSEHOLD VACATED 05				
					HOUSE ADDRESS NOT FOUND 06				
					HH HEAD / OTHER REFUSED TO ALLOW INTERVIEW 07				
					OTHER, SPECIFY: _____ 96				

SUPERVISOR					CONTROL INFORMATION				
NAME: _____ CODE: <input type="text"/>					NUMBER OF HOUSEHOLD MEMBERS <input type="text"/>				
DATA ENTRY OPERATOR					SELECTED WOMAN'S ID CODE FROM ROSTER <input type="text"/>				
NAME: _____ CODE: <input type="text"/>									

6 Health Status and Utilization

SUBJECT: SELECTED WOMAN 1

RESPONDENT: SELF

Nr.	Question	CODE	SKIP	RESPONSE
(6.01)	Are you currently covered under a health care insurance scheme such as Mammoth or Bophelo Medical Scheme? (NOT INCLUDING FUNERAL INSURANCE)	YES NO	1 2	
ACTIVITIES OF DAILY LIVING				
(6.02)	Currently, how is your health in a normal day; would you say it is excellent, good, fair or poor?	EXCELLENT GOOD FAIR POOR	01 02 03 04	
(6.03)	If you had to carry a heavy load, such as a bucket of water, for 20 meters, could you do it easily, with some difficulty, with much difficulty or not at all?	EASILY WITH SOME DIFFICULTY WITH MUCH DIFFICULTY UNABLE TO DO	01 02 03 04	(6.06)
(6.04)	How long have you had difficulty/been unable to carry a heavy load?	LESS THAN ONE WEEK 1 TO 4 WEEKS 1 TO 6 MONTHS MORE THAN 6 MONTHS	01 02 03 04	
(6.05)	Why are you unable to carry a heavy load?	DISABLED PREGNANT TOO WEAK TOO SICK TOO INJURED OTHER, SPECIFY:	01 02 03 04 05 96	
(6.06)	If you had to walk 5 km, could you do it easily, with some difficulty, with much difficulty or not at all?	EASILY WITH SOME DIFFICULTY WITH MUCH DIFFICULTY UNABLE TO DO	01 02 03 04	(6.09)
(6.07)	How long have you had difficulty to walk 5 km?	LESS THAN ONE WEEK 1 TO 4 WEEKS 1 TO 6 MONTHS MORE THAN 6 MONTHS	01 02 03 04	
(6.08)	Why are you unable to walk 5 km?	DISABLED PREGNANT TOO WEAK TOO SICK TOO INJURED OTHER, SPECIFY:	01 02 03 04 05 96	
DISABILITY AND CHRONIC ILLNESSES				
(6.09)	Do you suffer from any disabilities or chronic illnesses?	YES NO	1 2	(6.12)
(6.10)	What disabilities or chronic illnesses do you suffer from? (RECORD UP TO 3 ANSWERS)	DISABILITIES PHYSICAL DISABILITY MENTAL DISABILITY BLINDNESS DEAFNESS/MUTENESS OTHER DISABILITY, SPECIFY: CHRONIC ILLNESS HEART CONDITION DIABETES EPILEPSY ASTHMA CANCER HIV/AIDS TUBERCULOSIS OTHER CHRONIC ILLNESS, SPECIFY	01 02 03 04 96A 05 06 07 08 09 10 11 96B	
(6.11)	Given your health, how are you currently able to do daily activities such as work, housekeeping, etc?	EASILY WITH SOME DIFFICULTY WITH MUCH DIFFICULTY UNABLE TO DO	01 02 03 04	

ACUTE ILLNESS			
(6.12)	In the last month, have you been sick or suffering from any illness or injury, excluding disabilities or chronic illnesses?	YES 1 NO 2 ► (7.01)	
(6.13)	What were you mainly suffering from? (RECORD UP TO 3 ANSWERS)	<u>DISEASES</u> HIV/AIDS 01 MEASLES 02 CANCER 03 ANEMIA 04 DIABETES 05 MALNUTRITION 06 MENTAL DISORDER 07 NERVOUS / PARALYSIS 08 EYE PROBLEM 09 EAR PROBLEM 10 HEART DISEASE 11 CHEST INFECTION 12 TUBERCULOSIS 13 PNEUMONIA 14 OTHER RESPIRATORY 15 DIGESTIVE 16 MUSCLE / BONE 17 SKIN 18 GENITO-URINARY 19 PREGNANCY / CHILDBIRTH RELATE 20 PERINATAL 21 CONGENITAL 22 INJURY OR POISONING 23 <u>SYMPTOMS</u> FEVER 41 ABDOMINAL PAIN 42 COUGH ONLY 43 COUGH WITH DIFFICULT, FAST BREATHING 44 DIARRHEA WITHOUT BLOOD 45 DIARRHEA WITH BLOOD 46 DIARRHEA AND VOMITING 47 VOMITING 48 HEADACHE 49 OTHER, SPECIFY: 96	
(6.14)	How long ago did the illness start?	NUMBER OF DAYS AGO	
(6.15)	How long ago did the illness stop? INTERVIEWER: CANNOT BE MORE THAN THE NUMBER OF DAYS REPORTED IN (6.14). IF STILL ILL RECORD "00"	NUMBER OF DAYS AGO	
(6.16)	In the last month, how many days of work, or other main activities did you miss due to poor health?	NUMBER OF DAYS	
(6.17)	In the last month, how many days was you confined to bed due to poor health?	NUMBER OF DAYS	
SEEKING CARE			
(6.18)	Did you go to any health facility or health personnel to seek care for this illness? (INTERVIEWER: PROBE IF PATIENT WENT TO CENTER BUT CENTER WAS CLOSED/NOT STAFFED - COUNT THIS AS A "YES")	YES 1 ► (6.21) NO 2	
(6.19)	Did you go to any traditional healer to seek care for this illness?	YES 1 NO 2	

(6.20)	Why didn't you go to a health facility or health personnel for care? DO NOT READ OUT THE OPTIONS (RECORD UP TO 3 ANSWERS)	TOO EXPENSIVE	01 ► (6.36)	
		TOO FAR	02 ► (6.36)	
		TOO BUSY (WORK, CHILDREN)	03 ► (6.36)	
		WASN'T SICK ENOUGH	04 ► (6.36)	
		FACILITY HAS POOR STRUCTURE	05 ► (6.36)	
		FACILITY POORLY STOCKED	06 ► (6.36)	
		POOR STAFF ATTITUDE	07 ► (6.36)	
		POOR STAFF KNOWLEDGE	08 ► (6.36)	
		DON'T TRUST THE STAFF	09 ► (6.36)	
		STAFF USUALLY ABSENT	10 ► (6.36)	
		HEALTH FACILITY CLOSED	11 ► (6.36)	
		NO TRANSPORTATION	12 ► (6.36)	
		POOR QUALITY OF CARE	13 ► (6.36)	
		INCONVENIENT HOURS	14 ► (6.36)	
		LONG WAITING TIMES	15 ► (6.36)	
		PREFER HOME CARE	16 ► (6.36)	
OTHER (SPECIFY)	96 ► (6.36)			
(6.21)	How long after the illness started did you seek care?	WITHIN 24 HOURS	01	
		BETWEEN 24 AND 48 HOURS	02	
		SAME WEEK	03	
		WITHIN 2 WEEKS	04	
		WITHIN 3 WEEKS	05	
SEEK OF CARE, PLACE				
(6.22)	Where did you seek care?	GOVERNMENT HOSPITAL	01	
		GOVERNMENT HEALTH CENTER	02	
		GOVERNMENT HEALTH POST	03	
		CHAL HEALTH CENTER	04	
		PRIVATE HOSPITAL	05	
		PRIVATE CLINIC	06	
		PRIVATE HEALTH POST	07	
		PRIVATE PRACTITIONER	08	
		PHARMACY	09	
		MOBILE CLINIC	10	
		VILLAGE HEALTH WORKER	11	
		OTHER, SPECIFY:	96	
(6.23)	IF HOSPITAL, CLINIC OR HEALTH CENTER, PROBE FOR NAME OF FACILITY AND RECORD CODE	A) NAME		
		B) CODE		
SEEK OF CARE, LAST VISIT				
(6.24)	For the last visit, how much time did it take to travel to the health care provider? (ONE WAY ONLY)	MINUTES		
(6.25)	For the last visit, did you have a direct interaction with a health worker?	YES	1 ► (6.27)	
		NO	2	
(6.26)	Why did you not have a direct interaction with a health worker?	NO HEALTH WORKER PRESENT	01 ► (6.36)	
		HEALTH WORKER TOO BUSY	02 ► (6.36)	
		HEALTH WORKER NOT SEEING PATIENTS	03 ► (6.36)	
		HEALTH WORKER REFUSED	04 ► (6.36)	
		NO FEMALE HEALTH WORKER	05 ► (6.36)	
		HEALTH WORKER NOT QUALIFIED	06 ► (6.36)	
		WAITING TIME TOO LONG	07 ► (6.36)	
		PATIENT ARRIVED LATE	08 ► (6.36)	
		COULD NOT AFFORD FEE	09 ► (6.36)	
		OTHER, SPECIFY:	96 ► (6.36)	
(6.27)	For the last visit, how much time did you wait to be seen by a health worker?	MINUTES		

(6.28)	For the last visit, who attended you?	MEDICAL DOCTOR	01	
		NURSE/MIDWIFE	02	
		NURSE ASSISTANT	03	
		VILLAGE HEALTH WORKER	04	
		LAB TECHNICIAN	05	
		PHARMACIST	06	
		OTHER, SPECIFY:	96	
(6.29)	Did this health care provider ask questions about how you was feeling or the symptoms that you had?	YES	1	
NO	2			
(6.30)	Did this health care provider do any physical exams on you such as taking blood pressure, listening to the heart, etc?	YES	1	
NO	2			
(6.31)	Did this health care provider administer any rapid test (such as a fingerprick)?	YES	1	
NO	2			
(6.32)	Did this health care provider order any X-rays or laboratory examinations such as urine or blood tests?	YES	1	
NO	2 ► (6.35)			
(6.33)	Did you have these tests done?	YES	1	
NO	2			
(6.34)	Did you receive results?	YES	1	
NO	2			
(6.35)	Did this health care provider prescribe any medicines?	YES	1	
NO	2			
EXPENDITURES				
(6.36)	In the last month, how much did your household spend out of its own pocket for the treatment of your illness? Specifically, how much did your household pay out of pocket for	A) Provider fees (Maloti)		
		B) Laboratory fees (Maloti)		
		C) Any other payment to the provider (Maloti)		
		D) Medicine (Maloti)		
		E) Transportation (Maloti)		
(6.37)	Did an employer or insurance pay for any of the provider fees, laboratory and X ray fees, medicine, or transportation?	YES, EMPLOYER	01	
		YES, INSURANCE	02	
		NO	03	
		OTHER, SPECIFY	96	
HOSPITALIZATION				
(6.38)	In the last month, did you have to spend the night in a health facility or hospital to treat this illness?	YES	1	
NO	2 ► (7.01)			
(6.39)	Over the last month, how many nights did you spend in the health facility or hospital?	NIGHTS		
(6.40)	In the last month, how much did your household spend out of its own pocket on your stay on the health facility or hospital to treat	Maloti		

7 Pregnancy History

SUBJECT: SELECTED WOMAN 1

RESPONDENT: SELF

Nr.	Question	CODE	SKIP	RESPONSE
PREGNANCY				
(7.01)	What age do you think is a good age for a woman to have her first child?	YEARS (XX)		
(7.02)	What age do you think is a good age for a man to have his first child?	YEARS (XX)		
(7.03)	What is the ideal number of children that you would like to have at the time you are 50?	NUMBER (XX)		
(7.04)	According to you, in a couple, how should the number of children be decided?	PRIMARILY THE WOMAN	01	
		PRIMARILY THE MAN	02	
		BOTH	03	
		DON'T KNOW	99	
(7.05)	Are you pregnant now?	YES	1	
		NO	2 ► (7.07)	
		NOT SURE	3 ► (7.07)	
(7.06)	How many months pregnant are you? ► (7.08)	MONTHS (XX)		
(7.07)	Have you ever been pregnant, including pregnancies that may have ended in miscarriage, abortion or stillbirth (born dead)?	YES	1	
		NO	2 ► THIS IS NOT SELECTED WOMAN 1	
(7.08)	How many times have you been pregnant (including current pregnancy)?	NUMBER (XX)		
(7.09)	How old were you when you got pregnant for the first time?	YEARS (XX)		
NUMBER OF CHILDREN				
(7.10)	Do you have any children to whom you have given birth who are now living with you?	YES	1	
		NO	2 ► (7.12)	
(7.11)	A) How many sons live with you?	SONS (XX)		
	B) How many daughters live with you?	DAUGHTERS (XX)		
(7.12)	Do you have any children to whom you have given birth who are still alive but do not live with you?	YES	1	
		NO	2 ► (7.14)	
(7.13)	A) How many sons live elsewhere?	SONS (XX)		
	B) How many daughters live elsewhere?	DAUGHTERS (XX)		
(7.14)	Have you ever given birth to a child who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES	1	
		NO	2 ► (7.16)	
(7.15)	A) How many sons died?	SONS (XX)		
	B) How many daughters died?	DAUGHTERS (XX)		
(7.16)	SUM ANSWERS TO (7.11), (7.13), AND (7.15)	TOTAL (XX)		
(7.17)	Please confirm the total number of children you have given birth to is... NUMBER IN QUESTION: (7.16)	YES	1	
		NO	2 ► PROBE AND CORRECT	

LIVE BIRTHS			
(7.18)	ENUMERATOR: IS THE NUMBER OF LIVE BIRTHS IN (7.16) AT LEAST ONE?	YES	1
		NO	2 ► (7.20)
(7.19)	When was the last time that you gave birth to a child that was born alive?	MONTH (MM)	
		YEAR (YYYY)	
STILLBIRTH AND MISCARRIAGE OR ABORTION			
(7.20)	Have you ever had a pregnancy that ended in stillbirth, that is when pregnancy has lasted at least 28 weeks but the baby dies before it is born?	YES	1
		NO	2 ► (7.23)
(7.21)	How many pregnancies have ended in a stillbirth?	NUMBER (XX)	
(7.22)	When was the last time you had a stillbirth?	MONTH (MM)	
		YEAR (YYYY)	
(7.23)	Have you ever had a pregnancy that ended in a miscarriage or abortion, that is when the pregnancy lasts less than 28 weeks?	YES	1
		NO	2 ► (8.01)
(7.24)	How many pregnancies have ended in a miscarriage or abortion?	NUMBER (XX)	
(7.25)	When was the last time you had a miscarriage or abortion?	MONTH (MM)	
		YEAR (YYYY)	

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

		ANTENATAL CARE				
(8.01)	PREGNANCY NUMBER	(8.02)	(8.03)			(8.04)
Now I am going to ask you some questions about your pregnancies (including any current pregnancy) that ended in live birth, still birth, miscarriage or abortion. How many pregnancies did you have in the last 24 months?		Did you consult any health care provider for antenatal care for this pregnancy?	Why didn't you consult any health care provider for antenatal care for this pregnancy? RECORD UP TO 3 RESPONSES.			Did you ever try to go for antenatal care but the facility staff told you to go away and come back another day?
		FOR WOMEN WHOSE LAST PREGNANCY WAS A STILLBIRTH, MISCARRIAGE OR ABORTION, THE LAST PREGNANCY IS THE PREGNANCY THAT ENDED IN STILLBIRTH, MISCARRIAGE OR ABORTION	TOO EXPENSIVE	01	► (8.12)	
			TOO FAR	02		
			TOO BUSY (WORK, CHILDREN)	03		
			SELF-TREATED	04		
			WAS TOO EARLY IN PREGNANCY	05		
			FACILITY HAS POOR STRUCTURE	06		
			FACILITY POORLY STOCKED	07		
			POOR STAFF ATTITUDE	08		
			POOR STAFF KNOWLEDGE	09		
			POOR QUALITY OF CARE	10		
			SERVICE NOT AVAILABLE	11		
			NO TRANSPORTATION	12		
			WENT TO A TRADITIONAL HEALER	13		
			DID NOT NEED	14		
			INCONVENIENT HOURS	15		
			LONG WAITING TIMES	16		
			PREFER HOME CARE	17		
			FAMILY DIDN'T WANT ME TO GO	18		
	OTHER, SPECIFY:		96			
		FIRST	SECOND	THIRD		
	1					
	2					
	3					

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

ANTENATAL CARE				
PREGNANCY NUMBER	(8.05)	(8.06)	(8.07)	(8.08)
	What kind of provider did you see for antenatal care for this pregnancy?	In what kind of facility or location did you see this health care provider?	IF HOSPITAL, CLINIC OR CENTER, PROBE FOR NAME OF FACILITY AND RECORD CODE.	How many months pregnant were you when you first received antenatal care for this pregnancy?
	IF MORE THAN ONE PROVIDER, WRITE THE PROVIDER THAT IS HIGHEST ON THE LIST.	IF MORE THAN ONE, WRITE FACILITY CORRESPONDING TO PROVIDER IN CELL (8.05)	INTERVIEWER: BELOW INSTRUCTIONS ARE FOR DATA ENTRY ONLY. DO NOT RECORD CODES 33333, 66666 OR 99999. RECORD HEALTH FACILITY CODE.	
	MEDICAL DOCTOR 01	GOVERNMENT HOSPITAL 01	NOT A REAL HEALTH CENTER (EG RED CROSS) 33333	
	NURSE/MIDWIFE 02	GOVERNMENT HEALTH CENTER 02	HEALTH CENTER COULD NOT BE IDENTIFIED BY INTERVIEWER 66666	
	NURSE ASSISTANT 03	GOVERNMENT HEALTH POST 03	HEALTH CENTER IS OUTSIDE THE STUDY AREA 99999	
	VILLAGE HEALTH WORKER 04	CHAL HEALTH CENTER 04		
	TRADITIONAL BIRTH ATTENDANT 05	PRIVATE HOSPITAL 05		
	TRADITIONAL HEALER 06	PRIVATE CLINIC 06		
	SPIRITUAL HEALER 07	PRIVATE HEALTH POST 07		
OTHER, SPECIFY: 96	PHARMACY 08 ► (8.08)			
	MOBILE CLINIC 09 ► (8.08)			
	PROVIDER'S HOME 10 ► (8.08)			
	OWN HOME 11 ► (8.08)			
	OTHER HOME 12 ► (8.08)			
	OUTDOOR LOCATION 13 ► (8.08)			
	OTHER, SPECIFY: 96 ► (8.08)			
		NAME	CODE	NUMBER OF MONTHS
1				
2				
3				

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

ANTENATAL CARE															
PREGNANCY NUMBER	(8.09)	(8.10)	(8.11)												
	How many times did you receive antenatal care for this pregnancy?	How many months pregnant were you when you <u>last</u> received antenatal care for this pregnancy?	Now I would like to ask you about things that may have been done during the antenatal care visits for your pregnancy. During those visits, was the following done during at least one visit?												
			YES 1		NO 2		DON'T KNOW		96						
			A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	
	IF ONCE, RECORD 1 AND ► (8.11)	INTERVIEWER ROUND MONTHS	Were you weighed?	Was your height measured?	Was your blood pressure measured?	Did you give a urine sample?	Did you give a blood sample?	Did you schedule your delivery in the facility?	Did the provider palpate your tummy?	Did the health worker estimate your due date?	Was your uterine height measured (this is when the provider measures your tummy using a measurement tape)?	Did the health worker ask for your blood type and Rhesus?	Did you receive advice on the diet during your pregnancy?	Did you receive advice on what to do in case of an emergency?	
	NUMBER OF TIMES	NUMBER OF MONTHS													
1															
2															
3															

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

PREGNANCY NUMBER	AIDS & TETANUS					MOTHER-BABY PACK & IRON				
	(8.12)	(8.13)	(8.14)	(8.15)	(8.16)	(8.17)	(8.18)	(8.19)	(8.20)	
	During this pregnancy, were you offered counseling and testing for the virus that causes AIDS?	I will not ask you the result, but were you tested?	I will not ask you the result, but did you receive the result?	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	How many times did you receive this shot during the pregnancy?	During this pregnancy, were you given the mother-baby pack?	Who provided you with the mother-baby pack? ▶ (8.20)	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	During the pregnancy, for how many days did you take the iron tablets/syrup (from your mother-baby pack or the ones you were given/bought)?	
							MEDICAL DOCTOR 01			
							NURSE/MIDWIFE 02			
							NURSE ASSISTANT 03			
							VILLAGE HEALTH WORKER 04			
							LAB TECHNICIAN 05			
							PHARMACIST 06			
							TRADITIONAL HEALER 07			
							TRADITIONAL BIRTH ATTENDANT 08			
							SPIRITUAL HEALER 09			
	YES 1	YES 1	YES 1	YES 1		YES 1	FAMILY MEMBER 10	YES 1		
	NO 2	NO 2	NO 2	NO 2		NO 2	FRIEND/NEIGHBOR 11	NO 2		
	▶ (8.15)	▶ (8.15)		▶ (8.17)		▶ (8.19)	OTHER, SPECIFY: 96	▶ (8.21)		
					NUMBER OF SHOTS				NUMBER OF DAYS	
1										
2										
3										

Antenatal and Antenatal and Postnatal Care

RESPONDENT: SELF

[illegible]

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

		DELIVERY				INFANT CHARACTERISTICS					
		(8.26)		(8.27)			(8.28)				(8.29)
PREGNANCY NUMBER		Why didn't you deliver in a formal health facility for this pregnancy? RECORD UP TO 3 REASONS.		Was the birth delivered by caesarean section, that is	INTERVIEWER: CHECK QUESTION (8.22) IF LIVE BIRTH: ASK FOLLOWING QUESTIONS FOR AT LEAST FIRST CHILD, AND IF MULTIPLE BIRTHS, PROCEED TO SAME QUESTIONS FOR SECOND/THIRD CHILD IF APPLICABLE. IF STILL BIRTH: ► (8.38)	Was the infant(s) a boy or a girl?		Was the infant(s) weighed at birth?			
		TOO EXPENSIVE	01	did they cut your		BOY	01	YES	1		
		TOO FAR	02	belly open to			GIRL	02	NO	2	
		WAS TOO LATE IN DELIVERY	03	take the baby				► (8.32)			
		FACILITY HAS POOR STRUCTURE	04	out?							
		FACILITY POORLY STOCKED	05								
		POOR STAFF ATTITUDE	06								
		POOR STAFF KNOWLEDGE	07								
		POOR QUALITY OF CARE	08								
		SERVICE NOT AVAILABLE	09								
		NO TRANSPORTATION	10								
		WENT TO A TRADITIONAL HEALER	11								
		DID NOT NEED	12								
		INCONVENIENT HOURS	13								
		LONG WAITING TIME	14								
		PREFER HOME DELIVERY	15								
		FAMILY DIDN'T WANT ME TO GO	16								
	OTHER, SPECIFY:	96	YES	1							
	FIRST	SECOND	THIRD	NO	2						
1											
2											
3											

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

INFANT CHARACTERISTICS												FEEDING									
PREGNANCY NUMBER	(8.30)			(8.31)			(8.32)			(8.33)			(8.34)			(8.35)					
	How much did the infant(s) weigh? RECORD WEIGHT IN KILOGRAMS			CONFIRM: IS THE SOURCE FOR WEIGHT RECALL OR FROM BUKANA?			When the infant(s) was born for this pregnancy, was he/she very large, larger than average, average, smaller than average or very small?			Did you ever breastfeed the infant(s)?			After the infant(s) was born, how much time did it take before you started breastfeeding him/her?			In the first 6 months after delivery, was the infant(s) given anything to drink other than breast milk?					
									YES 1 NO 2 ▶ (8.38)			WRITE THE ANSWER IN HOURS IF LESS THAN ONE HOURS, RECORD 00			YES 1 NO 2 ▶ (8.37)						
A. B. C.			A. B. C.			A. B. C.			A. B. C.			A. B. C.			A. B. C.						
FIRST CHILD			FIRST CHILD			FIRST CHILD			FIRST CHILD			FIRST CHILD			FIRST CHILD			FIRST CHILD			
SECOND CHILD			SECOND CHILD			SECOND CHILD			SECOND CHILD			SECOND CHILD			SECOND CHILD			SECOND CHILD			
THIRD CHILD			THIRD CHILD			THIRD CHILD			THIRD CHILD			THIRD CHILD			THIRD CHILD			THIRD CHILD			
KGS			KGS			KGS			HOURS			HOURS			HOURS						
1																					
2																					
3																					

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

FEEDING												POSTNATAL CARE									
PREGNANCY NUMBER	(8.36)									(8.37)			(8.38)		(8.39)		(8.40)				
	What was the infant given to drink other than breastmilk? INTERVIEWER: RECORD UP TO 3 RESPONSES.									For how many months did you breastfeed?			After the birth/miscarriage, did a health professional check on your health?		How many post-natal check ups did you attend/receive in the first 2 months after the birth / miscarriage?		How long after the birth/miscarriage did you receive the first post-natal check?				
	MILK (OTHER THAN BREASTMILK)			01			INFANT FORMULA			06			RECORD IN MONTHS		IF LESS THAN ONE MONTH, RECORD 00		IF STILL BREASTFEEDING RECORD 98				
	PLAIN WATER			02			GRIPE WATER			07											
	SUGAR/GLUCOSE WATER			03			TEA/INFUSIONS			08											
	SUGAR-SALT-WATER SOLUTION			04			HONEY			09											
	FRUIT JUICE			05			COFFEE			10											
	OTHER (SPECIFY)									96											
	A.			B.			C.			A.			B.			C.					
	FIRST CHILD			SECOND CHILD			THIRD CHILD			FIRST CHILD			SECOND CHILD			THIRD CHILD					
1			2			3			1			2			3						
MONTHS			MONTHS			MONTHS			MONTHS			MONTHS			MONTHS						
1																					
2																					
3																					

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

		POSTNATAL CARE					
PREGNANCY NUMBER	(8.41)	(8.42)	(8.43)		(8.44)		
	Who checked on your health the first time? IF MORE THAN ONE, WRITE THE HEALTH PERSONNEL THAT IS HIGHEST ON THE LIST.	Where did this check take place? GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER 02 GOVERNMENT HEALTH POST 03 CHAL HEALTH CENTER 04 PRIVATE HOSPITAL 05 PRIVATE CLINIC 06 PRIVATE HEALTH POST 07 MOBILE CLINIC 08 ► (8.44) PROVIDER'S HOME 09 ► (8.44) OWN HOME 10 ► (8.44) OTHER HOME 11 ► (8.44) OUTDOOR LOCATION 12 ► (8.44) OTHER, SPECIFY: 96 ► (8.44)	IF HOSPITAL, CLINIC OR CENTER, PROBE FOR NAME OF FACILITY AND RECORD CODE. ► (8.45) INTERVIEWER: BELOW INSTRUCTIONS ARE FOR DATA ENTRY ONLY. DO NOT RECORD CODES 33333, 66666 OR 99999. RECORD HEALTH FACILITY CODE. NOT A REAL HEALTH CENTER (EG. RED CROSS) 33333 HEALTH CENTER COULD NOT BE IDENTIFIED 66666 HEALTH CENTER IS OUTSIDE THE STUDY AREA 99999		Why didn't you have a postnatal check up with a health professional in a formal health facility for this pregnancy? RECORD UP TO 3 RESPONSES TOO EXPENSIVE 01 TOO FAR 02 TOO BUSY (WORK, CHILDREN) 03 SELF-TREATED 04 DID NOT NEED 05 FACILITY HAS POOR STRUCTURE 06 FACILITY POORLY STOCKED 07 POOR STAFF ATTITUDE 08 POOR STAFF KNOWLEDGE 09 POOR QUALITY OF CARE 10 SERVICE NOT AVAILABLE 11 WENT TO A TRADITIONAL HEALER 12 NO TRANSPORTATION 13 INCONVENIENT HOURS 14 LONG WAITING TIMES 15 PREFER HOME CARE 16 FAMILY DIDN'T WANT ME TO GO 17 OTHER, SPECIFY: 96		
			NAME	CODE	FIRST	SECOND	THIRD
1							
2							
3							

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

[illegible]

8 Antenatal and Postnatal Care

SUBJECT: SELECTED WOMAN 1

INTERVIEWER: LIST ALL PREGNANCIES WITHIN THE PAST 24 MONTHS. START WITH THE MOST RECENT PREGNANCY.

RESPONDENT: SELF

		PRESENCE IN HOUSEHOLD			FEEDING IN LAST 24 HOURS													
PREGNANCY NUMBER	(8.52)	(8.53)			(8.54)													
	Is the child still living with you?	INTERVIEWER: RECORD THE INDIVIDUAL ID CODE OF THE CHILD FROM ROSTER			INTERVIEWER: IF MULTIPLE BIRTH RECORD ONLY FOR FIRST CHILD. In the last 24 hours, have you given the child any of the following? <table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table> ► NEXT PREGNANCY										YES	1	NO	2
	YES														1			
	NO														2			
	YES 1																	
	NO 2																	
► NEXT PREGNANCY																		
	A.	B.	C.	A.	B.	C.	A	B	C	D	E	F	G	H	I	J		
	FIRST CHILD	SECOND CHILD	THIRD CHILD	FIRST CHILD	SECOND CHILD	THIRD CHILD	Vitamin supplements	Plain water	Sweet water/ Fruit juice	Oral rehydration solution (ORS)	Infant formula	Breastmilk	Milk other than breastmilk	Other liquids	Solid food	Mushy food		
				ID CODE	ID CODE	ID CODE												
1																		
2																		
3																		

9 Vaccination

SUBJECT: CHILDREN < 5 YEARS OLD OF SELECTED WOMAN 1

RESPONDENT: SELECTED WOMAN 1

(9.00) CONFIRM USING THE FLAP THE TOTAL NUMBER OF LIVING CHILDREN < 5 YEARS OLD OF SELECTED WOMAN 1:

ID CODE	(9.01)	(9.02)																																
	Do you have a bukana where [NAME]'S vaccinations are written down?	INTERVIEWER: COPY VACCINATION DATE FOR EACH VACCINE FROM CARD * IF VACCINE WAS RECEIVED AND DATE WAS RECORDED, RECORD AS FOLLOWING: RECORD DAY USING 2 DIGITS DD (RANGE 01-31) RECORD MONTH USING 2 DIGITS MM (RANGE 01-12) RECORD YEAR USING 2 DIGITS YY (RANGE 10-15) RECORD ANY MISSING ELEMENT OF THE DATE AS "DK" IF DATE DOES NOT INCLUDE DD OR MM OR YY. * IF VACCINE WAS RECEIVED BUT NO DATE WAS RECORDED, RECORD "44" IN DAY COLUMN. * IF VACCINE WAS NOT RECEIVED AT ALL, RECORD "00" IN DAY COLUMN. ALL VACCINE COLUMNS SHOULD BE FILLED OUT.																																
	YES, SEEN 1																																	
	YES, NOT SEEN 2																																	
	NO 3																																	
	(9.05)																																	
	(9.04)																																	
		A.			B.			C.			D.			E.			F.			G.			H.			I.			J.			K.		
		BCG			OPV0			OPV1			OPV2			OPV3			PENTV1			PENTV2			PENTV3			MEASLES1			MEASLES2			DT booster		
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
01																																		
02																																		
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15																																		

9 Vaccination

SUBJECT: CHILDREN < 5 YEARS OLD OF SELECTED WOMAN 1

RESPONDENT: SELECTED WOMAN 1

ID CODE	(9.02) continued																								(9.03)								
	INTERVIEWER: COPY VACCINATION DATE FOR EACH VACCINE FROM CARD												FOR VITAMIN A AND ALBENDAZOLE ALSO RECORD UNDER TOTAL THE NUMBER OF TIMES RECEIVED												Has [NAME] received any vaccinations or vitamin A, not recorded on this card, including vaccinations given on a national immunization day or child health week?								
	* IF VACCINE WAS RECEIVED AND DATE WAS RECORDED, RECORD AS FOLLOWING: RECORD DAY USING 2 DIGITS DD (RANGE 01-31) RECORD MONTH USING 2 DIGITS MM (RANGE 01-12) RECORD YEAR USING 2 DIGITS YY (RANGE 10-15) RECORD ANY MISSING ELEMENT OF THE DATE AS "DK".																																
	* IF VACCINE WAS RECEIVED BUT NO DATE WAS RECORDED, RECORD "44" IN DAY COLUMN.																																
	ALL VACCINE COLUMNS SHOULD BE FILLED OUT.																																
	L.			M.			N.			O.			P.			Q.			R.			S.			T.			U.					
	PCV1			PCV2			PCV3			ROTAVIRUS1			ROTAVIRUS2			ROTAVIRUS3			VITAMIN A (first)			VITAMIN A (last)			ALBENDAZOLE (first)			ALBENDAZOLE (last)					
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	TOTAL	DAY	MONTH	YEAR	DAY	MONTH	YEAR	TOTAL	
01																																YES 1 ► PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY IN (9.02). THEN ► (9.14)	
02																																	
03																																	
04																																	
05																																	
06																																	
07																																	
08																																	
09																																	
10																																	
11																																	
12																																	
13																																	
14																																	
15																																	

9 Vaccination

SUBJECT: CHILDREN < 5 YEARS OLD OF SELECTED WOMAN 1

RESPONDENT: SELECTED WOMAN 1

ID CODE	(9.04)	(9.05)	(9.06)	(9.07)	(9.08)	(9.09)	(9.10)	(9.11)	(9.12)	(9.13)
	Did you ever have a bukana where [NAME]'s vaccinations are written down?	Did [NAME] ever receive any vaccinations to prevent him/her from getting diseases, including vaccines received on national immunization day or child health week?	Did [NAME] receive a BCG vaccination against tuberculosis, that is an injection in the forearm that usually causes a scar?	Did [NAME] receive a polio vaccine, that is drops in the mouth?	When did [NAME] receive the polio vaccine the first time?	How many times was the polio vaccine given?	Did [NAME] receive a Pentavalent vaccine, that is an injection in the thigh?	How many times was the Pentavalent vaccine given?	Did [NAME] receive a measles injection or an MMR injection - that is, an injection in the arm at the age of 9 months or older - to prevent [HIM/HER] from gettings measles?	Did [NAME] receive this measles vaccine before [HE/SHE] turned one year old, or after?
	YES 1 NO 2	YES 1 NO 2 ▶ (9.14)	YES 1 NO 2	YES 1 NO 2 ▶ (9.10)	JUST AFTER BIRTH 01 LATER 02	# OF TIMES	YES 1 NO 2 ▶ (9.12)	# OF TIMES	YES 1 NO 2 ▶ (9.14)	BEFORE 01 AFTER 02
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

9 Vaccination

SUBJECT: CHILDREN < 5 YEARS OLD OF SELECTED WOMAN 1

RESPONDENT: SELECTED WOMAN 1

ID CODE	(9.14)	(9.15)	(9.16)	(9.17)
	Did [NAME] ever receive a vitamin A supplement?	When was the last vitamin A supplement provided?	Did [NAME] ever received Albendazole, that is an anti-worm medication?	When was the last time [NAME] received Albendazole?
		6 MONTHS AGO 01 OR LESS		6 MONTHS AGO 01 OR LESS
		MORE THAN 6 MONTHS AGO 02		MORE THAN 6 MONTHS AGO 02
	YES 1 NO 2 ► (9.16)		YES 1 NO 2 ► NEXT CHILD	
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

10 Height and Weight

SUBJECTS: CHILDREN <5 YEARS OLD OF SELECTED WOMAN 1

RESPONDENT: SELECTED WOMAN 1

ID CODE	(10.01)	(10.02)	(10.03)	(10.04)	(10.05)	(10.06)	(10.07)	(10.08)	(10.09)
	RECORD INDIVIDUAL'S AGE FROM ROSTER (QUESTION 1.11)	Did [NAME] sleep in the house last night?	In the last 6 months, was [NAME] measured to determine [NAME]'s nutritional status?	What was the date of the last measurement?	For the last measurement, which method was used to determine [NAME]'S nutritional status?	For the last measurement, where was [NAME] measured?	What was the result of the last measurement?	Did you obtain any specialized care for [NAME]'s malnutrition after the last measurement ?	Where was the care for [NAME]'s malnutrition obtained from?
						GOVERNMENT HOSPITAL 01			GOVERNMENT HOSPITAL 01
						GOVERNMENT HEALTH CENTER 02			GOVERNMENT HEALTH CENTER 02
						GOVERNMENT HEALTH POST 03			GOVERNMENT HEALTH POST 03
					Height only 1	CHAL HEALTH CENTER 04			CHAL HEALTH CENTER 04
						PRIVATE HOSPITAL 05			PRIVATE HOSPITAL 05
					Weight only 2	PRIVATE CLINIC 06			PRIVATE CLINIC 06
						PRIVATE HEALTH POST 07			PRIVATE HEALTH POST 07
					Height / Weight 3	VILLAGE HEALTH WORKER 08	GREEN 1	YES 1	VILLAGE HEALTH WORKER 08
						MOBILE CLINIC 09	► (10.11)	NO 2	MOBILE CLINIC 09
					Upper Arm Circumference (MUAC) 4	PROVIDER'S HOME 10	YELLOW 2	► (10.11)	PROVIDER'S HOME 10
						OWN HOME 11	RED 3		OWN HOME 11
						OTHER HOME 12			OTHER HOME 12
						OUTDOOR LOCATION 13			OUTDOOR LOCATION 13
						OTHER (SPECIFY) 96			OTHER (SPECIFY) 96
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

10 Height and Weight

SUBJECTS: CHILDREN <5 YEARS OLD OF SELECTED WOMAN 1

RESPONDENT: CORE WOMAN 1

ID CODE	(10.10)								(10.11)	(10.12)			(10.13)				(10.14)	(10.15)				(10.16)								
	Were any of the following given to take care of [NAME]'s malnutrition? READ EACH OPTION ALOUD AND RECORD YES OR NO <table><tr><td>YES</td><td>1</td></tr><tr><td>NO</td><td>2</td></tr></table>								YES	1	NO	2	READ ALOUD THE ANTHROPOMETRIC PART OF THE CONSENT FORM DID SHE ACCEPT TO MEASURE THE CHILD?		RECORD DATE OF MEASUREMENT			RECORD HEIGHT IN CENTIMETERS				RECORD METHOD FOR MEASURING HEIGHT	RECORD WEIGHT IN KILOGRAMS				RECORD UPPER MID ARM CIRCUMFERENCE IN CENTIMETERS			
									YES	1																				
									NO	2																				
MEASURED 01																														
TOO ILL OR DISABLED	02																													
REFUSED	03																													
OTHER	96	NEXT CHILD																												
(SPECIFY)																														
Vitamin A	Unimix or plumpy'nut	Nutrition advise	Nutrition rehabilitation	Other vitamins and micronutrients	Referred to higher level	Other, specify:									STANDING 01															
								MM	DD	YYYY	CENTIMETERS				LYING 02					KILOGRAMS				CENTIMETERS						
01																														
02																														
03																														
04																														
05																														
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12																														
13																														
14																														
15																														

11 Reproductive Decisions

SUBJECT: SELECTED WOMAN 1

RESPONDENT: SELF

Nr.	Question	CODE	SKIP	RESPONSE
PREGNANCY				
(11.01)	INTERVIEWER: CHECK QUESTION (7.05) IS THE WOMAN CURRENTLY PREGNANT?	YES 1 NO 2 ► (11.03)		
(11.02)	At the time you became pregnant, did you want to become pregnant then, did you want to be pregnant later, or did you not want to have any (more) children at all?	THEN 01 ► (11.17) LATER 02 ► (11.17) NOT AT ALL 03 ► (11.17)		
(11.03)	If you could choose for yourself, how long would you wait from now until the birth of your first/next child?	WOULD NOT WAIT 01 LESS THAN 2 YEARS 02 MORE THAN 2 YEARS 03 DOESN'T WANT ANY (MORE) CHILDREN 04 HAVE NOT DECIDED YET 05 CAN'T GET PREGNANT 06		
(11.04)	In the next few weeks, if you discovered you were pregnant, would that be a big problem, a small problem, or not a problem for you?	BIG PROBLEM 01 SMALL PROBLEM 02 NO PROBLEM 03 CAN'T GET PREGNANT 04		
(11.05)	Do you approve or disapprove of couples using contraceptive methods to avoid getting pregnant?	APPROVE 01 DISAPPROVE 02		
(11.06)	Do you currently have a sexual partner?	YES 1 NO 2 ► (11.18)		
(11.07)	Do you think that your partner approves or disapproves of couples using contraceptive methods to avoid pregnancy?	APPROVE 01 DISAPPROVE 02		
(11.08)	In the last 6 months, how often did you talk to your partner about family planning/contraceptive use?	NEVER 01 ONCE OR TWICE 02 MORE THAN TWICE 03		
(11.09)	Comparing with you, do you think your partner wants more children, fewer children or the same number of children?	SAME 01 MORE 02 FEWER 03 DON'T KNOW (HAVE NOT DISCUSSED) 04		
FAMILY PLANNING				
(11.10)	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 ► (11.12) NO 2		
(11.11)	Why are you currently not using any method to delay or avoid getting pregnant? ► (11.18)	WOULD LIKE TO GET PREGNANT 01 DOES NOT APPROVE 02 PARTNER DOES NOT APPROVE 03 FAMILY DOES NOT APPROVE 04 NOT AVAILABLE 05 TOO EXPENSIVE 06 SCARED OF SIDE-EFFECTS 07 DON'T KNOW OF ANY METHOD 08 LACTATIONAL AMENORRHEA 09 HAD HYSTERECTOMY 10 IS MENOPAUSAL 11 IS INFECUND 12 OTHER, SPECIFY: 96		

(11.12)	Which method are you currently using? (IF MORE THAN ONE METHOD, INDICATE THE HIGHEST METHOD IN THE LIST)	FEMALE STERILIZATION	01 ► (11.19)	
		MALE STERILIZATION	02 ► (11.19)	
		IUD / SPIRAL	03	
		INJECTABLES	04	
		IMPLANTS / NORPLANT	05	
		PILL	06	
		MALE CONDOM	07	
		FEMALE CONDOM	08	
		DIAPHRAGM	09	
		FOAM/JELLY	10	
		LACTATIONAL AMENORRHEA METHOD	11 ► (11.19)	
		RHYTHM / NATURAL METHOD	12 ► (11.19)	
		WITHDRAWAL	13 ► (11.19)	
		OTHER MODERN METHOD, SPECIFY:	14	
OTHER TRADITIONAL METHOD, SPECIFY:	15			
(11.13)	Where did you obtain the current method when you started using it (first time)?	MEDICAL DOCTOR	01	
		NURSE/MIDWIFE	02	
		NURSE ASSISTANT	03	
		VILLAGE HEALTH WORKER	04	
		PHARMACIST	05	
		LESOTHO PLANNED PARENTHOOD ASSOCIATION	06	
		TRADITIONAL HEALER	07	
		TRADITIONAL BIRTH ATTENDANT	08	
		OTHER SHOP	09	
		FAMILY MEMBER	10	
		FRIEND/NEIGHBOR	11	
		OTHER, SPECIFY:	96	
(11.14)	Where did you obtain the current method at your last refill?	MEDICAL DOCTOR	01	
		NURSE/MIDWIFE	02	
		NURSE ASSISTANT	03	
		VILLAGE HEALTH WORKER	04	
		PHARMACIST	05	
		LESOTHO PLANNED PARENTHOOD ASSOCIATION	06	
		TRADITIONAL HEALER	07	
		TRADITIONAL BIRTH ATTENDANT	08	
		OTHER SHOP	09	
		FAMILY MEMBER	10	
		FRIEND/NEIGHBOR	11	
		OTHER, SPECIFY:	96	
(11.15)	How long have you been using the current method?	YEARS		
		MONTHS		
(11.16)	How much did you pay for your last refill? ► (11.19)	MALOTI		
(11.17)	Do you approve or disapprove of couples using contraceptive methods to avoid getting pregnant?	APPROVE	01	
		DISAPPROVE	02 ► (11.19)	
(11.18)	Have you ever used any method to delay or avoid getting pregnant?	YES	1	
		NO	2	
(11.19)	Have any of the following ever talked to you about family planning methods? READ EACH CATEGORY ALOUD AND RECORD YES OR NO	A) Health worker at health center		
		B) Lesotho Planned Parenthood Association (LPPA)		
		C) Village Health Worker		
		D) Friends/Family		
		E) Other, Specify:		
	YES 1			
	NO 2			

12 Village Health Worker Service Usage and Satisfaction

SUBJECT: SELECTED WOMAN 1

RESPONDENT: SELF

Nr.	Question	CODE	SKIP	RESPONSE
SERVICES				
(12.01)	Is there a Village Health Worker (VHW) in your community?	YES 1 NO 2 ▶ (13.01)		
(12.02)	In the last 3 months, have you met with a VHW either in your home or in the community?	YES, AT HOME 1 YES, IN THE COMMUNITY 2 YES, IN BOTH HOME AND COMMUNITY 3 NO 4 ▶ (13.01)		
(12.03)	Did the VHW provide any of the following services? READ EACH CATEGORY ALOUD AND RECORD YES OR NO YES 1 NO 2	A) Referral to prenatal care B) Referral to institutional delivery C) Referral to postnatal care D) Referral to Voluntary Counseling and Testing (VCT) / Prevention of Mother-To-Child Transmission (PMTCT) E) Referral to child vaccination F) Advice on HIV and AIDS G) Advice on family planning H) Child growth monitoring / advice on child nutrition I) Advice on water and sanitation J) Distribution of condoms K) Information, Education and Communication sessions on other health topics		
PAYMENT				
(12.04)	The last time that you met with a VHW, did you pay for the services or advice?	YES 1 NO 2 ▶ (12.06)		
(12.05)	How much?	MALOTI		
SATISFACTION				
(12.06)	How satisfied are you with the following? READ EACH CATEGORY ALOUD AND RECORD VERY UNSATISFIED, UNSATISFIED, SATISFIED OR VERY SATISFIED VERY UNSATISFIED 01 UNSATISFIED 02 SATISFIED 03 VERY SATISFIED 04	A) Village Health Workers being knowledgeable? B) Village Health Workers being responsive to your needs? C) Enough Village Health Workers? D) Village Health Worker's time availability to attend to you? E) Information provided by Village Health Worker? F) Village Health Workers respectful and friendly? G) Village Health Worker being good role models?		
(12.07)	Would you recommend VHW to other women?	YES 1 ▶ (13.01) NO 2		
(12.08)	Why wouldn't you recommend them? DO NOT READ OPTIONS ALOUD RECORD UP TO 3 REASONS	POOR QUALITY OF CARE 01 NOT HELPFUL 02 NOT RESPECTFUL / FRIENDLY 03 TREATMENT TOO EXPENSIVE 04 DIFFICULT TO ACCESS 05 LACK OF SUPPLIES / DRUGS 06 OTHER, SPECIFY 96		

13 Health Knowledge: Women with recent pregnancy

RESPONDENT: SELECTED WOMAN 1

I would like to ask you some questions about your knowledge about health. For each question you should answer yes or no depending on what you think is right.

READ QUESTIONS AND ALL OPTIONS ALOUD AND CIRCLE YES OR NO. IF SHE DOES NOT KNOW THE ANSWER ASK HER WHAT SHE THINKS IS MOST LIKELY

Number	Question	RESPONSE
Why is it important that people wash their hands after using the latrine?		
(13.01)	A) It removes dirt from the hands	YES 1 NO 2
	B) Prevents HIV	YES 1 NO 2
	C) It avoids spread of dangerous diseases, such as diarrhea, cholera, and intestinal parasites	YES 1 NO 2
	D) It prevents skin infections	YES 1 NO 2
What kind of water is safe to drink?		
(13.02)	A) Treated water near animals	YES 1 NO 2
	B) Treated stagnate water	YES 1 NO 2
	C) Treated water from a spring or deep well	YES 1 NO 2
	D) Treated water in streams and rivers	YES 1 NO 2
What will you give to a 1 and a half year old with watery diarrhea without dehydration?		
(13.03)	A) Give 1 liter a day of Oral Rehydration Therapy (ORT)	YES 1 NO 2
	B) 1/4th - 1/2 cup of ORT for every watery stool	YES 1 NO 2
	C) Give 1 liter of water per day ONLY	YES 1 NO 2
Which of the following are danger signs for pregnant women?		
(13.04)	A) Fever	YES 1 NO 2
	B) Vaginal Bleeding	YES 1 NO 2
	C) Swelling of hands, face, AND feet	YES 1 NO 2
	D) Loss of appetite	YES 1 NO 2
Which of the following signs are dangerous signs for a baby?		
(13.05)	A) The baby is convulsing	YES 1 NO 2
	B) The baby has fever	YES 1 NO 2
	C) The baby is not breastfeeding	YES 1 NO 2
	D) The baby is breathing too quickly	YES 1 NO 2
Which of the following diseases can be prevented with a vaccine?		
(13.06)	A) Poliomyelitis (polio)	YES 1 NO 2
	B) Measles	YES 1 NO 2
	C) Tetanus (that is convulsions after birth)	YES 1 NO 2
	D) Tuberculosis	YES 1 NO 2
	E) AIDS	YES 1 NO 2
Which are effective methods of contraception?		
(13.07)	A) Oral contraceptives (pills)	YES 1 NO 2
	B) Depo-provera injections (DMPA)	YES 1 NO 2
	C) Intrauterine device (IUD)	YES 1 NO 2
	D) Condoms	YES 1 NO 2
	E) Breastfeeding	YES 1 NO 2
	F) Withdrawal	YES 1 NO 2