

Appendix C: Questionnaires

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM UNICEF AFGHANISTAN. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **60** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL	
1. Cluster number: _____	2. Household number: _____
3. Day/Month/Year of interview: ____ / ____ / _____	4. Interviewer number: ____
	5. Time start of interview (hour/minutes) ____. ____ a.m. p.m.
6. Name of the head of the household _____	
7. Area: Urban.....1 Rural.....2	8. Region: Central.....1 South-Eastern.....2 Eastern.....3 North Eastern.....4 Northern.....5 Western.....6 Southern.....7
9. Material of dwelling floor: Wood/ planks.....1 bricks / tiles/ concrete.....2 Mud/straw.....3 Lives in a tent.....4 Lives in a "codeli".....5 Other (Specify).....6	10. Number of rooms in dwelling: ____ 11. What is your mother tongue? Dari.....1 Pushthu.....2 Uzbeq.....3 Turkmeni.....4 Pashaii.....5 Balochi.....6 Noristani.....7 Other (Specify).....8

Cluster no. _____ Household no. _____

<p>12.. Is there a radio in the house?</p> <p>Yes1</p> <p>No 2</p>
<p>13. In this household who is listening to "New Home, New Life"?</p> <p>Male adults..... 1</p> <p>Female adults 2</p> <p>Male youngsters 3</p> <p>Female youngsters..... 4</p> <p>Children 5</p> <p>Nobody 6</p> <p>DK 9</p>

Complete Questions 14-19 after you finished the interview.

<p>14. Result of HH interview:</p> <p>Completed..... 1</p> <p>Refused..... 2</p> <p>Not at home..... 3</p> <p>HH not found 4</p> <p>HH destroyed..... 5</p> <p>Other (<i>specify</i>) 6</p>	<p>15. Time end of interview (hour/minutes)</p> <p>_____. ____ a.m. p.m.</p>
<p>16. No. of women eligible for interview: _____</p>	<p>17. No. of women interviews completed: _____</p>
<p>18. No. of children under age 5: _____</p>	<p>19. No. of child interviews completed: _____</p>
<p>20 a. Date checked by supervisor: ____/____/____</p>	<p>21.a. Date data entered ____/____/____</p>
<p>b. Supervisor number _____</p>	<p>b. Data entry clerk number _____</p>
<p>Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i></p>	

HOUSEHOLD LISTING FORM

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

(Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers.

Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used ☐

				Eligible for:			For persons age 15 or over	For persons age 12 and over	For children under age 15 years ask Qs. 10-13			
				WOMEN'S MODULES	CHILD LABOUR MODULE	CHILD HEALTH MODULES						
1. Line no.	2. Name	3. IS (name) MALE OR FEMALE ?	4. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 99=DK*	5. Write Line no. if woman is married and less than 50 years	6. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL? 1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (name)?** 1 CURRENTLY MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO 9 DK	11. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO	12. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO 9 DK	13. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO
LINE	NAME	M F	AGE	12-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N
01		1 2	_____		_____	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
02		1 2	_____		_____	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
03		1 2	_____		_____	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
04		1 2	_____		_____	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
05		1 2	_____		_____	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
06		1 2	_____		_____	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
07		1 2	_____		_____	_____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?

INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.

* See instructions: to be used only for elderly household members (code meaning “do not know/over age 50”).

Cluster no. _____ Household no. _____

EDUCATION MODULE 1B															
FOR INTERVIEWS DURING THE SCHOOL YEAR															
For all persons (<i>children and adults</i>) 5 or over ask Qs 15-16				For children <i>age 5 through 17 years</i> , continue on asking Qs 17-22											
14. <i>Line no.</i>	15. HAS (<i>name</i>) EVER ATTENDED SCHOOL?	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (<i>name</i>) ATTENDED? WHAT IS THE HIGHEST GRADE (<i>name</i>) COMPLETED AT THIS LEVEL? LEVEL: 1 PRIMARY 2 SECONDARY 3 HIGHER 4 MADRASSA 5 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK <i>If less than 1 grade, enter 00.</i>	17. IS (<i>name</i>) CURRENTLY ATTENDING SCHOOL?	18. DURING THE CURRENT SCHOOL YEAR, DID (<i>name</i>) ATTEND SCHOOL AT ANY TIME?	19. SINCE LAST (<i>day of the week</i>), HOW MANY DAYS DID (<i>name</i>) ATTEND SCHOOL?	20. WHICH LEVEL AND GRADE IS/WAS (<i>name</i>) ATTENDING? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 MADRASSA 5 NON-STANDARD CURRICULUM 9 DK GRADE: DK 99 GO TO ☞NEXT LINE	21. DID (<i>name</i>) ATTEND SCHOOL LAST YEAR? 1 YES 2 NO ☞ NEXT LINE 9 DK ☞ NEXT LINE	22. WHICH LEVEL AND GRADE DID (<i>name</i>) ATTEND LAST SCHOOL YEAR? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 MADRASSA 5 NON-STANDARD CURRICULUM 9 DK GRADE DK 99							
LINE	Y NO	LEVEL	GRADE	YES	NO	YES	NO	DAYS	LEVEL	GRADE	Y	NO	DK	LEVEL	GRADE
	1 2☞ NEXT LINE	1 2 3 4 9	___	1	2	1	2	___	1 2 3 4 9	___	1	2	9	1 2 3 4 9	___
	1 2☞ NEXT LINE	1 2 3 4 9	___	1	2	1	2	___	1 2 3 4 9	___	1	2	9	1 2 3 4 9	___
	1 2☞ NEXT LINE	1 2 3 4 9	___	1	2	1	2	___	1 2 3 4 9	___	1	2	9	1 2 3 4 9	___
	1 2☞ NEXT LINE	1 2 3 4 9	___	1	2	1	2	___	1 2 3 4 9	___	1	2	9	1 2 3 4 9	___
	1 2☞ NEXT LINE	1 2 3 4 9	___	1	2	1	2	___	1 2 3 4 9	___	1	2	9	1 2 3 4 9	___
	1 2☞ NEXT LINE	1 2 3 4 9	___	1	2	1	2	___	1 2 3 4 9	___	1	2	9	1 2 3 4 9	___
	1 2☞ NEXT LINE	1 2 3 4 9	___	1	2	1	2	___	1 2 3 4 9	___	1	2	9	1 2 3 4 9	___

Now for each child *age 5 through 17 years*, continue on asking Qs23-28

Cluster no. ____ Household no. ____

EDUCATION MODULE 2Now for each child **age 5 through 17 years**, continue on asking Qs24-28

23 Line no.	24. Is (<i>name</i>) CURRENTLY ATTENDING SCHOOL?	25. FOR EACH CHILD THAT ATTENDS SCHOOL ASK : WHICH TYPE OF SCHOOL IS (<i>name</i>) ATTENDING? TYPE 1 MOSQUE 2 MADRASSA 3 GOVERNMENT 4 NGO/AGENCY 5 PRIVATE/ HOME SCHOOL 6 OTHER (<i>SPECIFY</i>) _____ _____ 9 DK	26. FOR EACH CHILD THAT CURRENTLY ATTENDS SCHOOL ASK: DO YOU INTEND TO SEND (<i>name</i>) FOR FURTHER EDUCATION ? 1 YES → NEXT LINE 2 NO 9 DK	27. IF YOU DO NOT INTEND TO SEND (<i>name</i>) FOR FURTHER EDUCATION COULD YOU EXPLAIN WHY? 1 SCHOOLING TOO EXPENSIVE 2 SCHOOL TOO FAR 3 NO ADEQUATE SCHOOL AVAILABLE 4 SCHOOLING NOT NECESSARY 5 NO SEPARATE SCHOOL FOR BOYS/GIRLS 6 HAS TO HELP IN THE HOUSEHOLD /HOME/FIELDS 7 HAS TO SUPPORT THE HOUSEHOLD 8 CHILD IS SICK/DISABLED... 9 HAS SUFFICIENT SCHOOLING 10 OTHER (SPECIFY) _____ <i>Circle all reasons given by the caretaker.</i> 99 DK	28. FOR EACH CHILD THAT IS CURRENTLY NOT ATTENDING SCHOOL ASK: COULD YOU EXPLAIN WHY (<i>name</i>) DOES NOT ATTEND ANY SCHOOL AT THE MOMENT? 1 SCHOOLING TOO EXPENSIVE 2 SCHOOL TOO FAR 3 NO ADEQUATE SCHOOL AVAILABLE 4 SCHOOLING NOT NECESSARY 5 NO SEPARATE SCHOOL FOR BOYS/GIRLS 6 HAS TO HELP IN THE HOUSEHOLD/HOME/FIELDS 7 HAS TO SUPPORT THE HOUSEHOLD 8 CHILD IS SICK/DISABLED... 9 HAS SUFFICIENT SCHOOLING 10 OTHER (SPECIFY) _____ <i>Circle all reasons given by the caretaker.</i> 99 DK
LINE	Y N DK	TYPE OF SCHOOL	Y N DK	REASON (S)	REASON(S)
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99
	1 2 9	1 2 3 4 5 6 9	1 2 9	1 2 3 4 5 6 7 8 9 10 99	1 2 3 4 5 6 7 8 9 10 99

GO TO CHILD LABOUR MODULE

Cluster no. ____ Household no. ____

CHILD LABOUR MODULE																					
To be administered to caretaker of each child resident in the household age 5 through 14 years. Copy line number of each eligible child from household listing.																					
Now I would like to ask about any work children in this household may do.																					
1. Line no.	2. Name	3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: 1 FOR PAY (CASH OR KIND) 2 UNPAID If NO: DID HE/SHE WORK IN THE STREETS? 3 YES 4 NO WORK AT ALL ⇒ TO Q.5				4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK Include all hours at all jobs, including working in the streets. Record response then ⇒ Q.6				5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: 1 FOR PAY (CASH OR KIND) 2 UNPAID If NO: DID HE/SHE WORK IN THE STREETS? 3 YES 4 NO WORK AT ALL				6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO Q.8		7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES? 1 YES 2 NO ⇒ NEXT LINE		8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)? 1 YES 2 NO ⇒ NEXT LINE		9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	
LINE NO.	NAME	PAI	UNP	STR	NO	NO. HOURS	PAI	UNP	STR	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS	YES	NO	NO. HOURS		
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __	1	2	__ __		
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __	1	2	__ __		
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __	1	2	__ __		
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __	1	2	__ __		
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __	1	2	__ __		
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __	1	2	__ __		
__ __		1	2	3	4	__ __	1	2	3	4	1	2	__ __	1	2	__ __	1	2	__ __		

When all children in the age range have been covered, GO TO SPECIAL CHILDREN MODULE ⇒

Cluster no. ____ Household no. ____

SPECIAL CHILDREN MODULE								
<i>To be administered to caretaker of each disabled child resident in the household age 0 through 17 years. Copy line number of each disabled child from household listing.</i> I would like to ask you if any of the children in this household upto 17 years old (read their names) has any of the health conditions I am going to mention to you:								
1	HAS ANY PROBLEM WITH SITTING, STANDING, WALKING, MOVING THE ARMS	⇒ If yes to any of the items 1-5 the child has a physical disability						
2	HAS A PROBLEM WITH SEEING							
3	IS MISSING ONE OR MORE LIMBS							
4	HAS A PROBLEM WITH HEARING							
5	HAS A PROBLEM WITH SPEAKING							
6	COMPARED TO OTHER CHILDREN OF THE SAME AGE DOES ANY CHILD APPEAR BACKWARD, DULL OR SLOW	⇒ If yes to items 6 or 7 the child has a mental disability						
7	HAS PROBLEMS WITH LEARNING AS A NORMAL CHILD							
1 YES TO ANY OF THE ABOVE QUESTIONS ⇒ TO Q.1 2 NO ⇒ TO NEXT MODULE AND DRAW A LINE THROUGH THIS MODULE								
1. LINE NO.	2. <i>Name</i> PLEASE GIVE THE NAME OF ANY DISABLED CHILD UNDER YOUR CARE?	3. WHAT KIND OF DISABILITY DOES THE CHILD HAVE? 1 PHYSICAL ⇒ TO Q4 2 MENTAL ⇒ GO TO Q5 3 MENTAL & PHYSICAL ⇒ TO Q4	4. <i>If :</i> PHYSICAL DISABILITY INDICATE WHICH DISABILITY 1 EYESIGHT 2 HEARING 3 SPEAKING 4 MOTORIC 5 MISSING LIMB 6 OTHER (<i>specify</i>) _____ 9 DK	5 WHAT IS THE CAUSE OF (<i>name</i>)'s DISABILITY (PROBLEM)? 1 BIRTH DEFFECT 2 DISEASE(OTHER THAN POLIO) 3 ACCIDENT (OTHER THAN WAR) 4 MINES 5 ACCIDENT DUE TO WAR 6 POLIO 7 OTHER (<i>specify</i>) _____ 9 DK	6. DID (<i>name</i>) RECEIVE AT ANY TIME SPECIAL CARE OR TREATMENT FOR ITS DISABILITY? 1 YES 2 No ⇒ TO NEXT LINE 9 DK ⇒ TO NEXT LINE	7. <i>If yes</i> WHAT CARE DID THE DISABLED CHILD RECEIVED? 1 MOBILITY TRAINING 2 BRAILLE TRAINING 3 EYE GLASSES 4 HEARING AID 5 SIGN LANGUAGE TRAINING 6 PHYSIOTHERAPY 7 ATRIFICIAL LIMBS 8 SPECIAL DOCTOR 9 VOCATIONAL SKILL TRAINING 10 LOAN (MICRO CREDIT) 11 OTHER _____ 99 DK		
LINE NO.	NAME	DISABILITY	PHYSICAL DISABILITY	CAUSE	SPECIAL CARE			KIND OF SPECIAL CARE
					YES	NO	DK	
___		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99
___		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99
___		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99
___		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99
___		1 2 3	1 2 3 4 5 6 9	1 2 3 4 5 6 7 9	1	2	9	1 2 3 4 5 6 7 8 9 10 11 99

GO TO WATER AND SANITATION MODUL ⇒

Cluster no. ____ Household no. ____

WATER AND SANITATION MODULE

This module is to be administered once for each household visited.

Record only one response for each question.

If more than one response is given, record the most usual source or facility.

<p>1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped into dwelling.....01 Piped into yard or plot.....02 Public tap03 Tubewell/ borehole with pump.....04 Protected dug well05 Protected spring06 Rainwater collection.....07 Bottled water.....08 Unprotected dug well09 Unprotected spring10 Pond, river, canal or stream11 Tanker-truck, vendor.....12 Other (<i>specify</i>).....13 No answer or DK99</p>	
<p>2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes ____ Water on premises.....888 DK.....999</p>	
<p>3. WHAT KIND OF TOILET FACILITY DO THE MALES IN YOUR HOUSEHOLD USE?</p>	<p>Flush to sewage system or septic tank.....1 Pour flush latrine (water seal type)2 Improved pit latrine (e.g., VIP).....3 Deran4 Open pit.....5 Traditional pit latrine6 Bucket7 No facilities or bush or field8 Other (<i>specify</i>)9</p>	
<p>4. WHAT KINDS OF TOILET FACILITY DO THE FEMALES IN YOUR HOUSEHOLD USE?</p> <p style="text-align: center;">OR ASK</p> <p>WHAT IS THE TOILET FACILITY FOR THE OTHER PERSONS IN THE HOUSEHOLD?</p>	<p>Flush to sewage system or septic tank.....1 Pour flush latrine (water seal type)2 Improved pit latrine (e.g., VIP).....3 Deran4 Open pit.....5 Traditional pit latrine6 Bucket7 No facilities or bush or field8 Other (<i>specify</i>)9</p>	
<p>5. IS THIS TOILET FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?</p>	<p>Yes, in dwelling/yard/compound.....1 No, outside dwelling/yard/compound.....2 DK.....9</p>	<p>2⇒Q.7</p>

CLUSTER NO. ____ HOUSEHOLD NO. ____

<p>6. IF THE WATER SOURCE IS ALSO IN THE DWELLING HOW MANY STEPS IS IT APART FROM THE TOILET FACILITY? <i>Measure yourself the distance.</i></p>	<p>No of steps ____</p> <p>Water source outside or piped water 88</p>	
<p>7. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?</p>	<p>Children always use toilet or latrine..... 1</p> <p>Thrown into toilet or latrine..... 2</p> <p>Thrown outside the yard..... 3</p> <p>Buried in the yard..... 4</p> <p>Not disposed of or left on the ground..... 5</p> <p>Other (<i>specify</i>)..... 6</p> <p>No young children in household 8</p>	

GO TO NEXT MODULE ⇨

Cluster no. ____ Household no. ____

SALT IODIZATION MODULE		
<p>1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p> <p>Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.</p>	<p>Not iodized 0 PPM (no color) 1</p> <p>Less than 15 PPM (weak color) 2</p> <p>15 PPM or more (strong color) 3</p> <p>No salt in home 8</p> <p>Salt not tested 9</p>	

GO TO WOMEN'S QUESTIONNAIRE ⇨

Cluster no. ____ Household no. ____ Woman line no. ____

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		
<i>This module is to be administered to all ever-married women up to 49 years of age (see column 5 of HH listing). Fill in one form for each eligible woman.</i>		
1. Woman's line number (from HH listing).	Line number	
2. Woman's name. (From HH listing).	Name	
3A. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month/Year / DK date of birth 999999 Or: 3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	DK⇒3B
4. SINCE HOW LONG IS YOUR FAMILY LIVING IN THE AREA (IN YEARS)? IF MORE THAN 5 YEARS ⇒ Q. 6 YEARS DK99 ⇒ Q. 6		
5. IF YOU DO NOT LIVE HERE SINCE A LONG TIME WHAT WAS THE REASON? You were forced to move from your own place due to the war? 1 displaced You returned recently to Afghanistan? 2 returnee Other reason (specify) 3		
6. IS YOUR HUSBAND CURRENTLY LIVING HERE WITH YOU? Yes1 Not applicable (widow/separated/divorced)8 No2		

GO TO NEXT MODULE ⇒

Cluster no. ____ Household no. ____ Woman line no. ____

FERTILITY AND CHILD MORTALITY MODULE

This module is to be administered to all ever-married women up to 49 years old.

All questions refer only to LIVE births.

Follow instructions as provided in training. See Instructions for Interviewers.

<p>1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><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?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒ CHILD SPACING MODULE</p>
<p>2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR IS THE CHILD OF A MAN OTHER THAN YOUR CURRENT HUSBAND.</p> <p><i>Or:</i> 2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Date of first birth Day/Month/Year ____/____/____</p> <p>DK date of first birth99999999</p> <p><i>Or:</i> Completed years since first birth ____</p>	<p>DK⇒2B</p>
<p>3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒Q.5</p>
<p>4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home ____</p> <p>Daughters at home ____</p>	
<p>5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒Q.7</p>
<p>6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere ____</p> <p>Daughters elsewhere ____</p>	
<p>7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒Q.9</p>
<p>8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead ____</p> <p>Girls dead ____</p>	
<p>9. Sum answers to Q. 4, 6, and 8.</p>	<p>Sum ____</p>	
<p>10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p>Yes ⇒ Go to Q.11 No ⇒ Check responses and make corrections before proceeding to Q.11</p>		

Cluster no. ____ Household no. ____ Woman line no. ____

LAST THREE PREGNANCIES MODULE (INFANT AND UNDER FIVE MORTALITY)

Ask now about the woman's last three pregnancies:

NOW I WOULD LIKE TO RECORD SOME INFORMATION ABOUT YOUR MOST RECENT PREGNANCIES. WAS THE OUTCOME OF YOUR LAST PREGNANCY A LIVE BIRTH, A STILLBIRTH OR A MISCARRIAGE?

Make sure the woman understands that a live birth is any child who breathed or cried after birth, even if he/she lived only a short time.

11. BIRTH RANK	12. PREGNANCY OUTCOME 1 LIVE BIRTH ⇒ Q.13 2 STILLBIRTH ⇒ NEXT LINE 3 MISCARRIAGE/ ABORTION ⇒ NEXT LINE 9 DK ⇒ NEXT LINE	FOR LIVE BIRTHS ONLY			16 Age at death (months) 00 for less than 1 month DK 999
		13 CHILD'S SEX 1 MALE 2 FEMALE 9 DK	14 DATE OF BIRTH (DD/MM/YY) 99 IF DAYS IS UNKNOWN Use calendar if necessary!	15 STILL ALIVE? 1 YES 2 NO ⇒ Q.16	
LAST BORN	1 2 3 9	1 2 9	___/___/___	1 2	___
SECOND-LAST	1 2 3 9	1 2 9	___/___/___	1 2	___
THIRD-LAST	1 2 3 9	1 2 9	___/___/___	1 2	___

Did the woman's last birth occur within the last year, that is, since (**may 1 or June 1 or July 1 or August 1 1999**). Circle the correct month according to the month of interview.

☐ Yes, live birth in last year. ⇒ GO TO TETANUS TOXOID MODULE

☐ No live birth in last year. ⇒ GO TO CHILD SPACING MODULE

Use the following extra rows in case the woman delivered once or twice of twins. Follows the same instructions as above.

11. BIRTH RANK	12. PREGNANCY OUTCOME 1 LIVE BIRTH ⇒ Q.13 2 STILLBIRTH ⇒ NEXT LINE 3 MISCARRIAGE/ ABORTION ⇒ NEXT LINE 9 DK ⇒ NEXT LINE	FOR LIVE BIRTHS ONLY			16 Age at death (months) 00 for less than 1 month DK 999
		13 CHILD'S SEX 1 MALE 2 FEMALE 9 DK	14 DATE OF BIRTH (DD/MM/YY) 99 IF DAY IS UNKNOWN Use calendar if necessary!	15 STILL ALIVE? 1 YES 2 NO ⇒ Q.16	
TWIN 1	1 2 3 9	1 2 9	___/___/___	1 2	___
TWIN 2	1 2 3 9	1 2 9	___/___/___	1 2	___
TWIN 3	1 2 3 9	1 2 9	___/___/___	1 2	___

Cluster no. ____ Household no. ____ Woman line no. ____

TETANUS TOXOID (TT) MODULE		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK..... 9	
<i>If a card is presented, use it to assist with answers to the following questions.</i>		
2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes..... 1 No 2 DK..... 9	2⇒Q.4 9⇒Q.4
3. <i>If yes:</i> HOW MANY DOSES OF TETANUS TOXOID (ANTI-TETANUS INJECTIONS) DID YOU RECEIVE DURING YOUR LAST PREGNANCY?	No. of doses ____ DK..... 99	
<i>How many TT doses were reported during last pregnancy in Q.3?</i>		
<input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ GO TO MATERNAL AND NEWBORN HEALTH MODULE		
<input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ CONTINUE WITH Q.4		
4. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION (<i>additional probes</i>) AT ANY TIME BEFORE YOUR LAST PREGNANCY, INCLUDING DURING A PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES?	Yes..... 1 No 2 DK..... 9	2⇒Q.7 9⇒Q.7
5. <i>If yes:</i> HOW MANY DOSES DID YOU RECEIVE?	No. of doses ____	
6A. WHEN WAS THE LAST DOSE RECEIVED?	Date of last dose Month/Year ____ / ____ DK date 999999	DK⇒6B
<i>Or:</i> 6B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST DOSE?	<i>Or:</i> Years ago ____	
7. Add responses to Q.3 and Q.5 to obtain total number of doses in lifetime.	Total no. of doses ____ DK 99	

GO TO MATERNAL AND NEWBORN HEALTH MODULE ⇒

Cluster no. ____ Household no. ____ Woman line no. ____

MATERNAL AND NEWBORN HEALTH MODULE		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
<p>1. DID YOU SEE ANYONE FOR PRENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor..... 1</p> <p>Nurse/midwife..... 2</p> <p>Auxiliary midwife..... 3</p> <p>Other person:</p> <p>Traditional birth attendant 4</p> <p>Other (<i>specify</i>) 5</p> <p>No one 0</p>	
<p>2. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor..... 1</p> <p>Nurse/midwife..... 2</p> <p>Auxiliary midwife..... 3</p> <p>Other person:</p> <p>Traditional birth attendant..... 4</p> <p>Relative/friend..... 5</p> <p>Other (<i>specify</i>) 6</p> <p>No one 0</p>	

GO TO NEXT MODULE ⇨

Cluster no. ____ Household no. ____ Woman line no. ____

CHILD SPACING MODULE		
<p>Ask Q.1 for all married women up to 49 years old and then follow the skip instruction carefully. Questions on pregnancy and contraception are to be asked only of women who are currently married.</p>		
1. ARE YOU CURRENTLY MARRIED?	Yes..... 1 No, widowed, divorced, separated 2	2⇒NEXT MODULE
2. NOW I AM GOING TO CHANGE TOPICS. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION. OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS. ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No 2 Unsure or DK..... 9	1⇒NEXT MODULE
3a. SOME COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes..... 1 No 2	1⇒Q. 4 2⇒Q.3b
3b. HAVE YOU RESUMED YOUR MONTHLY PERIOD?	Yes..... 1 No 2	⇒NEXT MODULE ⇒NEXT MODULE
4. WHICH METHOD ARE YOU USING? <i>Do not help in answering.</i> <i>Compare with the list and write the corresponding method in the given space.</i> <i>If more than one method is mentioned, write specify each method.</i>	Method _____ Method _____ Method _____	

GO TO NEXT MODULE ⇒

Cluster no. ____ Household no. ____ Woman line no. ____

HEMOGLOBIN TESTING OF WOMEN*Carry out Hemoglobin test on each woman up to 49 years old.**Ask permission and explain the procedure to the woman.**Sterilize the finger from where blood sample is to be taken.**Pierce the earlobe and blot a drop of whole blood from the finger on the paper strip from Hb testing kit.**Provide a swab of cotton to the woman to press on the finger to control bleeding.**Allow the drop of blood to soak fully on the paper strip and compare the color with the various color options in the kit scale.**Note the percentage of Hb with color closest with the blood spot on the strip of paper.**Now I would like to take a small drop of blood to test, if you do not have a problem of Anemia.***Result of the test**

Hb.....__ __ %

The test involves only a small prick in the finger and does not hurt.

Test Refused.....777

Unable to carry out test.....888

*If there is another woman in the house who is eligible for interview.**If yes⇒ go to next woman**If no⇒ go to the questionnaire for children under five.*

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Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

This questionnaire is to be administered to all women who care for a child that lives with them and is under the age of 5 years (see Q.4 of the HH listing).

A separate form should be used for each eligible child.

Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing).

Fill in the line number of each child, the line number of the child's mother or caretaker,

and the household and cluster numbers in the space at the top of each page.

BIRTH REGISTRATION		
1. Child's name.	Name _____	
2. Child's age (copy from Q.4 of HH listing).	Age (in completed years) _____	
<p>3. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW.</p> <p>NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.</i></p>	<p>Date of birth Day/Month/Year..... ____/____/____</p>	
<p>4. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?</p> <p><i>If certificate is presented, verify reported birth date.</i></p> <p><i>If no birth certificate is presented, try to verify date using another document (health card, calendar...).</i></p>	<p><i>Correct stated age, if necessary.</i></p> <p>Yes, seen1</p> <p>Yes, not seen.....2</p> <p>No3</p> <p>DK.....9</p>	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

VITAMIN A MODULE		
<i>This module inquires about prevention of night blindness.</i>		
1. HAS (name) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? <i>Show capsule or dispenser.</i>	Yes 1 No 2 DK 9	2⇒NIGHT BLINDNESS MODULE 9⇒NIGHT BLINDNESS MODULE
2. HOW MANY MONTHS AGO DID (name) TAKE THE LAST DOSE?	Months ago DK 99	
3. WHERE DID (name) GET THIS LAST DOSE?	On routine visit to health center 1 Sick child visit to health center 2 National Immunization Day campaign 3 (first week of June/Last week November 1999) Other (specify) 4 DK 9	

GO TO NEXT MODULE ⇒

NIGHT BLINDNESS IN CHILDREN MODULE		
<i>Check child's age. Ask the next four questions only if the child is aged two years through 4 years.</i>		
1. DOES YOUR CHILD HAVE ANY PROBLEM SEEING IN THE DAYTIME?	Yes 1 No 2 DK 9	
2. DOES YOUR CHILD HAVE ANY PROBLEM SEEING IN THE NIGHTTIME?	Yes 1 No 2 DK 9	2 ⇒ Q.4 9 ⇒ Q.4
3. IS THIS PROBLEM DIFFERENT FROM OTHER CHILDREN IN YOUR COMMUNITY?	Yes 1 No 2 DK 9	
4. DOES YOUR CHILD HAVE NIGHT BLINDNESS? (shabkoor.)	Yes 1 No 2 DK 9	

GO TO NEXT MODULE ⇒

Cluster no. ____ Household no. ____ Caretaker line no. ____ Child line no. ____

BREAST FEEDING MODULE		
ASK FOLLOWING QUESTIONS FOR ALL CHILDREN LESS THAN 5 YEARS OLD.		
1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK..... 9	2⇒Q.4 9⇒Q.4
2. HOW SOON AFTER (<i>name</i>) WAS BORN DID YOU START TO BREASTFED HIM/HER? I MEAN WHEN DID YOU HIM/HER FOR THE FIRST TIME ON THE BREAST?	Immediately after birth up to 6 hours 1 After 6 hours but in the first day after birth . 2 Between 1 and 2 days after the birth 3 More than 2 days after birth 4 DK..... 9	
3. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK..... 9	
4. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>		
4A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements..... 1 2 9	
4B. PLAIN WATER?	B. Plain water 1 2 9	
4C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 9	
4D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 9	
4E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA?	E. Milk..... 1 2 9	
4F. ANY OTHER LIQUIDS?	F. Other liquids (<i>specify</i>) 1 2 9	
4G. SOLID OR SEMI-SOLID (MUSHY) FOOD?	G. Solid/semi solid/mushy food..... 1 2 9	
5. SINCE THIS TIME YESTERDAY, HAS (<i>name</i>) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT?	Yes 1 No 2 DK..... 9	

GO TO NEXT MODULE ⇒

Cluster no. ____ Household no. ____ Caretaker line no. ____ Child line no. ____

CARE OF ILLNESS MODULE		
<p>1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 9</p>	<p>1⇒Q.3</p>
<p>2. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD ANY OTHER ILLNESS, SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 9</p>	<p>1⇒Q.4</p> <p>2⇒Q.11</p> <p>9⇒Q.11</p>
<p>3. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>3A. BREAST MILK?</p> <p>3B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP?</p> <p>3C. other locally-defined acceptable home fluids (e.g., SSS, yogurt drink)?</p> <p>3D. ORS PACKET SOLUTION?</p> <p>3E. OTHER MILK OR INFANT FORMULA?</p> <p>3F. WATER WITH FEEDING DURING SOME PART OF THE DAY?</p> <p>3G. WATER ALONE?</p> <p>3H. defined “unacceptable” fluids (e.g., cola, etc. (insert local names))</p> <p>3I. NOTHING</p>	<p style="text-align: right;">Y N DK</p> <p>A. Breast milk 1 2 9</p> <p>B. Gruel..... 1 2 9</p> <p>C. Other acceptable..... 1 2 9</p> <p>D. ORS packet 1 2 9</p> <p>E. Other milk 1 2 9</p> <p>F. Water with feeding..... 1 2 9</p> <p>G. Water alone 1 2 9</p> <p>H. Unacceptable fluids..... 1 2 9</p> <p>I. Nothing..... 1 2 9</p>	<p>1⇒Q.5</p>
<p>4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none 1</p> <p>About the same (or somewhat less) 2</p> <p>More..... 3</p> <p>DK..... 9</p>	
<p>5. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If “less”, probe:</i></p> <p>MUCH LESS OR A LITTLE LESS?</p>	<p>None 1</p> <p>Much less 2</p> <p>Somewhat less 3</p> <p>About the same 4</p> <p>More..... 5</p> <p>DK..... 9</p>	
<p>6. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 9</p>	<p>2⇒Q.11</p> <p>9⇒Q.11</p>

Cluster no. ____ Household no. ____ Caretaker line no. ____ Child line no. ____

<p>7. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1 No 2 DK..... 9</p>	<p>2⇒Q.11 9⇒Q.11</p>
<p>8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Blocked nose..... 1 Problem in chest..... 2 Both 3 Other (specify) 4 DK..... 9</p>	<p>1⇒Q.11 4⇒Q.11</p>
<p>9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes..... 1 No 2 DK..... 9</p>	<p>2⇒Q.11 9⇒Q.11</p>
<p>10. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p>	<p>Hospital 01 Health center 02 Dispensary 03 Village health worker 04 MCH clinic 05 Mobile/outreach clinic 06 Private physician 07 Traditional healer 08 Pharmacy or drug seller 09 Relative or friend 10 Other (specify) 11</p>	
<p><i>Ask this question (Q.11) only once for each caretaker.</i></p> <p>11. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i></p>	<p>Child not able to drink or breastfeed 01 Child becomes sicker..... 02 Child develops a fever 03 Child has fast breathing 04 Child has difficult breathing 05 Child has blood in stool..... 06 Child is drinking poorly..... 07 Other (specify) 08 Other (specify) 09 Other (specify) 10</p>	
<p>12. Has (NAME) had measles (local name and add here the symptoms to describe the disease) since the start of last Ramazan?</p>	<p>Yes..... 1 No 2 DK..... 9</p>	

GO TO NEXT MODULE ⇒

Cluster no. ____ Household no. ____ Caretaker line no. ____ Child line no. ____

IMMUNIZATION MODULE										
<p><i>If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-14 are for recording vaccinations that are not recorded on the card. Qs.7-14 will only be asked when a card is not available.</i></p>										
1. IS THERE A VACCINATION RECORD FOR (name)?		Yes, seen 1 Yes, not seen 2 No 3						2⇒Q.7 3⇒Q.7		
(a) Copy dates of all vaccinations from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization								
		DAY		MONTH		YEAR				
2. BCG	BCG									
3A. OPV0	OPV0									
3B. OPV1	OPV1									
3C. OPV2	OPV2									
3D. OPV3	OPV3									
4A. DPT1	DPT1									
4B. DPT2	DPT2									
4C. DPT3	DPT3									
5. MEASLES	MEASLES									
6. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY? <i>Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s). ⇒ Record answers and go to next module.</i>		Yes..... 1 <i>(Probe for vaccinations and write '66' in the corresponding day column on Q. 2 to Q. 5.)</i> No 2 DK..... 9						2⇒ NEXT MODULE. 9⇒ NEXT MODULE.		
7. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY CAMPAIGN?		Yes..... 1 No 2 DK..... 9						2⇒ NEXT MODULE. 9⇒ NEXT MODULE.		
8. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?		Yes..... 1 No 2 DK..... 9								

Cluster no. ____ Household no. ____ Caretaker line no. ____ Child line no. ____

9. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes..... 1 No 2 DK..... 9	2⇒Q.12 9⇒Q.12
10. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?	Just after birth..... 1 Later..... 2	
11. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times _ _	
12. HAS (<i>name</i>) EVER BEEN GIVEN “VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes..... 1 No 2 DK..... 9	2⇒Q.14 9⇒Q.14
13. HOW MANY TIMES?	No. of times _ _	
14. HAS (<i>name</i>) EVER BEEN GIVEN “VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No 2 DK..... 9	

GO TO NEXT MODULE ⇒

Cluster no. ____ Household no. ____ Caretaker line no. ____ Child line no. ____

ANTHROPOMETRY MODULE		
<p>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 HH listing before recording measurements.</p>		
1. Child's weight.	Kilograms (kg) ____ . ____	
<p>2. Child's length or height.</p> <p>Check age of child:</p> <p><input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).</p> <p><input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).</p>	<p>Length (cm) Lying down 1 ____ . ____</p> <p>Height (cm) Standing up 2 ____ . ____</p>	
3. Child's mid arm circumference (left arm)	Arm circumference (cm) ____ . ____	
4. Enumerator's identification code.	Enumerator code ____ . ____	
5. Result.	<p>Measured 1</p> <p>Not present 2</p> <p>Refused 3</p> <p>Other (specify) 4</p>	
<p>6. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that identification numbers are at the top of each page. Tally on the Household Information Panel the number of interviews completed.</p>		