

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE Multiple Indicator Cluster Survey, Nigeria 2016

| HOUSEHOLD INFORMATION PANEL | | HH |
|--|--|---|
| HOUSE HOLD GPS LOCATION: | | Degrees Decimal degrees |
| HGP1. LATITUDE: | | _____ . _____ |
| HGP2. LONGITUDE: | | _____ . _____ |
| HH1. Cluster number: _____ | HH2. Household number: _____ | |
| HH3. Interviewer's name and number: | | HH4. Supervisor's name and number: |
| Name _____ | | Name _____ |
| HH5. Day / Month / Year of interview: _____ / _____ / 2016 | | HH6. Area: Urban1 Rural2 |
| HH7. State name: _____ Code _____ | HH8. Is the household selected for Questionnaire for Men? Yes1 No2 | |
| HH8A. Name of Head of Household _____ Tel.: _____ | HH8B. Is the household selected for Water quality test? Yes1 No2 | |
| <p>WE ARE FROM THE NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 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: Completed01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time03 Refused04 Dwelling vacant / Address not a dwelling05 Dwelling destroyed06 Dwelling not found07 Partially Completed.....08 Other (specify)96 | | |

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

HH10. Respondent to Household Questionnaire:
Name _____ Line No. _____

HH11. Total number of household members: _____

HH12. Number of women age 15-49 years: _____

If the household is selected for Questionnaire for Men:
HH13A. Number of men 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 women's questionnaires completed: _____

If the household is selected for Questionnaire for Men:
HH13B. Number of men's questionnaires completed: _____

HH15. Number of under-5 questionnaires completed: _____

Minutes.....

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

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

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| | | For women age 15-49 | For men age 15-49 | For children age 0-4 | For children age 0-17 years | | | | | | | For Children age 0-14 | | | | | | | | | |
|---------------|-----------|---|--|---|--|---|--|--|-------|---|--|--|---|---|--|--|--------|--------|---|---|---|
| HL1. Line no. | HL2. Name | HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? | HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female | HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK | HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'. | HL6A. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No | HL7. Circle line no. if woman age 15-49. | HL7A. Circle line no. if man age 15-49 and the household selected for Questionnaire for Men. | HL7B. | HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No ³ 8 DK ³ HL13 HL13 and go to HL13. If "No", record 00. | HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes", record line no. of mother and go to HL13. If "No", record 00. | 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 ³ 8 DK ³ HL15 HL15 go to HL15. If "No", record 00. | HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK | 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 CAREGIVER OF (name)? | | | | | |
| Line | Name | Relation* | M | F | Month | Year | Age | Y | N | 1 | 2 | 3 | 8 | Y | N | DK | Father | Mother | | | |
| 15 | | — — — | 1 | 2 | — — — | — — — | — — — | 1 | 2 | 3 | 8 | 1 | 2 | 8 | 1 | 2 | 8 | 1 | 2 | 3 | 8 |

Tick here if additional questionnaire used ☐

Probe for additional household members.
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

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

| EDUCATION | | ED | | | | ED | | | | | |
|---------------------------------------|--|--|---|---|---|---|--|--|-------------|---|-------|
| | | For household members age 5 and above | | | | For household members age 5-24 years | | | | | |
| ED1. Line number | ED2. Name and age Copy from HL2 and HL6. | ED3. HAS (name) EVER ATTENDED SCHOOL, PRE-SCHOOL, OR NON-FORMAL EDUCATION? 1 Yes 2 NO | ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 8 DK If level=4 or 8, Skip to ED5. | ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: See footnote for Grade codes 98 DK | ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2015-2016, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME? 1 Yes 2 No | ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 8 DK If level=4 or 8 skip to ED7. | ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2014-2015, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME? 1 Yes 2 No Next Line 8 DK Next Line | ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 8 DK If level=4 or 8, go to next line. | Grade | | |
| Line | Name | Age | 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 | | |
| 02 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 03 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 04 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 05 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 06 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 07 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 08 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 09 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 10 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 11 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 12 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 13 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 14 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| 15 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 0 1 2 3 4 8 | | |
| Codes for Grades in ED4B, ED6 and ED8 | | | | | | | | | | | |
| Preschool | | Primary | | | | Secondary (or Secondary Technical) | | | | Higher | |
| Never completed | | Never completed | | Never completed | | Never completed | | Never completed | | Never completed | |
| Nursery 1 (only if ED4B).....00 | | Primary 1 (only if ED4B).....10 | | Primary 4.....14 | | Never Completed JSS 1 (only if ED4B).....20 | | SS1/ T1.....24 | | NCE, AL, OND, Higher Technical, HND, BSc. (only if ED4B).....33 | |
| Nursery 1.....01 | | Primary 1.....11 | | Primary 5.....15 | | JSS 1.....21 | | SS 2/ T2.....25 | | HND34 | |
| Nursery 2.....02 | | Primary 2.....12 | | Primary 6.....16 | | JSS 2.....22 | | SS 3/T3.....26 | | BSc.....35 | |
| Nursery 3.....03 | | Primary 3.....13 | | | | JSS 3.....23 | | | | Post Graduate36 | |

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.

Total number _ _

SL2. Check the number of children age 1-17 years in SL1:

☐ Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.

☐ One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.

☐ Two or more ⇒ Continue with SL2A.

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

| SL3. Rank number | SL4. Line Number from HL1 | SL5. Name from HL2 | SL6. Sex from HL4 | | SL7. Age from HL6 |
|------------------------|---------------------------------|-----------------------|-------------------------|---|-------------------------|
| Rank | Line | Name | M | F | Age |
| 1 | _____ | | 1 | 2 | _____ |
| 2 | _____ | | 1 | 2 | _____ |
| 3 | _____ | | 1 | 2 | _____ |
| 4 | _____ | | 1 | 2 | _____ |
| 5 | _____ | | 1 | 2 | _____ |
| 6 | _____ | | 1 | 2 | _____ |
| 7 | _____ | | 1 | 2 | _____ |
| 8 | _____ | | 1 | 2 | _____ |

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

| Last Digit of Household Number (from HH2) | Total Number of Eligible Children in the Household (from SL1) | | | | | | |
|--|---|---|---|---|---|---|----|
| | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
| 0 | 2 | 2 | 4 | 3 | 6 | 5 | 4 |
| 1 | 1 | 3 | 1 | 4 | 1 | 6 | 5 |
| 2 | 2 | 1 | 2 | 5 | 2 | 7 | 6 |
| 3 | 1 | 2 | 3 | 1 | 3 | 1 | 7 |
| 4 | 2 | 3 | 4 | 2 | 4 | 2 | 8 |
| 5 | 1 | 1 | 1 | 3 | 5 | 3 | 1 |
| 6 | 2 | 2 | 2 | 4 | 6 | 4 | 2 |
| 7 | 1 | 3 | 3 | 5 | 1 | 5 | 3 |
| 8 | 2 | 1 | 4 | 1 | 2 | 6 | 4 |
| 9 | 1 | 2 | 1 | 2 | 3 | 7 | 5 |

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.

Rank number

Line number

Name

Age.....

| CHILD LABOUR | | CL | | | | | | | | | | | | | | |
|--|--|----|-----|----|---|---|---|---|---|---|---|---|---|--------------------------|---|---|
| CL1. Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module. <input type="checkbox"/> 5-17 years ⇒ Continue with CL2. | | | | | | | | | | | | | | | | |
| CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS? [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM. | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Worked on plot / farm / food garden / looked after animals.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped in family / relative's business/ran own business</td> <td>1</td> <td>2</td> </tr> <tr> <td>Produce / sell articles / handicrafts / clothes / food or agricultural products</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any other activity</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | Yes | No | Worked on plot / farm / food garden / looked after animals..... | 1 | 2 | Helped in family / relative's business/ran own business | 1 | 2 | Produce / sell articles / handicrafts / clothes / food or agricultural products | 1 | 2 | Any other activity | 1 | 2 |
| | Yes | No | | | | | | | | | | | | | | |
| Worked on plot / farm / food garden / looked after animals..... | 1 | 2 | | | | | | | | | | | | | | |
| Helped in family / relative's business/ran own business | 1 | 2 | | | | | | | | | | | | | | |
| Produce / sell articles / handicrafts / clothes / food or agricultural products | 1 | 2 | | | | | | | | | | | | | | |
| Any other activity | 1 | 2 | | | | | | | | | | | | | | |
| CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8 | | | | | | | | | | | | | | | | |
| CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00"</i> | Number of hours.....__ __ | | | | | | | | | | | | | | | |
| CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS? | Yes..... 1 No..... 2 | | | | | | | | | | | | | | | |
| CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY? | Yes..... 1 No..... 2 | | | | | | | | | | | | | | | |

| CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)? [A] Is (name) EXPOSED TO DUST, FUMES OR GAS? [B] Is (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY? [C] Is (name) EXPOSED TO LOUD NOISE OR VIBRATION? [D] Is (name) REQUIRED TO WORK AT HEIGHTS? [E] Is (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES? [F] Is (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY? | Yes..... 1 No 2 Yes..... 1 No 2 Yes..... 1 No 2 Yes..... 1 No 2 Yes..... 1 No 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------|-----|----|-----------------------------|---|---|---------------------------------|---|---|--|---|---|-----------------------|---|---|---------------------------|---|---|-----------------------------|---|---|-----------------------------|---|---|--|
| CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? | Yes..... 1 No 2 | 2⇒ CL10 | | | | | | | | | | | | | | | | | | | | | | | | |
| CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)? If less than one hour, record "00" | Number of hours..... __ __ | | | | | | | | | | | | | | | | | | | | | | | | | |
| CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD? [A] SHOPPING FOR HOUSEHOLD? [B] REPAIR ANY HOUSEHOLD EQUIPMENT? [C] COOKING OR CLEANING UTENSILS OR THE HOUSE? [D] WASHING CLOTHES? [E] CARING FOR CHILDREN? [F] CARING FOR THE OLD OR SICK? [G] OTHER HOUSEHOLD TASKS? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking / cleaning utensils /house</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old / sick</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | Yes | No | Shopping for household..... | 1 | 2 | Repair household equipment..... | 1 | 2 | Cooking / cleaning utensils /house | 1 | 2 | Washing clothes | 1 | 2 | Caring for children | 1 | 2 | Caring for old / sick | 1 | 2 | Other household tasks | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | |
| Shopping for household..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Repair household equipment..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Cooking / cleaning utensils /house | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Washing clothes | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Caring for children | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Caring for old / sick | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Other household tasks | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| CL11. Check CL10, A to G <input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12 <input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? If less than one hour, record "00" | Number of hours __ __ | | | | | | | | | | | | | | | | | | | | | | | | | |

| CHILD DISCIPLINE | | CD |
|--|--|----|
| CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇨ Continue with CD2 <input type="checkbox"/> 15-17 years ⇨ Go to Next Module | | |
| CD2. Write the line number and name of the child from SL9. | Line number ____ Name | |
| CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name)</u> IN THE <u>PAST MONTH</u> . <div> <div> [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE. [B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG. [C] SHOOK HIM/HER. [D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER. [E] GAVE HIM/HER SOMETHING ELSE TO DO. [F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND. [G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT. [H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT. [I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS. [J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG. [K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD. </div> <div> <div>Yes No</div> Took away privileges 1 2 Explained wrong behaviour 1 2 Shook him/her 1 2 Shouted, yelled, screamed 1 2 Gave something else to do 1 2 Spanked, hit, slapped on bottom with bare hand 1 2 Hit with belt, hairbrush, stick, or other hard object 1 2 Called dumb, lazy, or another name 1 2 Hit / slapped on the face, head or ears 1 2 Hit / slapped on hand, arm or leg 1 2 Beat up, hit over and over as hard as one could 1 2 </div> </div> | | |
| CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED? | Yes..... 1 No..... 2 DK / No opinion 8 | |

| HOUSEHOLD CHARACTERISTICS | | HC |
|---|---|----|
| HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD? | Christianity.....1 Islam2 Traditional3 Other religion (<i>specify</i>) 6 No religion7 | |
| HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD? | Language Other language (<i>specify</i>) 996 | |
| HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? | Hausa.....1 Igbo2 Yoruba3 Other ethnic group (<i>specify</i>) 996 | |
| 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 Dung.....12 Rudimentary floor Wood planks.....21 Palm / Bamboo22 Finished floor Parquet or polished wood31 Vinyl tiles36 Vinyl carpet.....32 Ceramic tiles.....33 Cement.....34 Rug (wall to wall)35 Other (<i>specify</i>) 96 | |
| HC4. <i>Main material of the roof.</i> <i>Record observation.</i> | Natural roofing No Roof11 Thatch / Palm leaf12 Rudimentary roofing Rustic mat.....21 Palm / Bamboo22 Wood planks.....23 Cardboard / Plastic sheeting24 Finished roofing Metal / Tin / Zinc / Iron sheets.....31 Wood32 Calamine / Cement fibre33 Ceramic tiles.....34 Cement.....35 Roofing shingles36 Other (<i>specify</i>) 96 | |

| | | |
|--|--|---|
| <p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p> | <p>Natural walls</p> <p>No walls 11</p> <p>Cane / Palm / Trunks / Thatch..... 12</p> <p>Dirt / Earth 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud..... 22</p> <p>Uncovered adobe/Mud brick 23</p> <p>Plywood 24</p> <p>Cardboard..... 25</p> <p>Reused wood..... 26</p> <p>Finished walls</p> <p>Cement..... 31</p> <p>Stone with lime / cement..... 32</p> <p>Bricks..... 33</p> <p>Cement blocks 34</p> <p>Covered adobe 35</p> <p>Wood planks / shingles 36</p> <p>Other (<i>specify</i>) 96</p> | |
| <p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p> | <p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG) cylinder 02</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Coal / Lignite 06</p> <p>Charcoal 07</p> <p>Wood 08</p> <p>Straw / Shrubs / Grass..... 09</p> <p>Animal dung 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p> | <p>01⇒HC8</p> <p>02⇒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 house..... 2</p> <p>In a separate building 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>) 6</p> | |

| HC8. DOES YOUR HOUSEHOLD HAVE: [A] ELECTRICITY? [B] A RADIO? [C] A TELEVISION? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR? [F] A VCR, VCD, DVD [G] A SEWING MACHINE [H] A CLOCK [I] A GENERATOR [J] A COMPUTER [K] A WATER HEATER [L] A FAN [M] AN AIR CONDITIONER [N] A BLENDER/MIXER/FOOD PROCESSOR [O] A MANUFACTURED BED [P] A CUSHIONED CHAIR | <table border="1"> <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>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>VCR, VCD, DVD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sewing machine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Clock</td> <td>1</td> <td>2</td> </tr> <tr> <td>Generator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer</td> <td>1</td> <td>2</td> </tr> <tr> <td>Water heater.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fan.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Air conditioner</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blender/Mixer/Food processo</td> <td>1</td> <td>2</td> </tr> <tr> <td>Manufactured bed.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cushioned chair.....</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 | Refrigerator | 1 | 2 | VCR, VCD, DVD..... | 1 | 2 | Sewing machine | 1 | 2 | Clock | 1 | 2 | Generator | 1 | 2 | Computer | 1 | 2 | Water heater..... | 1 | 2 | Fan..... | 1 | 2 | Air conditioner | 1 | 2 | Blender/Mixer/Food processo | 1 | 2 | Manufactured bed..... | 1 | 2 | Cushioned chair..... | 1 | 2 | |
|---|--|--------|-----|----|------------------|---|---|------------------------|---|---|------------------|---|---|----------------------------|---|---|------------------------|---|---|--------------------|---|---|----------------------|---|---|-----------------------------|---|---|-----------------|---|---|----------------|---|---|-------------------|---|---|----------|---|---|-----------------------|---|---|-----------------------------------|---|---|-----------------------|---|---|----------------------|---|---|--|
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electricity..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radio..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Television | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-mobile telephone..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refrigerator | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VCR, VCD, DVD..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sewing machine | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clock | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Generator | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Computer | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water heater..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fan..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air conditioner | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blender/Mixer/Food processo | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manufactured bed..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cushioned chair..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK? [G] A BOAT WITH A MOTOR? [H] A TRICYCLE (KEKE NAPEP) | <table border="1"> <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>Mobile telephone</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> <tr> <td>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tricycle (Keke Napep)</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | Yes | No | Watch..... | 1 | 2 | Mobile telephone | 1 | 2 | Bicycle..... | 1 | 2 | Motorcycle / Scooter | 1 | 2 | Animal-drawn cart..... | 1 | 2 | Car / Truck..... | 1 | 2 | Boat with motor..... | 1 | 2 | Tricycle (Keke Napep) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Watch..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile telephone | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bicycle..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motorcycle / Scooter | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Animal-drawn cart..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Car / Truck..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boat with motor..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tricycle (Keke Napep) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i> | Own.....1 Rent2 Other (specify) _____ 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE? | Yes.....1 No2 | 2⇒HC13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC12. HOW MANY PLOTS, ACRES OR HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record "95". If unknown, record "98".</i> | Plots 1 ____ Acres 2 ____ Hectares 3 ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY? | Yes.....1 No2 | 2⇒HC15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|--|
| <p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OXEN OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKEN?</p> <p>[F] PIGS?</p> <p>[G] CAMELS</p> <p>[H] DUCKS</p> <p>[I] GEESE</p> <p>[J] QUAIL</p> <p>[K] CULTURED FISH</p> <p><i>If none, record "00". If 95 or more, record "95". If unknown, record "98".</i></p> | <p>Cattle, milk cows, or bulls ____ ____</p> <p>Horses, donkeys, or mules ____ ____</p> <p>Goats..... ____ ____</p> <p>Sheep..... ____ ____</p> <p>Chicken ____ ____</p> <p>Pigs ____ ____</p> <p>Camels..... ____ ____</p> <p>Ducks..... ____ ____</p> <p>Geese..... ____ ____</p> <p>Quail..... ____ ____</p> <p>Cultured Fish ____ ____</p> | |
| <p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p> | <p>Yes.....1</p> <p>No2</p> | |

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

| | 1 st Net | 2 nd Net | 3 rd Net |
|---|--|--|--|
| TN4. Mosquito net observed? | Observed 1 Not observed 2 | Observed 1 Not observed 2 | Observed 1 Not observed 2 |
| TN5. Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i> | Long-lasting treated nets PermaNet 10 Olyset 11 IconLife 12 Duranet 13 NetProtect 14 Basf Interceptor 15 Other (specify) 16 DK brand 18 Pre-treated nets 28 Other net (specify) 36 DK brand / type 98 | Long-lasting treated nets PermaNet 10 Olyset 11 IconLife 12 Duranet 13 NetProtect 14 Basf Interceptor 15 Other (specify) 16 DK brand 18 Pre-treated nets 28 Other net (specify) 36 DK brand / type 98 | Long-lasting treated nets PermaNet 10 Olyset 11 IconLife 12 Duranet 13 NetProtect 14 Basf Interceptor 15 Other (specify) 16 DK brand 18 Pre-treated nets 28 Other net (specify) 36 DK brand / type 98 |
| TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? <i>If less than one month, record "00".</i> | Months ago ____ More than 36 mo. ago 95 DK / Not sure 98 | Months ago ____ More than 36 mo. ago 95 DK / Not sure 98 | Months ago ____ More than 36 mo. ago 95 DK / Not sure 98 |
| TN7. Check TN5 for type of net | <input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Pre-treated ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue | <input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Pre-treated ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue | <input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Pre-treated ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue |
| TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES? | Yes 1 No 2 DK / Not sure 8 | Yes 1 No 2 DK / Not sure 8 | Yes 1 No 2 DK / Not sure 8 |
| TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES? | Yes 1 No 2 DK / Not sure 8 ⇒ TN11 | Yes 1 No 2 DK / Not sure 8 ⇒ TN11 | Yes 1 No 2 DK / Not sure 8 ⇒ TN11 |

| | | | |
|---|--|--|--|
| TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00".</i> | Months ago..... ____ More than 24 mo. ago.....95 DK / Not sure.....98 | Months ago..... ____ More than 24 mo. ago..... 95 DK / Not sure..... 98 | Months ago ____ More than 24 mo. ago 95 DK / Not sure..... 98 |
| TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT? | Yes1 No2 DK / Not sure8 ⇒ TN13 | Yes 1 No2 DK / Not sure 8 ⇒ TN13 | Yes..... 1 No2 DK / Not sure..... 8 ⇒ TN13 |
| TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the List of Household Members.</i> <i>If someone not in the List of Household Members slept under the mosquito net, record "00".</i> | Name _____ Line number ____ Name _____ Line number ____ Name _____ Line number ____ Name _____ Line number ____ | Name _____ Line number..... ____ Name _____ Line number..... ____ Name _____ Line number..... ____ Name _____ Line number..... ____ | Name _____ Line number ____ Name _____ Line number ____ Name _____ Line number ____ Name _____ Line number ____ |
| TN13. | <i>Go back to TN4 for next net. If no more nets, go to next module.</i> | <i>Go back to TN4 for next net. If no more nets, go to next module.</i> | <i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module.</i> |
| Tick here if additional questionnaire used. <input type="checkbox"/> | | | |

| WATER AND SANITATION | | WS |
|--|--|--|
| WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD? | Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 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 Bottled water 91 Sachet (pure) water..... 92 Other (<i>specify</i>) 96 | 11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3 |
| WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING? | Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 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 | 11⇒WS6 12⇒WS6 13⇒WS6 |
| WS3. WHERE IS THAT WATER SOURCE LOCATED? | In own dwelling 1 In own yard / plot..... 2 Elsewhere..... 3 | 1⇒WS5A 2⇒WS5A |
| WS4A. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK? | Number of minutes _ _ _ DK 998 | |
| WS4B. WHAT IS THE DISTANCE TO THE WATER SOURCE? | Less than 100 meters..... 1 From 100 m to less than 1 km 2 From 1 km to less than 2 km 3 From 2 km to less than 4 km 4 4 km or more..... 5 DK 8 | |
| WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? | Adult woman (age 15+ years) 1 Adult man (age 15+ years)..... 2 Female child (under 15) 3 Male child (under 15) 4 DK 8 | |

| | | |
|--|---|----------------------|
| WS5A. IN THE PAST TWO WEEKS, WAS THE WATER FROM THIS SOURCE NOT AVAILABLE FOR AT LEAST ONE FULL DAY? | Yes 1 No 2 DK 8 | |
| WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK? | Yes 1 No 2 DK 8 | 2⇒WS7A 8⇒WS7A |
| WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i> | Boil.....A Add bleach / chlorine/ Water Guard.....B Strain it through a clothC Use water filter (ceramic, sand, composite, etc.).....D Solar disinfection.....E Let it stand and settle.....F Add alum.....G Add water tablet.....H Other (<i>specify</i>)X DKZ | |
| WS7A. DO YOU USE A DIFFERENT SOURCE OF DRINKING WATER DURING THE DRY AND RAINY SEASONS? | Yes 1 No 2 DK 8 | 2⇒WS8 8⇒WS8 |
| WS7B. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK: [A] DURING THE RAINY SEASON? [B] DURING THE DRY SEASON? | Number of minutes: rainy season __ __ __ DK 998 Number of minutes: dry season..... __ __ __ DK 998 | |
| WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If "flush" or "pour flush", probe:</i> WHERE DOES IT FLUSH TO? <i>If not possible to determine, ask permission to observe the facility.</i> | Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine)..... 13 Flush to somewhere else..... 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket..... 41 Hanging toilet, Hanging latrine 51 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 households10 DK98 | |

| 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 Moving object (kettle, basin, etc)..... 4 Other reason (specify)..... 6 | 2 ⇨ HW4 3 ⇨ HW4 4 ⇨ HW4 6 ⇨ HW4 |
| HW2. Observe presence of water at the specific place for hand washing. <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 specific place for hand washing? | Yes, present 1 No, not present..... 2 | 2⇨HW4 |
| HW3B. Record your observation. <i>Circle all that apply.</i> | Bar soap..... A Detergent (Powder) 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. <i>Circle all that apply.</i> | Bar soap..... A Detergent (Powder) B Liquid soap..... C Ash / Mud / Sand..... D | |

| | |
|-----------------------------------|------------------------------|
| HH19. Record the end time. | Hour and minutes..... : ____ |
|-----------------------------------|------------------------------|

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

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 woman age 15-49 years in the List of Household Members (HL7).

Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MEN:

☐ A separate Questionnaire for Individual Men has been issued for each man age 15-49 years in the List of Household Members (HL7A).

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

Check HH8B. If the household is selected for WATER QUALITY TEST:

☐ A separate Water Quality Questionnaire has been issued.

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household, and of the Water Quality Questionnaire if the household is selected for Water Quality Test.

| |
|--|
| <p>Interviewer's Observations</p> |
|--|

| |
|---|
| <p>Supervisor's Observations</p> |
|---|

Page | 231

| WATER QUALITY TESTING | | WQ |
|---|--|-------------------------------|
| WQ3. WE WOULD LIKE TO TEST YOUR DRINKING WATER. COULD YOU PLEASE PROVIDE ME WITH A GLASS OF WATER THAT YOU WOULD GIVE TO A CHILD TO DRINK? | Yes..... 1 No..... 2 | 2 ⇒ WQ9 |
| WQ4. HAVE YOU DONE ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK? | Yes..... 1 No..... 2 Don't Know 8 | 2 ⇒ WQ6 8 ⇒ WQ6 |
| WQ5. WHAT HAVE YOU DONE TO THE WATER TO MAKE IT SAFER TO DRINK? | Boil..... A Add bleach / chlorine / Water Guard..... B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection..... E Let it stand and settle..... F Add alum G Add water tablet/liquid..... H Other (specify) X DK..... Z | |
| WQ6. Perform household water test <i>Using the water from the glass of drinking water provided by the respondent conduct water quality test. Label H-XXXX-YY, where XXXX is the cluster number and YY is the household number. Record whether test was conducted.</i> | Household water test conducted 1 Household water test not conducted 2 | |
| WQ8. EARLIER, YOU TOLD US THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS FOR YOUR HOUSEHOLD WAS _____. IS THIS GLASS OF WATER FROM THAT SOURCE? <i>Refer to the answer provided for Question WS1</i> | Yes..... 1 No..... 2 | 2 ⇒ WQ10 |
| WQ9. CAN YOU PLEASE SHOW ME YOUR MAIN SOURCE OF DRINKING WATER SO THAT I CAN TAKE A WATER SAMPLE FROM THAT PLACE? <i>If 'no' probe to find out why this is not possible? Thank the respondent. The module is complete.</i> | Yes..... 1 No Water source was not functional..... 2 Water source too far..... 3 Unable to access source 4 Do not know where source is located 5 Other reason (specify) 6 | 1 ⇒ WGP0 2-6 ⇒ NEXT MODULE |
| WQ10. FROM WHICH SOURCE WAS THE WATER YOU PROVIDED IN THIS GLASS COLLECTED? | Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbor 13 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 Bottled water 91 Sachet (pure) water..... 92 Other (specify) 96 | |

| | | |
|---|---|-----------------------------------|
| <p>WQ11. CAN YOU PLEASE SHOW ME THE SOURCE OF THE GLASS OF DRINKING WATER SO THAT I CAN TAKE A WATER SAMPLE FROM THAT PLACE?</p> <p><i>If 'no' probe to find out why this is not possible? Thank the respondent. The module is complete.</i></p> | <p>Yes..... 1</p> <p>No</p> <p>Water source was not functional..... 2</p> <p>Water source too far..... 3</p> <p>Unable to access source 4</p> <p>Do not know where source is located 5</p> <p>Other reason (<i>specify</i>) 6</p> | <p>1 ⇒ WGP0</p> <p>2-6 ⇒ WQ13</p> |
| <p>WGP0 Ensure that the below position checklist is followed before recording reading (WGP1-WGP2) to the form:</p> <p><input type="checkbox"/> CHECKED ESTIMATED ACCURACY OF READING TO AT LEAST ± 5 METERS</p> <p><input type="checkbox"/> READING MADE AT THE WATER SOURCE</p> | | |
| <p>WATER SOURCE GPS LOCATION:</p> | <p>Degrees Decimal degrees</p> | |
| <p>WGP1. LATITUDE:</p> | <p>___ . ___</p> | |
| <p>WGP2. LONGITUDE:</p> | <p>___ . ___</p> | |
| <p>WQ12. Perform source water test</p> <p><i>Using a sample of water taken at the source conduct water quality test. Label S-XXXX-YY, where XXXX is the cluster number and YY is the household number. Record whether test was conducted.</i></p> | <p>Source water test conducted 1</p> <p>Source water test not conducted 2</p> | |
| <p>WQ13. Check WQ1</p> <p><input type="checkbox"/> Household was selected for blank water testing ⇒ WQ14</p> <p><input type="checkbox"/> Household was not selected for blank water testing ⇒ Thank the respondent. The module is complete.</p> | | |
| <p>WQ14: Perform blank water test</p> <p><i>Using a sample of sterile water given by the supervisor conduct water quality test. Label B-XXXX-YY, where XXXX is the cluster number and YY is the household number. Record whether test was conducted.</i></p> | <p>Blank water test conducted 1</p> <p>Blank water test not conducted 2</p> | |
| <p><i>Thank the respondent. The module is complete.</i></p> | | |

| WATER QUALITY TESTING RESULTS | | WQ |
|---|--------------------|-------|
| Following 24-48 hours of incubation the results from the water quality tests should be recorded. | | |
| WQ15. Day / Month / Year of recording test results: _____ / _____ / 2016 | | |
| In the boxes below: -Record 3-digit count of colonies. -If more than 99 colonies are counted, record '100' -If it is not possible to read results / results are lost, record '998' -If microbial testing was not done, record '999' | | |
| Record results of <u>Household</u> water test | | |
| WQ16. Record number of red/pink colonies in 1 mL household water sample | Number of colonies | _____ |
| WQ17. Record number of blue colonies in 1 mL household water sample | Number of colonies | _____ |
| WQ18. Record number of red/pink colonies in 100 mL household water sample | Number of colonies | _____ |
| WQ19. Record number of blue colonies in 100 mL household water sample | Number of colonies | _____ |
| Record results of Source water test | | |
| WQ20. Record number of red/pink colonies in 1 mL Source water sample | Number of colonies | _____ |
| WQ21. Record number of blue colonies in 1 mL Source water sample | Number of colonies | _____ |
| WQ22. Record number of red/pink colonies in 100 mL Source water sample | Number of colonies | _____ |
| WQ23. Record number of blue colonies in 100 mL Source water sample | Number of colonies | _____ |
| Record results of <u>Blank</u> water test | | |
| WQ24 Record number of red/pink colonies in 1 mL Blank water sample | Number of colonies | _____ |
| WQ25 Record number of blue colonies in 1 mL Blank water sample | Number of colonies | _____ |
| WQ26 Record number of red/pink colonies in 100 mL Blank water sample | Number of colonies | _____ |
| WQ27 Record number of blue colonies in 100 mL Blank water sample | Number of colonies | _____ |

Measurer's Observations

Supervisor's Observations

| WOMAN'S INFORMATION PANEL | | WM |
|--|---|----|
| <i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i> | | |
| WM1. Cluster number: <div style="text-align: right;">_ _ _ _ _</div> | WM2. Household number: <div style="text-align: right;">_ _</div> | |
| WM3. Woman's name: Name _____ | WM4. Woman's line number: <div style="text-align: right;">_ _</div> | |
| WM5. Interviewer's name and number: Name _____ | WM6. Day / Month / Year of interview: <div style="text-align: right;">_ _ / _ _ / 2 0 1 6</div> | |

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

WE ARE FROM THE NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **30** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

IF GREETING AT THE BEGINNING OF THE HOUSEHOLD QUESTIONNAIRE HAS ALREADY BEEN READ TO THIS WOMAN, THEN READ THE FOLLOWING:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **30** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

- ☐ YES, PERMISSION IS GIVEN ⇒ GO TO **WM10** TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.
- ☐ NO, PERMISSION IS NOT GIVEN ⇒ CIRCLE "03" IN **WM7**. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.

| | |
|---|---|
| WM7. Result of woman's interview | Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96 |
|---|---|

| | |
|---|--|
| WM8. Field Supervisor's name and number: Name _____ | |
|---|--|

| ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY | | MT |
|--|---|-------------------|
| MT1. Check WB7: <input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ Continue with MT2. <input type="checkbox"/> Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2. <input type="checkbox"/> Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3. | | |
| MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day..... 1 At least once a week..... 2 Less than once a week..... 3 Not at all..... 4 | |
| MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day..... 1 At least once a week..... 2 Less than once a week..... 3 Not at all..... 4 | |
| MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day..... 1 At least once a week..... 2 Less than once a week..... 3 Not at all..... 4 | |
| MT5. Check WB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6. <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module. | | |
| MT6. HAVE YOU EVER USED A COMPUTER? | Yes..... 1 No..... 2 | 2⇒MT9 |
| MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS? | Yes..... 1 No..... 2 | 2⇒MT9 |
| MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day..... 1 At least once a week..... 2 Less than once a week..... 3 Not at all..... 4 | |
| MT9. HAVE YOU EVER USED THE INTERNET? | Yes..... 1 No..... 2 | 2⇒NEXT MODULE |
| MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.</i> | Yes..... 1 No..... 2 | 2⇒ NEXT MODULE |
| MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day..... 1 At least once a week..... 2 Less than once a week..... 3 Not at all..... 4 | |

| FERTILITY/BIRTH HISTORY | | CM |
|---|---|--------|
| CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? | Yes..... 1 No..... 2 | 2⇒CM8 |
| CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU? | Yes..... 1 No..... 2 | 2⇒CM6 |
| CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>IF NONE, RECORD "00".</i> | Sons at home..... _ _ Daughters at home..... _ _ | |
| CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU? | Yes..... 1 No..... 2 | 2⇒CM8 |
| CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>IF NONE, RECORD "00".</i> | Sons elsewhere..... _ _ Daughters elsewhere..... _ _ | |
| CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i> | Yes..... 1 No..... 2 | 2⇒CM10 |
| CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>IF NONE, RECORD "00".</i> | Boys dead..... _ _ Girls dead..... _ _ | |
| CM10. Sum answers to CM5, CM7, and CM9. | Sum _ _ | |
| CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>TOTAL NUMBER IN CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. Check below: <input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module.</i> <input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module.</i> <input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module. | | |

BIRTH HISTORY

BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

RECORD NAMES OF ALL OF THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 14 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE.

| 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? RECORD AGE IN COMPLETED YEARS. | BH7. IS (NAME) LIVING WITH YOU? | BH8. RECORD HOUSEHOLD LINE NUMBER OF CHILD (FROM HL1) 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 DAYS AND 00 IF CHILD LIVED LESS THAN A DAY; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS IF 2 OR MORE YEARS | BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? | | | | | | | |
|-------------|--|---|------------------------------------|---|--------------------------------|--|------------------------------------|---|--|---|---|---|-------------|---|--------|---|--------------------------------|
| | | S | M | B | G | MONTH | YEAR | Y | N | AGE | Y | N | LINE No | UNIT | NUMBER | Y | N |
| 01 | | 1 | 2 | 1 | 2 | — | — | 1 | 2 | — | 1 | 2 | ⇨ NEXT LINE | DAYS.....1 MONTHS.....2 YEARS.....3 | — | — | — |
| 02 | | 1 | 2 | 1 | 2 | — | — | 1 | 2 | — | 1 | 2 | ⇨ BH10 | DAYS.....1 MONTHS.....2 YEARS.....3 | — | — | 1 2 ADD NEXT BIRTH |
| 03 | | 1 | 2 | 1 | 2 | — | — | 1 | 2 | — | 1 | 2 | ⇨ BH10 | DAYS.....1 MONTHS.....2 YEARS.....3 | — | — | 1 2 ADD NEXT BIRTH |
| 04 | | 1 | 2 | 1 | 2 | — | — | 1 | 2 | — | 1 | 2 | ⇨ BH10 | DAYS.....1 MONTHS.....2 YEARS.....3 | — | — | 1 2 ADD NEXT BIRTH |
| 05 | | 1 | 2 | 1 | 2 | — | — | 1 | 2 | — | 1 | 2 | ⇨ BH10 | DAYS.....1 MONTHS.....2 YEARS.....3 | — | — | 1 2 ADD NEXT BIRTH |
| 06 | | 1 | 2 | 1 | 2 | — | — | 1 | 2 | — | 1 | 2 | ⇨ BH10 | DAYS.....1 MONTHS.....2 YEARS.....3 | — | — | 1 2 ADD NEXT BIRTH |
| 07 | | 1 | 2 | 1 | 2 | — | — | 1 | 2 | — | 1 | 2 | ⇨ BH10 | DAYS.....1 MONTHS.....2 YEARS.....3 | — | — | 1 2 ADD NEXT BIRTH |

| BIRTH HISTORY | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------------|---------------------------------|--|-----------------------------|---|---------------------------------|--|--|--|---|---|--------|-----------|----------|--------------------------------------|---|
| BH | | | | | | | | | | | | | | | | | |
| NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD. RECORD NAMES OF ALL OF THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 14 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE. | | | | | | | | | | | | | | | | | |
| 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? RECORD AGE IN COMPLETED YEARS. | BH7. IS (NAME) LIVING WITH YOU? | BH8. RECORD HOUSEHOLD LINE NUMBER OF CHILD (FROM HL1) 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 DAYS AND MONTHS IF CHILD LIVED LESS THAN A DAY; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS IF 2 OR MORE YEARS | BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? | | | | | | | |
| | | S | M | B | G | MONTH | YEAR | Y | N | AGE | Y | N | UNIT | NUMBER | Y | N | |
| 08 | | 1 | 2 | 1 | 2 | | | 1 | 2 | | 1 | 2 | → BH10 | | | 1 | 2 |
| 09 | | 1 | 2 | 1 | 2 | | | 1 | 2 | | 1 | 2 | → BH10 | | | 1 | 2 |
| 10 | | 1 | 2 | 1 | 2 | | | 1 | 2 | | 1 | 2 | → BH10 | | | 1 | 2 |
| 11 | | 1 | 2 | 1 | 2 | | | 1 | 2 | | 1 | 2 | → BH10 | | | 1 | 2 |
| 12 | | 1 | 2 | 1 | 2 | | | 1 | 2 | | 1 | 2 | → BH10 | | | 1 | 2 |
| 13 | | 1 | 2 | 1 | 2 | | | 1 | 2 | | 1 | 2 | → BH10 | | | 1 | 2 |
| 14 | | 1 | 2 | 1 | 2 | | | 1 | 2 | | 1 | 2 | → BH10 | | | 1 | 2 |
| BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (NAME OF LAST BIRTH IN BIRTH HISTORY MODULE)? | | | | | | | | | | | | | | Yes.....1 | No.....2 | 1 → RECORD BIRTH(S) IN BIRTH HISTORY | |

CM12A. COMPARE NUMBER IN CM10 WITH NUMBER OF BIRTHS IN THE BIRTH HISTORY MODULE ABOVE AND CHECK:

☐ NUMBERS ARE SAME ⇒ CONTINUE WITH CM13.

☐ Numbers are different ⇒ Probe and reconcile.

CM13. Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2014** (if the month of interview and the month of birth are the same, and the year of birth is **2014**, consider this as a birth within the last 2 years)

☐ No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.

☐ One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module.

Name of last-born child _____

If child has died, take special care when referring to this child by name in the following modules.

| DESIRE FOR LAST BIRTH | | DB |
|--|---------------------|------------------|
| <p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p> | | |
| DB1. WHEN YOU GOT PREGNANT WITH (NAME), DID YOU WANT TO GET PREGNANT AT THAT TIME? | Yes..... 1 | 1⇒NEXT MODULE |
| | No..... 2 | |
| DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN? | Later..... 1 | 2⇒NEXT MODULE |
| | No more..... 2 | |
| DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>RECORD THE ANSWER AS STATED BY RESPONDENT.</i> | Months..... 1 __ __ | |
| | Years..... 2 __ __ | |
| | DK..... 998 | |

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

| | | |
|---|---|---|
| MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12. <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9. | | |
| MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (NAME), EITHER TO PROTECT YOURSELF OR ANOTHER BABY? | Yes..... 1 No..... 2 DK..... 8 | 2⇒ MN12 8⇒ MN12 |
| MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (NAME)? <i>If 5 or more times, record '5'.</i> | Number of times..... DK..... 8 | 8⇒ MN12 |
| MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (NAME)? <i>If less than 1 year, record '00'.</i> | Years ago..... | |
| MN12. Check MN1 for presence of antenatal care during this pregnancy: <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13. <input type="checkbox"/> NO ANTENATAL CARE RECEIVED ⇒ GO TO MN17. | | |
| MN13. DURING (ANY OF) YOUR ANTENATAL VISIT(S) FOR THE PREGNANCY WITH (NAME), DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA? | Yes..... 1 No..... 2 DK..... 8 | 2⇒ MN17 8⇒ MN17 |
| MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i> | Sulphadoxine Pyrimethamine /Fansidar..... A Chloroquine..... B Other (specify)..... X DK..... Z | |
| MN15. Check MN14 for medicine taken: <input type="checkbox"/> Sulphadoxine Pyrimethamine /Fansidar taken. ⇒ Continue with MN16. <input type="checkbox"/> Sulphadoxine Pyrimethamine /Fansidar not taken. ⇒ Go to MN17. | | |
| MN16. DURING YOUR PREGNANCY WITH (NAME), HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR IN TOTAL? PLEASE INCLUDE ALL THAT YOU OBTAINED EITHER DURING AN ANTENATAL CARE VISIT, DURING A VISIT TO A HEALTH FACILITY OR FROM ANOTHER SOURCE? | Number of times..... DK..... 98 | |
| MN17. WHO ASSISTED WITH THE DELIVERY OF (NAME)? PROBE: ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i> | Health professional: Doctor..... A Nurse / Midwife..... B Auxiliary midwife/MCH Aide/CHEW..... C Other person Traditional birth attendant..... F Community health worker..... G Relative / Friend..... H Other (specify)..... X No one..... Y | |
| MN18. WHERE DID YOU GIVE BIRTH TO (NAME)? <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) | Home Respondent's home..... 11 Other home..... 12 Public sector Government hospital..... 21 Government clinic / health centre..... 22 Government health post..... 23 Other public (specify)..... 26 Private Medical Sector Private hospital..... 31 Private clinic..... 32 Private maternity home..... 33 Other private medical (specify)..... 36 Other (specify)..... 96 | 11⇒ MN19B 12⇒ MN19B 96⇒ MN19B |

| | | |
|---|--|--------------------|
| MN19. WAS (NAME) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT? | Yes..... 1 No..... 2 | 2⇒ MN19B |
| MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED? | Before..... 1 After..... 2 | |
| MN19B. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED SOON AFTER THE BIRTH OF (NAME). WAS (NAME) DRIED (OR WIPED) AFTER BIRTH? | Yes..... 1 No..... 2 DK..... 8 | |
| MN19C. AFTER THE BIRTH, WAS (NAME) PUT DIRECTLY ON THE BARE SKIN OF YOUR CHEST? <i>Show the woman a picture of skin-to-skin position.</i> | Yes..... 1 No..... 2 DK..... 8 | |
| MN19D. HOW LONG AFTER THE BIRTH WAS (NAME) BATHED FOR THE FIRST TIME? <i>If less than 1 hour, record '00' hours. Otherwise, record hours.</i> | Immediately..... 000 Hours..... 1 ____ DK / Don't remember..... 998 | |
| MN19E. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Go to MN19H <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Continue with MN19F | | |
| MN19F. WHAT WAS USED TO CUT THE CORD? | New blade..... A Blade used for other purposes B Scissors..... C Other (specify) _____ X | |
| MN19G. WAS THE INSTRUMENT USED TO CUT THE CORD BOILED PRIOR TO USE? | Yes..... 1 No..... 2 DK..... 8 | |
| MN19H. WAS ANYTHING APPLIED TO THE CORD AFTER IT WAS CUT AND TIED UNTIL IT FELL OFF? | Yes..... 1 No..... 2 DK..... 8 | 2⇒ MN20 8⇒ MN20 |
| MN19I. WHAT WAS APPLIED TO THE CORD? <i>PROBE:</i> ANYTHING ELSE? | Chlorhexidine A Other antiseptic (alcohol, spirit, gentian violet) B Mustard or other oil C Animal dung D Other (specify) _____ X | |
| 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⇒ MN23 8⇒ MN23 |
| MN22. HOW MUCH DID (NAME) WEIGH? <i>If a card is available, record weight from card.</i> | From card..... 1 (kg) ____ . ____ From recall..... 2 (kg) ____ . ____ DK..... 99998 | |

| | | | |
|--|------------------------------------|-------|------------------|
| MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (NAME)? | Yes..... | 1 | |
| | No..... | 2 | |
| MN24. DID YOU EVER BREASTFEED (NAME)? | Yes..... | 1 | 2⇒NEXT MODULE |
| | No..... | 2 | |
| MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (NAME) TO THE BREAST? <i>If less than 1 hour, record "00" hours. If less than 24 hours, record hours. Otherwise, record days.</i> | Immediately..... | 000 | |
| | Hours..... | 1 _ _ | |
| | Days..... | 2 _ _ | |
| | DK / Don't remember..... | 998 | |
| MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK? | Yes..... | 1 | 2⇒NEXT MODULE |
| | No..... | 2 | |
| MN27. WHAT WAS (NAME) 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 | |

| POST-NATAL HEALTH CHECKS | | PN | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------------|-----|----|----|-----------------------|---|---|---|--------------------|---|---|---|-------------------------|---|---|---|-------------------------------|---|---|---|--------------------|---|---|---|--|
| <p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PN0. DURING THE FIRST TWO DAYS AFTER BIRTH, DID ANY HEALTH CARE PROVIDER DO THE FOLLOWING ACTIONS FOR YOUR NEWBORN (NAME) EITHER AT HOME OR A FACILITY:</p> <p>[A] EXAMINE THE CORD?</p> <p>[B] COUNSEL YOU ON DANGER SIGNS FOR NEWBORNS?</p> <p>[C] ASSESS THE TEMPERATURE OF YOUR NEWBORN (NAME)?</p> <p>[D] COUNSEL YOU ON BREASTFEEDING AND OBSERVE YOUR NEWBORN (NAME) BREASTFEEDING?</p> <p>[E] ASSESS THE WEIGHT OF YOUR NEWBORN (NAME)?</p> | <table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Examine the cord.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Danger signs</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Assess temperature.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Counsel on breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Weigh newborn.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Yes | No | DK | Examine the cord..... | 1 | 2 | 8 | Danger signs | 1 | 2 | 8 | Assess temperature..... | 1 | 2 | 8 | Counsel on breastfeeding..... | 1 | 2 | 8 | Weigh newborn..... | 1 | 2 | 8 | |
| | Yes | No | DK | | | | | | | | | | | | | | | | | | | | | | | |
| Examine the cord..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| Danger signs | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| Assess temperature..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| Counsel on breastfeeding..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| Weigh newborn..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PN1. 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) ⇒ Continue with PN2.</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (NAME).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (NAME OR TYPE OF FACILITY IN MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. OTHERWISE, RECORD WEEKS.</p> | <p>Hours..... 1 ____</p> <p>Days..... 2 ____</p> <p>Weeks..... 3 ____</p> <p>DK / Don't remember..... 998</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (NAME)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (NAME), OR SEEING IF (NAME) IS OK.</p> <p>BEFORE YOU LEFT THE (NAME OR TYPE OF FACILITY IN MN18), DID ANYONE CHECK ON (NAME)'S HEALTH?</p> | <p>Yes..... 1</p> <p>No..... 2</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (NAME OR TYPE OF FACILITY IN MN18)?</p> | <p>Yes..... 1</p> <p>No..... 2</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (NAME OR TYPE OF FACILITY IN MN18).</p> <p>DID ANYONE CHECK ON (NAME)'S HEALTH AFTER YOU LEFT (NAME OR TYPE OF FACILITY IN MN18)?</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, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN7.</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN10.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>PN7. YOU HAVE ALREADY SAID THAT (<i>PERSON OR PERSONS IN MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>NAME</i>)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>NAME</i>), CHECKING THE CORD, OR SEEING IF (<i>NAME</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>PERSON OR PERSONS IN MN17</i>) LEFT YOU, DID (<i>PERSON OR PERSONS IN MN17</i>) CHECK ON (<i>NAME</i>)'S HEALTH?</p> | <p>Yes..... 1 No..... 2</p> | |
| <p>PN8. AND DID (<i>PERSON OR PERSONS IN MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p> | <p>Yes..... 1 No..... 2</p> | |
| <p>PN9. AFTER THE (<i>PERSON OR PERSONS IN MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>NAME</i>)?</p> | <p>Yes..... 1 No..... 2</p> | <p>1⇒PN11 2⇒PN18</p> |
| <p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>NAME</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>NAME</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>NAME</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p> | <p>Yes..... 1 No..... 2</p> | <p>2⇒PN19</p> |
| <p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p> | <p>Once..... 1 More than once..... 2</p> | <p>1⇒PN12A 2⇒PN12B</p> |
| <p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. OTHERWISE, RECORD WEEKS.</p> | <p>Hours..... 1 ____ Days..... 2 ____ Weeks..... 3 ____ DK / Don't remember..... 998</p> | |
| <p>PN13. WHO CHECKED ON (<i>NAME</i>)'S HEALTH AT THAT TIME?</p> | <p>Health professional Doctor..... A Nurse / Midwife..... B Auxiliary midwife/MCH Aide/CHEW..... C Other person Traditional birth attendant..... F Community health worker..... G Relative / Friend..... H Other (<i>specify</i>)..... X</p> | |
| <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>(<i>Name of place</i>)</p> | <p>Home Respondent's home..... 11 Other home..... 12</p> <p>Public sector Government hospital..... 21 Government clinic / health centre..... 22 Government health post..... 23 Other public (<i>specify</i>)..... 26</p> <p>Private medical sector Private hospital..... 31 Private clinic..... 32 Private maternity home..... 33 Other private medical (<i>specify</i>)..... 36 Other (<i>specify</i>)..... 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) ⇒ 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> | | |

| | | |
|---|---|----------------------------|
| PN16. AFTER YOU LEFT (NAME OR TYPE OF FACILITY IN MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? | Yes..... 1 No..... 2 | 1⇒PN20 2⇒NEXT MODULE |
| PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN18 <input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN19 | | |
| 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⇒NEXT MODULE |
| 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⇒NEXT MODULE |
| PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE? | Once..... 1 More than once..... 2 | 1⇒PN21A 2⇒PN21B |
| PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. OTHERWISE, RECORD WEEKS. | Hours..... 1 ____ Days..... 2 ____ Weeks..... 3 ____ DK / Don't remember..... 998 | |
| PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME? | Health professional Doctor..... A Nurse / Midwife..... B Auxiliary midwife/MCH Aide/CHEW..... C Other person Traditional birth attendant..... F Community health worker..... G Relative / Friend..... H Other (specify)..... X | |
| PN23. WHERE DID THIS CHECK TAKE PLACE? Probe to identify the type of source. If unable to determine whether public or private, write the name of the place. _____ (Name of place) | Home Respondent's home..... 11 Other home..... 12 Public sector Government hospital..... 21 Government clinic / health centre..... 22 Government health post..... 23 Other public (specify)..... 26 Private medical sector Private hospital..... 31 Private clinic..... 32 Private maternity home..... 33 Other private medical (specify)..... 36 Other (specify)..... 96 | |

IS1. CHECK LIST OF HOUSEHOLD MEMBERS, COLUMNS HL7B AND HL15:

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

☐ Yes ⇒ Continue with IS2.

☐ No ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?

PROBE:

ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do not prompt with any suggestions

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

Other (*specify*)..... X

Other (*specify*)..... Y

Other (*specify*)..... Z

| CONTRACEPTION | | CP |
|---|--|--------------------------------|
| CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW? | Yes, currently pregnant..... 1 No..... 2 Unsure or DK..... 8 | 1⇒CP2A |
| CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT? | Yes..... 1 No..... 2 | 1⇒CP3 |
| CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT? | Yes..... 1 No..... 2 | 1⇒NEXT MODULE 2⇒NEXT MODULE |
| CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one. | Female sterilization..... A Male sterilization..... B IUD..... C Injectable..... D Implants..... E Pill..... F Male condom..... G Female condom..... H Diaphragm..... I Foam / Jelly..... J Lactational amenorrhoea method (LAM)..... K Periodic abstinence / Rhythm..... L Withdrawal..... M Other (<i>specify</i>)..... X | |

| UNMET NEED | | UN |
|--|--|---------------------------|
| UN1. CHECK CP1: CURRENTLY PREGNANT? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2. <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5. | | |
| UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME? | Yes..... 1 No..... 2 | 1⇒UN4 |
| UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN? | Later..... 1 No more..... 2 | |
| UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN? | Have another child..... 1 No more / None..... 2 Undecided / DK..... 8 | 1⇒UN7 2⇒UN13 8⇒UN13 |
| UN5. CHECK CP3: CURRENTLY USING "FEMALE STERILIZATION"? <input type="checkbox"/> Yes ⇒ Go to UN13. <input type="checkbox"/> No ⇒ Continue with UN6. | | |
| UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN? | Have (a/another) child..... 1 No more / None..... 2 Says she cannot get pregnant 3 Undecided / DK..... 8 | 2⇒UN9 3⇒UN11 8⇒UN9 |
| UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>RECORD THE ANSWER AS STATED BY RESPONDENT.</i> | Months..... 1 __ __ Years..... 2 __ __ Does not want to wait (soon/now).... 993 Says she cannot get pregnant994 After marriage..... 995 Other..... 996 DK..... 998 | 994⇒UN11 |
| UN8. CHECK CP1: CURRENTLY PREGNANT? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13. <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9. | | |

| | | |
|--|--|--------------------------|
| UN9. CHECK CP2: CURRENTLY USING A METHOD? <input type="checkbox"/> Yes ⇒ Go to UN13. <input type="checkbox"/> No ⇒ Continue with UN10. | | |
| UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME? | Yes..... 1 No..... 2 DK..... 8 | 1 ⇒ UN13 8 ⇒ UN13 |
| UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT? | Infrequent sex / No sex..... A Menopausal..... B Never menstruated..... C Hysterectomy (surgical removal of uterus)..... D Has been trying to get pregnant for 2 years or more without result..... E Postpartum amenorrheic..... F Breastfeeding..... G Too old..... H Fatalistic..... I Other (specify) _____ X DK..... Z | |
| UN12. CHECK UN11: "NEVER MENSTRUATED" MENTIONED? <input type="checkbox"/> Mentioned ⇒ Go to Next Module. <input type="checkbox"/> Not mentioned ⇒ Continue with UN13. | | |
| UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? Record the answer using the same unit stated by the respondent. | Days ago..... 1 __ __ Weeks ago..... 2 __ __ Months ago..... 3 __ __ Years ago..... 4 __ __ In menopause / Has had hysterectomy..... 994 Before last birth..... 995 Never menstruated..... 996 | |

| FEMALE GENITAL MUTILATION/CUTTING | | FG |
|--|--|---------------|
| FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION? | Yes..... 1 No..... 2 | 1⇒FG3 |
| FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE? | Yes..... 1 No..... 2 | 2⇒NEXT MODULE |
| FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED? | Yes..... 1 No..... 2 | 2⇒FG9 |
| FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA? | Yes..... 1 No..... 2 DK..... 8 | 1⇒FG6 |
| FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH? | Yes..... 1 No..... 2 DK..... 8 | |
| FG6. WAS THE GENITAL AREA SEWN CLOSED? <i>IF NECESSARY, PROBE: WAS IT SEALED?</i> | Yes..... 1 No..... 2 DK..... 8 | |
| FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.</i> <i>RECORD "00" IF AGE IS LESS THAN 1 YEAR.</i> | Age at circumcision — — DK / Don't remember / Not sure..... 98 | |
| FG8. WHO PERFORMED THE CIRCUMCISION? | Health professional Doctor..... 11 Nurse/Midwife 12 Other health professional (<i>specify</i>)..... 16 Traditional persons Traditional 'circumciser'..... 21 Traditional birth attendant..... 22 Other traditional (<i>specify</i>)..... 26 DK..... 98 | |
| FG9. CHECK CM5 FOR NUMBER OF DAUGHTERS AT HOME AND CM7 FOR NUMBER OF DAUGHTERS ELSEWHERE, AND SUM THE ANSWERS HERE | Total number of living daughters — — | |
| FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (<i>total number in FG9</i>) LIVING DAUGHTERS. IS THIS CORRECT? <input type="checkbox"/> Yes <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22 <input type="checkbox"/> No ⇒ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes | | |

| | DAUGHTER #1 | DAUGHTER #2 | DAUGHTER #3 | DAUGHTER #4 |
|---|---|---|---|---|
| FG12. Name of daughter | _____ | _____ | _____ | _____ |
| FG13. HOW OLD IS (name)? <i>RECORD "00" IF AGE IS LESS THAN 1 YEAR</i> | Age ____ | Age..... ____ | Age..... ____ | Age ____ |
| FG14. Is (name) YOUNGER THAN 15 YEARS OF AGE? | Yes 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i> | Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i> | Yes 1 No..... 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i> | Yes 1 No..... 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i> |
| FG15. Is (name) CIRCUMCISED? | Yes 1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i> | Yes..... 1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i> | Yes 1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i> | Yes 1 No2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i> |
| FG16. HOW OLD WAS (NAME) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i> <i>Record "00" if age is less than 1 year</i> | Age ____ DK..... 98 | Age..... ____ DK 98 | Age..... ____ DK 98 | Age ____ DK 98 |
| FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (NAME) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA? | Yes 1 ⇒ FG19 No 2 DK..... 8 | Yes..... 1 ⇒ FG19 No 2 DK 8 | Yes 1 ⇒ FG19 No 2 DK 8 | Yes 1 ⇒ FG19 No 2 DK 8 |
| FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH? | Yes 1 No 2 DK..... 8 | Yes..... 1 No 2 DK 8 | Yes 1 No 2 DK 8 | Yes 1 No 2 DK 8 |
| FG19. WAS HER GENITAL AREA SEWN CLOSED? <i>IF NECESSARY, PROBE: WAS IT SEALED?</i> | Yes 1 No 2 DK..... 8 | Yes..... 1 No 2 DK 8 | Yes 1 No 2 DK 8 | Yes 1 No 2 DK 8 |
| FG20. WHO PERFORMED THE CIRCUMCISION? | Health professional Doctor..... 11 Nurse/midwife..... 12 Other health ... professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant..... 22 Other traditional (specify) 26 DK..... 98 | Health professional Doctor..... 11 Nurse/midwife..... 12 Other health ... professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant..... 22 Other traditional (specify) 26 DK..... 98 | Health professional Doctor..... 11 Nurse/midwife 12 Other health ... professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant..... 22 Other traditional (specify) 26 DK 98 | Health professional Doctor..... 11 Nurse/midwife 12 Other health ... professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant..... 22 Other traditional (specify) 26 DK 98 |
| FG21. | <i>Go back to FG13 for next daughter. If no more daughters, continue with FG22.</i> | <i>Go back to FG13 for next daughter. If no more daughters, continue with FG22.</i> | <i>Go back to FG13 for next daughter. If no more daughters, continue with FG22.</i> | <i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, continue with FG22.</i> |

TICK HERE IF
ADDITIONAL
QUESTIONNAIRE
USED. ☐

FG11. ASK THE RESPONDENT TO TELL YOU THE NAME(S) OF HER DAUGHTER(S), BEGINNING WITH THE YOUNGEST DAUGHTER (IF MORE THAN ONE DAUGHTER). WRITE DOWN THE NAME OF EACH DAUGHTER IN FG12. THEN, ASK QUESTIONS FG13 TO FG20 FOR EACH DAUGHTER AT A TIME.

THE TOTAL NUMBER OF DAUGHTERS IN FG12 SHOULD BE EQUAL TO THE NUMBER IN FG9.

IF MORE THAN 4 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES.

| | | | |
|---|-------------------|---|--|
| FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED? | Continued..... | 1 | |
| | Discontinued..... | 2 | |
| | Depends..... | 3 | |
| | DK..... | 8 | |

| ATTITUDES TOWARD DOMESTIC VIOLENCE | | | | DV |
|---|-------------------------------|-----|----|----|
| DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS: | | | | |
| [A] IF SHE GOES OUT WITHOUT TELLING HIM? | | Yes | No | DK |
| [B] IF SHE NEGLECTS THE CHILDREN? | Goes out without telling..... | 1 | 2 | 8 |
| [C] IF SHE ARGUES WITH HIM? | Neglects children | 1 | 2 | 8 |
| [D] IF SHE REFUSES TO HAVE SEX WITH HIM? | Argues with him | 1 | 2 | 8 |
| [E] IF SHE BURNS THE FOOD? | Refuses sex..... | 1 | 2 | 8 |
| | Burns food | 1 | 2 | 8 |

| MARRIAGE/UNION | | MA |
|---|--|------------------|
| MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED? | Yes, currently married..... 1 Yes, living with a man..... 2 No, not in union..... 3 | 3⇒MA5 |
| MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>PROBE:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY? | Age in years..... — — DK..... 98 | |
| MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED? | Yes..... 1 No..... 2 | 2⇒MA7 |
| MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE? | Number..... — — DK..... 98 | ⇒MA7 98⇒MA7 |
| MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED? | Yes, formerly married..... 1 Yes, formerly lived with a man..... 2 No..... 3 | 3⇒NEXT MODULE |
| MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED? | Widowed..... 1 Divorced..... 2 Separated..... 3 | |
| MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE? | Only once..... 1 More than once..... 2 | 1⇒MA8A 2⇒MA8B |
| MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED? | Date of (first) marriage Month..... — — DK month..... 98 Year..... — — — — DK year..... 9998 | ⇒NEXT MODULE |
| MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER? | Age in years..... — — | |

| SEXUAL BEHAVIOUR | | SB |
|--|---|-----------------------------|
| CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY. | | |
| SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME? | Never had intercourse..... 00 Age in years..... — — First time when started living with (first) husband/partner..... 95 | 00⇒NEXT MODULE |
| SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED? | Yes..... 1 No..... 2 DK / Don't remember..... 8 | |
| SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i> | Days ago..... 1 _ _ Weeks ago..... 2 _ _ Months ago..... 3 _ _ Years ago..... 4 _ _ | 4⇒SB15 |
| SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED? | Yes..... 1 No..... 2 | |
| SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>PROBE TO ENSURE THAT THE RESPONSE REFERS TO THE RELATIONSHIP AT THE TIME OF SEXUAL INTERCOURSE</i> <i>If "boyfriend", then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If "yes", circle "2". If "no", circle "3".</i> | Husband..... 1 Cohabiting partner..... 2 Boyfriend 3 Casual acquaintance..... 4 Other (specify)..... 6 | 3⇒SB7 4⇒SB7 6⇒SB7 |
| SB6. CHECK MA1: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8. <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7. | | |
| SB7. HOW OLD IS THIS PERSON? <i>If response is "DK", probe: ABOUT HOW OLD IS THIS PERSON?</i> | Age of sexual partner..... — — DK..... 98 | |
| SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS? | Yes..... 1 No..... 2 | 2⇒SB15 |
| SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED? | Yes..... 1 No..... 2 | |

| | | |
|---|---|--------------------------------|
| SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>PROBE TO ENSURE THAT THE RESPONSE REFERS TO THE RELATIONSHIP AT THE TIME OF SEXUAL INTERCOURSE</i> <i>If "boyfriend" then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If "yes", circle "2". If "no", circle "3".</i> | Husband..... 1 Cohabiting partner..... 2 Boyfriend 3 Casual acquaintance..... 4 Other (<i>specify</i>)..... 6 | 3⇒SB12 4⇒SB12 6⇒SB12 |
| SB11. CHECK MA1 AND MA7: <input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)</i> <i>AND</i> <i>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13.</i> <input type="checkbox"/> <i>Else ⇒ Continue with SB12.</i> | | |
| SB12. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON? | Age of sexual partner..... — — DK..... 98 | |
| SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS? | Yes..... 1 No..... 2 | 2⇒SB15 |
| SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS? | Number of partners — — | |
| SB14A. FOR ALL THE SEXUAL INTERCOURSES WITH NON-COHABITING PARTNERS IN THE LAST 12 MONTH, WAS A CONDOM USED EVERY TIME, SOMETIMES OR NEVER? | Every time..... 1 Sometimes..... 2 Never..... 3 DK/ Not sure/Don't remember 8 | |
| SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate.</i> <i>If number of partners is 95 or more, write "95".</i> | Number of lifetime partners..... — — DK..... 98 | |

| HIV/AIDS | | HA | | | | | | | | | | | | | | | | |
|---|--|---------------|-----|----|----|------------------------|---|---|---|----------------------|---|---|---|-----------------------|---|---|---|--|
| HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS? | Yes..... 1 No..... 2 DK..... 8 | 2⇒NEXT MODULE | | | | | | | | | | | | | | | | |
| HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS? | Yes..... 1 No..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS? | Yes..... 1 No..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX? | Yes..... 1 No..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES? | Yes..... 1 No..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS? | Yes..... 1 No..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS? | Yes..... 1 No..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Yes | No | DK | During pregnancy | 1 | 2 | 8 | During delivery..... | 1 | 2 | 8 | By breastfeeding..... | 1 | 2 | 8 | |
| | Yes | No | DK | | | | | | | | | | | | | | | |
| During pregnancy | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| During delivery..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| By breastfeeding..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| HA8A. Check HA8[A], [B], and [C]: <input type="checkbox"/> All 'No' or 'DK' ⇒ Go to HA9. <input type="checkbox"/> AT LEAST ONE 'YES' ⇒ CONTINUE WITH HA8D. | | | | | | | | | | | | | | | | | | |
| HA8D. ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH THE AIDS VIRUS TO REDUCE THE RISK OF TRANSMISSION TO THE BABY? | Yes..... 1 No..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL? | Yes..... 1 No..... 2 DK / Not sure / Depends..... 8 | | | | | | | | | | | | | | | | | |
| HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS? | Yes..... 1 No..... 2 DK / Not sure / Depends..... 8 | | | | | | | | | | | | | | | | | |
| HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET? | Yes..... 1 No..... 2 DK / Not sure / Depends..... 8 | | | | | | | | | | | | | | | | | |
| HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD? | Yes..... 1 No..... 2 DK / Not sure / Depends..... 8 | | | | | | | | | | | | | | | | | |
| HA12A. DO YOU THINK CHILDREN WITH THE AIDS VIRUS SHOULD BE ALLOWED TO ATTEND ANY SCHOOL? | Yes..... 1 No..... 2 DK / Not sure / Depends..... 8 | | | | | | | | | | | | | | | | | |

| | | | |
|--|---|---|--|
| HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24. <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14. | | | |
| HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15. <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24. | | | |
| HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (NAME), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS? | <div style="text-align: right; margin-bottom: 10px;">Y N DK</div> AIDS from mother..... 1 2 8 Things to do..... 1 2 8 Tested for AIDS..... 1 2 8 Offered a test..... 1 2 8 | | |
| HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE? | Yes..... 1 No..... 2 DK..... 8 | 2⇒HA19 8⇒HA19 | |
| HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes..... 1 No..... 2 DK..... 8 | 2⇒HA22 8⇒HA22 | |
| HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING? | Yes..... 1 No..... 2 DK..... 8 | 1⇒HA22 2⇒HA22 8⇒HA22 | |
| HA19. Check MN17: Birth delivered by health professional (A, B or C)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or C) ⇒ Continue with HA20. <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24. | | | |
| HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN? | Yes..... 1 No..... 2 | 2⇒HA24 | |
| HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes..... 1 No..... 2 | | |
| HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY? | Yes..... 1 No..... 2 | 1⇒HA25 | |
| HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS? | Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3 | 1⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE | |
| HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS? | Yes..... 1 No..... 2 | 2⇒HA27 | |
| HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED? | Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3 | | |
| HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes..... 1 No..... 2 DK..... 8 | 1⇒NEXT MODULE 2⇒NEXT MODULE 8⇒NEXT MODULE | |
| HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS? | Yes..... 1 No..... 2 | | |

| TOBACCO AND ALCOHOL USE | | TA |
|--|--|---------|
| TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS? | Yes..... 1 No..... 2 | 2⇒TA6 |
| TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME? | Never smoked a whole cigarette..... 00 Age..... ____ | 00⇒TA6 |
| TA2A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER SMOKED CIGARETTES ON A <u>DAILY</u> BASIS? | Yes, daily 1 No, less than daily..... 2 | |
| TA3. DO YOU CURRENTLY SMOKE CIGARETTES? | Yes..... 1 No..... 2 | 2⇒TA6 |
| TA4. IN THE <u>LAST 24 HOURS</u> , HOW MANY CIGARETTES DID YOU SMOKE? | Number of cigarettes..... ____ | |
| TA4A. HOW MANY CIGARETTES DO YOU CURRENTLY SMOKE <u>PER WEEK ON AVERAGE</u> ? <i>PROBE: HOW MANY HAND-ROLLED CIGARETTES AND HOW MANY MANUFACTURED CIGARETTES?</i> <i>IF NONE WRITE "000".</i> <i>IF "NOT EVERY WEEK" WRITE "666".</i> | Hand-rolled cigarettes..... ____ Manufactured cigarettes..... ____ | |
| TA5. DURING THE LAST ONE MONTH, ON <u>HOW MANY DAYS</u> DID YOU SMOKE CIGARETTES? <i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS.</i> <i>IF 10 DAYS OR MORE BUT LESS THAN A MONTH, CIRCLE "10".</i> <i>IF "EVERY DAY" OR "ALMOST EVERY DAY", CIRCLE "30".</i> | Number of days..... 0 ____ 10 days or more but less than a month .10 Every day / Almost every day..... 30 | |
| TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE/SHISHA, CIGARILLOS OR PIPE? | Yes..... 1 No..... 2 | 2⇒TA10 |
| TA6A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKED TOBACCO PRODUCTS ON A <u>DAILY</u> BASIS? | Yes, daily 1 No, less than daily..... 2 | |
| TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS? | Yes..... 1 No..... 2 | 2⇒TA10 |
| TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>CIRCLE ALL MENTIONED.</i> | Cigars..... A Water pipe/shisha..... B Cigarillos C Pipe..... D Other (<i>specify</i>) X | |
| TA8A. HOW MANY (<i>PRODUCTS CIRCLED IN TA8</i>) DO YOU CURRENTLY SMOKE <u>PER WEEK ON AVERAGE</u> ? <i>IF NONE WRITE "000".</i> <i>IF "NOT EVERY WEEK" WRITE "666".</i> | Cigars ____ Pipes full of tobacco ____ Cigarillos ____ Water pipe/shisha sessions ____ Other ____ | |
| TA9. DURING THE LAST ONE MONTH, ON <u>HOW MANY DAYS</u> DID YOU USE SMOKED TOBACCO PRODUCTS? <i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS.</i> <i>IF 10 DAYS OR MORE BUT LESS THAN A MONTH, CIRCLE "10".</i> <i>IF "EVERY DAY" OR "ALMOST EVERY DAY", CIRCLE "30".</i> | Number of days..... 0 ____ 10 days or more but less than a month 10 Every day / Almost every day..... 30 | |
| TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP? | Yes..... 1 No..... 2 | 2⇒TA13A |

| | | |
|---|--|--------------------|
| TA10A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKELESS TOBACCO PRODUCTS ON A <u>DAILY</u> BASIS? | Yes, daily 1 No, less than daily..... 2 | |
| TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS? | Yes..... 1 No..... 2 | 2⇒TA13A |
| TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? CIRCLE ALL MENTIONED. | Chewing tobacco..... A Snuff..... B Dip..... C Other (specify) X | |
| TA13. DURING THE LAST ONE MONTH, ON <u>HOW MANY DAYS</u> DID YOU USE SMOKELESS TOBACCO PRODUCTS? IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS. IF 10 DAYS OR MORE BUT LESS THAN A MONTH, CIRCLE "10". IF "EVERY DAY" OR "ALMOST EVERY DAY", CIRCLE "30". | Number of days..... 0 ____ 10 days or more but less than a month.. 10 Every day / Almost every day..... 30 | |
| TA13A. HOW OFTEN DOES ANYONE SMOKE INSIDE YOUR HOME? WOULD YOU SAY DAILY, WEEKLY, MONTHLY, LESS THAN MONTHLY, OR NEVER? | Daily..... 1 Weekly..... 2 Monthly..... 3 Less than monthly..... 4 Never..... 5 DK..... 8 | |
| TA13B. DO YOU CURRENTLY WORK OUTSIDE OF YOUR HOME? | Yes..... 1 No / don't work..... 2 | 2⇒TA13E |
| TA13C. DO YOU USUALLY WORK INDOORS OR OUTDOORS? | Indoors..... 1 Outdoors..... 2 Both..... 3 | 2⇒TA13E |
| TA13D. DURING THE LAST ONE MONTH, DID ANYONE SMOKE INDOOR AREAS WHERE YOU WORK? | Yes..... 1 No..... 2 DK..... 8 | |
| TA13E. Check TA3 and TA7: Current tobacco smoker? <input type="checkbox"/> Yes, current tobacco smoker (TA3 = 1 or TA7 = 1) ⇒ Continue with TA13F. <input type="checkbox"/> No, does not currently smoke tobacco (TA3 = 2 and TA7 = 2) ⇒ Go to TA13O. | | |
| TA13F. DURING THE LAST 12 MONTHS, HAVE YOU TRIED TO STOP SMOKING? | Yes..... 1 No..... 2 | |
| TA13G. DURING THE LAST 12 MONTHS, HAVE YOU VISITED A DOCTOR OR OTHER HEALTH CARE PROVIDER? | Yes..... 1 No..... 2 | 2⇒TA13K |
| TA13H. DURING ANY VISIT TO A DOCTOR OR HEALTH CARE PROVIDER IN THE LAST 12 MONTHS, WERE YOU ADVISED TO QUIT SMOKING TOBACCO? | Yes..... 1 No..... 2 | |
| TA13I. DURING THE LAST ONE MONTH, DID YOU NOTICE ANY HEALTH WARNINGS ON CIGARETTE PACKAGES? | Yes..... 1 No..... 2 Did not see any cigarette packages..... 6 | 2⇒TA13K 6⇒TA13K |
| TA13J. DURING THE LAST ONE MONTH, HAVE WARNING LABELS ON CIGARETTE PACKAGES LED YOU TO THINK ABOUT QUITTING? | Yes..... 1 No..... 2 | |
| TA13K. Check TA4A: Current smoker of <u>manufactured</u> cigarettes? <input type="checkbox"/> Yes ⇒ Continue with TA13L. <input type="checkbox"/> No ⇒ Go to TA13O. | | |

| TA13L. THE LAST TIME YOU BOUGHT CIGARETTES <u>FOR YOURSELF</u> , HOW MANY CIGARETTES DID YOU BUY? | Cigarettes..... 1 ____ Packs..... 2 ____ Cartoons..... 3 ____ Other (<i>specify</i>) 4 ____ Never bought cigarettes for herself.... 996 | 1⇒TA13N 996⇒TA13O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------------|-----|----|----|---------------------------------|---|---|---|---------------------------------|---|---|---|-----------------------------|---|---|---|--------------------------------------|---|---|---|---------------------------------|---|---|---|--------------------------|---|---|---|--------------------------------|---|---|---|--|
| TA13M. HOW MANY CIGARETTES WERE IN EACH (<i>UNIT CIRCLED IN TA13L</i>)? | Number of cigarettes per unit ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA13N. IN TOTAL, HOW MUCH MONEY DID YOU PAY FOR THIS PURCHASE? | Price paid for purchase (naira) ____ DK 9998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA13O. Check MT2: Reads newspapers or magazines? <input type="checkbox"/> Yes, sometimes reads newspapers or magazines (MT2 = 1, 2 or 3) ⇒ Continue with TA13P. <input type="checkbox"/> No, does not read newspapers or magazines (MT2 = 4 or left blank) ⇒ Go to TA13Q. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA13P. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION IN NEWSPAPERS OR IN MAGAZINES ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING? | Yes..... 1 No..... 2 Did not read newspapers or magazines..... 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA13Q. Check MT4: Watches television? <input type="checkbox"/> Yes, sometimes watches television (MT4 = 1, 2 or 3) ⇒ Continue with TA13R. <input type="checkbox"/> No, does not watch television (MT4 = 4) ⇒ Go to TA13S. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA13R. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION ON TELEVISION ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING? | Yes..... 1 No..... 2 Did not watch television..... 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA13S. DURING THE LAST ONE MONTH, HAVE YOU NOTICED ANY ADVERTISEMENTS OR SIGNS PROMOTING CIGARETTES IN STORES WHERE CIGARETTES ARE SOLD? | Yes..... 1 No..... 2 Did not go to any stores where cigarettes are sold 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA13T. DURING THE LAST ONE MONTH, HAVE YOU NOTICED ANY OF THE FOLLOWING TYPES OF CIGARETTE PROMOTIONS: [A] FREE SAMPLES OF CIGARETTES? [B] CIGARETTES AT SALE PRICES? [C] COUPONS FOR CIGARETTES? [D] FREE GIFTS OR SPECIAL DISCOUNT OFFERS ON OTHER PRODUCTS WHEN BUYING CIGARETTES? [E] CLOTHING OR OTHER ITEMS WITH A CIGARETTE BRAND NAME OR LOGO? [F] CIGARETTE PROMOTIONS IN THE MAIL? [G] CIGARETTE PROMOTIONS ON BILLBOARDS? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Free samples of cigarettes.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Cigarettes at sale prices</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Coupons for cigarettes.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Free gifts or special discount</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Items with cigarette brand.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Promotions in mail</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Promotions on billboards</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Yes | No | DK | Free samples of cigarettes..... | 1 | 2 | 8 | Cigarettes at sale prices | 1 | 2 | 8 | Coupons for cigarettes..... | 1 | 2 | 8 | Free gifts or special discount | 1 | 2 | 8 | Items with cigarette brand..... | 1 | 2 | 8 | Promotions in mail | 1 | 2 | 8 | Promotions on billboards | 1 | 2 | 8 | |
| | Yes | No | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Free samples of cigarettes..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cigarettes at sale prices | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coupons for cigarettes..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Free gifts or special discount | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Items with cigarette brand..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Promotions in mail | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Promotions on billboards | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL? | Yes..... 1 No..... 2 | 2⇒NEXT MODULE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------------------------|
| <p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER OR CALABASH OF PALM WINE, PITO OR BURUKUTU; ONE GLASS OF WINE; OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR GIN.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p> | <p>Never had one drink of alcohol..... 00</p> <p>Age..... ____</p> | <p>00⇒NEXT MODULE</p> |
| <p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>IF RESPONDENT DID NOT DRINK, CIRCLE "00".</i> <i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS.</i> <i>IF 10 DAYS OR MORE BUT LESS THAN A MONTH, CIRCLE "10".</i> <i>IF "EVERY DAY" OR "ALMOST EVERY DAY", CIRCLE "30".</i></p> | <p>Did not have one drink in last one month....00</p> <p>Number of days..... 0 ____</p> <p>10 days or more but less than a month.. 10</p> <p>Every day / Almost every day..... 30</p> | <p>00⇒NEXT MODULE</p> |
| <p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p> | <p>Number of drinks ____</p> | |

| LIFE SATISFACTION | | LS |
|--|--|-------|
| LS1. Check WB2: Age of respondent is between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to WM11. <input type="checkbox"/> Age 15-24 ⇒ Continue with LS2. | | |
| LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. <i>SHOW SIDE 1 OF RESPONSE CARD AND EXPLAIN WHAT EACH SYMBOL REPRESENTS. CIRCLE THE RESPONSE CODE SELECTED BY THE RESPONDENT.</i> | Very happy..... 1 Somewhat happy..... 2 Neither happy nor unhappy..... 3 Somewhat unhappy..... 4 Very unhappy..... 5 | |
| LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. <i>SHOW SIDE 2 OF RESPONSE CARD AND EXPLAIN WHAT EACH SYMBOL REPRESENTS. CIRCLE THE RESPONSE CODE SELECTED BY THE RESPONDENT, FOR QUESTIONS LS3 TO LS13.</i> HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE? | Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS? | Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS5. DURING THE 2015-2016 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME? | Yes..... 1 No..... 2 | 2⇒LS7 |
| LS6. HOW SATISFIED (ARE/WERE) YOU WITH YOUR SCHOOL? | Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>IF THE RESPONDENT SAYS THAT SHE DOES NOT HAVE A JOB, CIRCLE "0" AND CONTINUE WITH THE NEXT QUESTION. DO NOT PROBE TO FIND OUT HOW SHE FEELS ABOUT NOT HAVING A JOB, UNLESS SHE TELLS YOU HERSELF.</i> | Does not have a job..... 0 Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH? | Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>IF NECESSARY, EXPLAIN THAT THE QUESTION REFERS TO THE LIVING ENVIRONMENT, INCLUDING THE NEIGHBOURHOOD AND THE DWELLING.</i> | Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU? | Very satisfied..... 1 Somewhat satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |

| | | |
|--|--|--|
| LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK? | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL? | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>IF THE RESPONDENT SAYS THAT SHE DOES NOT HAVE ANY INCOME, CIRCLE "0" AND CONTINUE WITH THE NEXT QUESTION. DO NOT PROBE TO FIND OUT HOW SHE FEELS ABOUT NOT HAVING ANY INCOME, UNLESS SHE TELLS YOU HERSELF.</i> | Does not have any income..... 0 Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied..... 4 Very unsatisfied..... 5 | |
| LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENE, OVERALL? | Improved 1 More or less the same..... 2 Worsened..... 3 | |
| LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL? | Better..... 1 More or less the same..... 2 Worse..... 3 | |

| | | |
|-------------------------------|------------------------------|--|
| WM11. RECORD THE TIME. | Hour and minutes ____ : ____ | |
|-------------------------------|------------------------------|--|

WM12. Check List of Household Members, columns HL7B and HL15:

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

- ☐ **Yes** ➞ *Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*
- ☐ **No** ➞ *End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.*

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

| UNDER-FIVE CHILD INFORMATION PANEL | | UF |
|---|--|----|
| <p><i>This questionnaire is to be administered to all mothers or caregivers (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/Caregiver's name: Name _____ | UF6. Mother's/Caregiver's line number: _____ | |
| UF7. Interviewer's name and number: Name _____ | UF8. Day/Month/Year of interview: _____ / _____ / 2016 | |

| | |
|--|--|
| <p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 25 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 25 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 | Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) 96 |
|--|--|

| | |
|--|--|
| UF10. Field Supervisor's name and number: Name _____ | |
|--|--|

| | | |
|------------------------------|-----------------------------|--|
| UF12. Record the start time. | Hour and minutes : .. | |
|------------------------------|-----------------------------|--|

| AGE | | AG |
|---|--|----|
| <p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p> | <p>Date of birth</p> <p>Day _ _</p> <p>DK day 98</p> <p>Month _ _</p> <p>Year 20 1 _</p> | |
| <p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p> | <p>Age (in completed years)..... _</p> | |

| BIRTH REGISTRATION | | BR |
|--|--|--|
| BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT? | Yes, seen 1 Yes, not seen 2 No 3 DK..... 8 | 1⇨BR3A 2⇨BR3A |
| BR2. HAS (<i>name</i>)'S BIRTH BEEN REGISTERED? | Yes 1 No 2 DK..... 8 | 1⇨BR3A |
| BR3. DO YOU KNOW HOW TO REGISTER (<i>name</i>)'S BIRTH? | Yes 1 No 2 | 1⇨BR4 2⇨BR4 |
| BR3A. DID YOU REGISTER (<i>name</i>)'S BIRTH WITH THE NATIONAL POPULATION COMMISSION? | Yes 1 No 2 | 1⇨ Next module |
| BR3B. WITH WHICH <u>OTHER</u> AUTHORITY WAS (<i>name</i>)'S BIRTH FIRST REGISTERED? | LGA..... 1 Hospital/Private Clinic 2 Church/Mosque..... 3 Other (<i>specify</i>) 4 | 1⇨Next module 2⇨Next module 3⇨Next module 4⇨Next module |
| BR4. WHAT IS THE MAIN REASON WHY (<i>name</i>) BIRTH WAS NOT REGISTERED? | Cost too much 1 Must travel too far 2 Did not know he/she should be registered 3 Did not consider it important..... 4 Does not know where to register 5 Other (<i>specify</i>) 6 DK..... 8 | |

| EARLY CHILDHOOD DEVELOPMENT | | EC |
|--|---|------------------|
| EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ? | None 00 Number of children's books..... 0 ____ Ten or more books 10 | |
| EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i> | <div style="text-align: right;">Y N DK</div> Homemade toys.....1 2 8 Toys from a shop1 2 8 Household objects or outside objects1 2 8 | |
| EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i> : [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? <i>If 'none' enter '0'. If 'don't know' enter '8'.</i> | Number of days left alone for more than an hour..... ____ Number of days left with other child for more than an hour ____ | |
| EC4. Check AG2: Age of child. <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module. <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5. | | |
| EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE? | Yes 1 No 2 DK 8 | 2⇒ EC7 8⇒ EC7 |
| EC5A. IS THE LEARNING CENTRE PUBLIC OR PRIVATE? | Public..... 1 Private 2 | |
| EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND? | Numbers of Hours..... ---- DK 98 | |
| EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i> : <i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i> ? <i>Circle all that apply.</i> | <div style="text-align: right;">Mother Father Other No one</div> [A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i> ? Read books A B X Y [B] TOLD STORIES TO <i>(name)</i> ? Told stories A B X Y | |

| | | | | | |
|--|---|---|---|---|---|
| [C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i> , INCLUDING LULLABIES? | Sang songs | A | B | X | Y |
| [D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? | Took outside | A | B | X | Y |
| [E] PLAYED WITH <i>(name)</i> ? | Played with | A | B | X | Y |
| [F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i> ? | Named/counted | A | B | X | Y |
| EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i> . CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF <i>(name)</i> 'S DEVELOPMENT. CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET? | Yes 1 No 2 DK 8 | | | | |
| EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS? | Yes 1 No 2 DK 8 | | | | |
| EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10? | Yes 1 No 2 DK 8 | | | | |
| EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND? | Yes 1 No 2 DK 8 | | | | |
| EC12. IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY? | Yes 1 No 2 DK 8 | | | | |
| EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY? | Yes 1 No 2 DK 8 | | | | |
| EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY? | Yes 1 No 2 DK 8 | | | | |
| EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN? | Yes 1 No 2 DK 8 | | | | |
| EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS? | Yes 1 No 2 DK 8 | | | | |
| EC17. DOES <i>(name)</i> GET DISTRACTED EASILY? | Yes 1 No 2 DK 8 | | | | |

| BREASTFEEDING AND DIETARY INTAKE | | BD |
|---|---|----------------|
| BD1. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇨ Continue with BD2. <input type="checkbox"/> Child age 3 or 4 ⇨ Go to CARE OF ILLNESS Module. | | |
| BD2. HAS (<i>name</i>) EVER BEEN BREASTFED? | Yes 1 No 2 DK 8 | 2⇨BD4 8⇨BD4 |
| BD3. IS (<i>name</i>) STILL BEING BREASTFED? | Yes 1 No 2 DK 8 | |
| BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u> | Yes 1 No 2 DK 8 | |
| BD5. DID (<i>name</i>) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT? | Yes 1 No 2 DK 8 | |
| BD6. DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT? | Yes 1 No 2 DK 8 | |
| 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. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (<i>name</i>) DRINK (<i>Name of item</i>) YESTERDAY DURING THE DAY OR THE NIGHT: | | |
| | Yes No DK | |
| [A] PLAIN WATER? | Plain water 1 2 8 | |
| [B] JUICE OR JUICE DRINKS? | Juice or juice drinks 1 2 8 | |
| [C] BROTH, SUCH AS CLEAR SOUP OR BOILED MEAT SOUP | Broth 1 2 8 | |
| [D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK? | Milk 1 2 8 | |
| <i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i> | Number of times drank milk..... | |
| [E] INFANT FORMULA? | Infant formula 1 2 8 | |
| <i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i> | Number of times drank infant formula..... | |
| [F] ANY OTHER LIQUIDS? (Specify) _____ | Other liquids 1 2 8 | |
| BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. | | |
| DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT: | | |
| | Yes No DK | |
| [A] YOGHURT? | Yoghurt 1 2 8 | |
| <i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGHURT? If 7 or more times, record '7'. If unknown, record '8'.</i> | Number of times drank/ate yoghurt | |
| [B] ANY FORTIFIED BABY FOOD, E.G., CERELAC, NAN, SMA GOLD, LACTOGEN, ETC. | Cerelac 1 2 8 | |

| | | | | |
|---|--|---|---|---|
| [C] BREAD, RICE, NOODLES, PORRIDGE, MILLET, WHEAT, OAT, PAP, TUWO, FURRAH, BISCUIT, ACHA OR OTHER FOODS MADE FROM GRAINS? | Foods made from grains | 1 | 2 | 8 |
| [D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE? | Pumpkin, carrots, squash, etc. | 1 | 2 | 8 |
| [E] WHITE POTATOES, WHITE YAMS, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS? | White potatoes, white yams, cassava, etc. | 1 | 2 | 8 |
| [F] ANY DARK GREEN, LEAFY VEGETABLES, EWEDU, UGWU, ETC. | Dark green, leafy vegetables | 1 | 2 | 8 |
| [G] RIPE MANGOES, PAPAYAS | Ripe mangoes | 1 | 2 | 8 |
| [H] ANY OTHER FRUITS OR VEGETABLES? LIKE SMASH BANANA | Other fruits or vegetables | 1 | 2 | 8 |
| [I] LIVER, KIDNEY, HEART, CONGEALED BLOOD, OR OTHER ORGAN MEATS? | Liver, kidney, heart or other organ meats | 1 | 2 | 8 |
| [J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, KILISHI, DANBUNNAMA, SUYA, CHICKEN, DUCK OR OTHER BIRDS? | Meat, such as beef, pork, 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, BENNE SEED, SOYA BEANS, TOFU, LENTILS OR NUTS? (AKARA, MOIN-MOIN, EKURU, OKPA) | Foods made from beans, peas, etc. | 1 | 2 | 8 |
| [N] CHEESE, NUNU OR OTHER FOOD MADE FROM MILK? | Cheese or other food made from milk | 1 | 2 | 8 |
| [P] ANY FOOD MADE WITH PALM OIL? | Any food made with palm oil | 1 | 2 | 8 |
| [O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (Specify) _____ | Other solid, semi-solid, or soft food | 1 | 2 | 8 |

BD9. Check BD8 (Categories "A" through "O").
☐ 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 O]. 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 |
|---|---|---------------------------|
| <p><i>If an immunization card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM7-IM17 will only be asked if a card is not available.</i></p> | | |
| <p>IM0A. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?</p> <p><i>If no, probe:</i> DO YOU HAVE, OR DID YOU EVER HAVE, AN IMMUNIZATION CARD FOR (<i>name</i>)'?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒IM22</p> |
| <p>IM0B. WHERE WAS (<i>name</i>) GIVEN IMMUNIZATION?</p> <p><i>Probe:</i> ANY OTHER PLACE?</p> <p><i>Keep asking for more places until the mother/caretaker cannot recall any additional place.</i></p> | <p>Government hospitalA</p> <p>Government health centre.....B</p> <p>Mobile / Outreach clinic by government servicesC</p> <p>Private facility (including NGO).....D</p> <p>Campaigns / Supplementary immunization activities ...E</p> <p>Other (<i>specify</i>)X</p> <p>DKZ</p> | |
| <p>IM0C. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING IMMUNIZATION CAMPAIGNS:</p> <p>[A] MARCH 2016 CAMPAIGN</p> <p>[B] FEBRUARY 2016 CAMPAIGN</p> <p>[C] NOVEMBER 2015 CAMPAIGN</p> <p>[D] OCTOBER 2015 CAMPAIGN</p> | <p style="text-align: right;">Y N DK</p> <p>Mar 2016 campaign 1 2 8</p> <p>Feb 2016 campaign 1 2 8</p> <p>Nov 2015 campaign 1 2 8</p> <p>Oct 2015 campaign 1 2 8</p> | |
| <p>IM1. DO YOU HAVE CARDS WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN?</p> <p><i>If yes: MAY I SEE THEM PLEASE?</i></p> | <p>Yes, seen 1</p> <p>Yes, not seen 2</p> <p>No card 3</p> | <p>2⇒IM7</p> <p>3⇒IM7</p> |

| IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded. | | Date of Immunization | | | | | | | |
|--|---------------|---|--|-------|--|------|--|--|--|
| | | Day | | Month | | Year | | | |
| HEPB AT BIRTH | HEP0 | | | | | | | | |
| POLIO AT BIRTH | OPV0 | | | | | | | | |
| BCG | BCG | | | | | | | | |
| POLIO 1 | OPV1 | | | | | | | | |
| PENTA 1 / DPT 1 | PENTA1/DPT1 | | | | | | | | |
| PCV 1 | PCV1 | | | | | | | | |
| POLIO 2 | OPV2 | | | | | | | | |
| PENTA 2 / DPT 2 | PENTA2 / DPT2 | | | | | | | | |
| PCV 2 | PCV2 | | | | | | | | |
| POLIO 3 | OPV3 | | | | | | | | |
| PENTA 3 / DPT 3 | PENTA3/DPT3 | | | | | | | | |
| PCV 3 | PCV3 | | | | | | | | |
| IPV | IPV | | | | | | | | |
| MEASLES | MEASLES | | | | | | | | |
| YELLOW FEVER | YF | | | | | | | | |
| VITAMIN A (FIRST DOSE) | VITA1 | | | | | | | | |
| VITAMIN A (SECOND DOSE) | VITA2 | | | | | | | | |
| IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS? <input type="checkbox"/> 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 IM20. <input type="checkbox"/> No/DK ⇒ Go to IM20. | | | | | | | | | |
| IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT 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 | | | | | | | |
| IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH? | | Yes 1 No 2 | | | | | | | |
| IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED? | | Number of times..... ____ | | | | | | | |
| IM10A. HAS (<i>name</i>) EVER RECEIVED AN IPV VACCINATION – THAT IS, AN INJECTION IN THE RIGHT THIGH TO PROTECT HIM/HER FROM POLIO? <i>Probe by indicating that IPV vaccination is sometimes given at the same time as the 3rd dose of oral Polio.</i> | | Yes 1 No 2 DK 8 | | | | | | | |

| | | |
|---|---|--------------------------|
| <p>IM12A. HAS (<i>name</i>) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE LEFT THIGH TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, PERTUSSIS (WHOOPING COUGH), TETANUS, HEPATITIS B DISEASE, AND HAEMOPHILUS INFLUENZAE TYPE B?</p> <p><i>Probe by indicating that pentavalent vaccination is sometimes given at the same time as oral Polio.</i></p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒IM14 8⇒IM14</p> |
| <p>IM12B. HOW MANY TIMES WAS THE PENTAVALENT VACCINE RECEIVED?</p> | <p>Number of times..... _</p> | |
| <p>IM14. DID (<i>name</i>) RECEIVE A HEPATITIS B VACCINATION – THAT IS AN INJECTION IN THE RIGHT THIGH TO PREVENT HEPATITIS B DISEASE – WITHIN THE FIRST 24 HOURS AFTER BIRTH?</p> | <p>Yes, within 24 hours 1</p> <p>Yes, but not within 24 hours 2</p> <p>No 3</p> <p>DK 8</p> | |
| <p>IM15A. HAS (<i>name</i>) EVER RECEIVED A PCV VACCINATION – THAT IS, AN INJECTION IN THE RIGHT THIGH TO PREVENT HIM/HER FROM GETTING PNEUMONIA?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒IM16 8⇒IM16</p> |
| <p>IM15B. HOW MANY TIMES WAS THE PCV VACCINE RECEIVED?</p> | <p>Number of times..... _</p> | |
| <p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION – THAT IS, AN INJECTION IN THE LEFT ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | |
| <p>IM17. HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, AN INJECTION IN THE RIGHT ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER?</p> <p><i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the measles vaccine.</i></p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | |
| <p>IM20. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0 ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Child age 1 or 2 ⇒ Continue with IM21.</p> | | |

IM21. If the child has an immunization card check IM3, otherwise check IM7to IM17. Are any vaccine doses, from **BCG to Yellow fever**, missing?

☐ Yes, some vaccines doses are missing ⇨ Continue with IM22.

☐ No vaccine doses are missing ⇨ Go to Next Module.

IM22. WHAT ARE THE REASONS FOR (*name*) NOT RECEIVING (ALL OR SOME) VACCINES?

Probe:

ANY OTHER REASON?

Keep asking for more reasons until the mother/caretaker cannot recall any additional reason. Do not prompt with any suggestions.

Lack of knowledge or lack of information

Thought the child was fully immunized.....A

Unaware of need for immunizationB

Unaware of need to return for 2nd or 3rd dose C

Place and / or time of immunization unknown D

Lack of time or other family issues

Postponed until another timeE

Mother / caretaker too busyF

Family problem, including illness of mother..... G

Mistrust or fears

No faith in immunization H

Fear of side reactions I

Myths / Rumours J

Believes there were contraindications.....K

Service delivery issues

Place of immunization too far..... L

Time of immunization inconvenient..... M

Vaccinator absent..... N

Vaccine not available..... O

Long waiting time.....P

Illness of the child

Child ill – not brought..... Q

Child ill – brought but not given immunization R

Other (*specify*) X

| CARE OF ILLNESS | | CA |
|---|--|--------------------|
| CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA? | Yes 1 No 2 DK 8 | 2⇒ CA6A 8⇒ CA6A |
| CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS? | Much less 1 Somewhat less 2 About the same..... 3 More 4 Nothing to drink..... 5 DK 8 | |
| CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS? | Much less 1 Somewhat less 2 About the same..... 3 More 4 Stopped food 5 Never gave food 6 DK 8 | |
| CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE? | Yes 1 No 2 DK 8 | 2⇒ CA4 8⇒ CA4 |
| CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (Name of place) | Public sector Government hospital A Government health centre..... B Government health post..... C Community health worker..... D Mobile / Outreach clinic..... E Other public (<i>specify</i>) H Private medical sector Private hospital / clinic..... I Private physician..... J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) X | |
| CA4. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK: [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS <i>packet</i> ? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? | Y N DK Fluid from ORS packet..... 1 2 8 Pre-packaged ORS fluid 1 2 8 | |
| CA4A. Check CA4: ORS. <input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B. <input type="checkbox"/> Child was not given ORS ⇒ Go to CA4C. | | |

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| <p>CA4B. WHERE DID YOU GET THE ORS?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>Public sector</p> <p>Government hospital11</p> <p>Government health centre.....12</p> <p>Government health post.....13</p> <p>Community health worker.....14</p> <p>Mobile / Outreach clinic.....15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic.....21</p> <p>Private physician.....22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</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>Already had at home40</p> <p>Other (<i>specify</i>) 96</p> | |
| <p>CA4C. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p> | <p>Y N DK</p> <p>Zinc Tablet..... 1 2 8</p> <p>Zinc Syrup 1 2 8</p> | |
| <p>CA4D. Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E.</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA4F.</p> | | |
| <p>CA4E. WHERE DID YOU GET THE ZINC?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>Public sector</p> <p>Government hospital11</p> <p>Government health centre.....12</p> <p>Government health post.....13</p> <p>Community health worker.....14</p> <p>Mobile / Outreach clinic.....15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic.....21</p> <p>Private physician.....22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</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>Already had at home40</p> <p>Other (<i>specify</i>) 96</p> | |
| <p>CA4F. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] SALT SUGAR SOLUTION</p> <p>[B] COCONUT WATER</p> <p>[C] RICE WATER</p> | <p>Y N DK</p> <p>Salt sugar solution 1 2 8</p> <p>Coconut water 1 2 8</p> <p>Rice water..... 1 2 8</p> | |
| <p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒CA6A</p> <p>8⇒CA6A</p> |

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| <p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p> | <p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy/Herbal medicine Q</p> <p>Other (specify) X</p> | |
| <p>CA6A. IN THE LAST TWO WEEKS, HAS (name) BEEN ILL WITH A FEVER AT ANY TIME?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒ CA7</p> <p>8⇒ CA7</p> |
| <p>CA6B. AT ANY TIME DURING THE ILLNESS, DID (name) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | |
| <p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒ CA9A</p> <p>8⇒ CA9A</p> |
| <p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒ CA10</p> <p>8⇒ CA10</p> |
| <p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p> | <p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (specify) 6</p> <p>DK 8</p> | <p>1⇒ CA10</p> <p>2⇒ CA10</p> <p>3⇒ CA10</p> <p>6⇒ CA10</p> <p>8⇒ CA10</p> |
| <p>CA9A. Check CA6A: Had fever?</p> <p><input type="checkbox"/> Child had fever ⇒ Continue with CA10.</p> <p><input type="checkbox"/> Child did not have fever ⇒ Go to CA14.</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>(Name of place)</p> | <p>Public sector</p> <p>Government hospital A</p> <p>Government health centre B</p> <p>Government health post C</p> <p>Community health worker D</p> <p>Mobile / Outreach clinic E</p> <p>Other public (specify) H</p> <p>Private medical sector</p> <p>Private hospital/clinic I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>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 (specify) X</p> | |
| <p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒ CA14</p> <p>8⇒ CA14</p> |

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| <p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;">(Names of medicines)</p> | <p>Anti-malaria:</p> <p>SP / Fansidar A</p> <p>Chloroquine B</p> <p>Amodiaquine C</p> <p>Quinine D</p> <p>Combination with Artemisinin (ACT) E</p> <p>Other anti-malarial (specify) H</p> <p>Antibiotics:</p> <p>Pill / Syrup I</p> <p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen P</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (specify) X</p> <p>DK Z</p> |
| <p>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</p> <p><input type="checkbox"/> Yes ⇨ Continue with CA13B.</p> <p><input type="checkbox"/> No ⇨ Go to CA13C.</p> | |
| <p>CA13B. WHERE DID YOU GET THE (name of medicine 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 style="text-align: center;">(Name of place)</p> | <p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre 12</p> <p>Government health post 13</p> <p>Community health worker 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (specify) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (specify) 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 (specify) 96</p> |
| <p>CA13C. Check CA13: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇨ Continue with CA13D.</p> <p><input type="checkbox"/> No ⇨ Go to CA14.</p> | |
| <p>CA13D. WHERE DID YOU GET THE (name of medicine 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 style="text-align: center;">(Name of place)</p> | <p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre 12</p> <p>Government health post 13</p> <p>Community health worker 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (specify) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (specify) 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 (specify) 96</p> |

| | | |
|--|---|----|
| CA13E. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from CA13)? | Same day | 0 |
| | Next day | 1 |
| | 2 days after the fever | 2 |
| | 3 days after the fever | 3 |
| | 4 or more days after the fever | 4 |
| | DK | 8 |
| CA14. Check AG2: Age of child. | | |
| <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15. | | |
| <input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13. | | |
| CA15. THE LAST TIME (name) 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 (specify) | 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? |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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 |
|---|---|-------------------------|
| <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 in the List of Household Members before recording measurements.</p> | | |
| AN1. Measurer's name and number: | Name _____ | |
| AN2. Result of height/length and weight measurement: | Either or both measured1 Child not present2 Child or mother/caretaker refused3 Other (specify) _____ 6 | 2⇒AN6 3⇒AN6 6⇒AN6 |
| AN3. Child's weight: | Kilograms (kg) Weight not measured99.9 | |
| AN3A. Was the child undressed to the minimum? <input type="checkbox"/> Yes. <input type="checkbox"/> No, the child could not be undressed to the minimum. | | |
| 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. Child's length or height: | Length / Height (cm) Length/ Height not measured999.9 | ⇒AN6 |
| AN4A. How was the child actually measured? Lying down or standing up? | Lying down1 Standing up2 | |
| AN5. Check if (name) has a scar on the left arm or shoulder due to BCG vaccine | Has a BCG scar1 Does not have a BCG scar2 Not sure / could not verify8 | |
| AN6. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household. | | |

Interviewer's Observations

Supervisor's Observations

Measurer's Observations

| MAN'S INFORMATION PANEL | | MWM |
|--|---|-----|
| <i>This questionnaire is to be administered to all men age 15 through 49 (see List of Household Members, column HL7A). A separate questionnaire should be used for each eligible man.</i> | | |
| MWM1. Cluster number: <div style="text-align: right;">_ _ _ _</div> | MWM2. Household number: <div style="text-align: right;">_ _</div> | |
| MWM3. Man's name: Name _____ | MWM4. Man's line number: <div style="text-align: right;">_ _</div> | |
| MWM5. Interviewer's name and number: Name _____ | MWM6. Day / Month / Year of interview: <div style="text-align: right;">_ _ / _ _ / 2016</div> | |

| | |
|---|---|
| <p><i>Repeat greeting if not already read to this man:</i></p> <p>WE ARE FROM THE NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> | <p><i>If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> |
| <p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in MWM7. Discuss this result with your supervisor.</p> | |

| | |
|--|---|
| MWM7. Result of man's interview | Completed.....01 Not at home02 Refused.....03 Partly completed04 Incapacitated.....05 Other (specify)_____96 |
|--|---|

| | |
|--|--|
| MWM8. Field supervisor's name and number: Name _____ | |
|--|--|

| ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY | | MMT |
|---|---|--------------------|
| MMT1. Check MWB7: <input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ Continue with MMT2. <input type="checkbox"/> Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2. <input type="checkbox"/> Cannot read at all or blind/visually impaired (MWB7 = 1 or 5) ⇒ Go to MMT3. | | |
| MMT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4 | |
| MMT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4 | |
| MMT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4 | |
| MMT5. Check MWB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MMT6. <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module. | | |
| MMT6. HAVE YOU EVER USED A COMPUTER? | Yes 1 No 2 | 2 ⇒ MMT9 |
| MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS? | Yes 1 No 2 | 2 ⇒ MMT9 |
| MMT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4 | |
| MMT9. HAVE YOU EVER USED THE INTERNET? | Yes 1 No 2 | 2 ⇒ Next Module |
| MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i> | Yes 1 No 2 | 2 ⇒ Next Module |
| MMT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL? | Almost every day 1 At least once a week 2 Less than once a week 3 Not at all 4 | |

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

| | | |
|---|---|---------|
| <p>MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (<i>total number in MCM10</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 Next Module.</i></p> <p><input type="checkbox"/> One or more live births ⇒ <i>Continue with MCM11A.</i></p> <p><input type="checkbox"/> No ⇒ <i>Check responses to MCM1-MCM10 and make corrections as necessary.</i></p> | | |
| <p>MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?</p> | <p>Yes 1</p> <p>No 2</p> | 1⇒MCM12 |
| <p>MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?</p> | <p>Number of women..... _ _</p> | |
| <p>MCM12. OF THESE (<i>total number in MCM10</i>) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>Month and year must be recorded.</i></p> | <p>Date of last birth</p> <p>Month..... _ _</p> <p>Year _ _ _ _</p> | |

| ATTITUDES TOWARD DOMESTIC VIOLENCE | | MDV | | |
|---|--------------------------------|-----|----|----|
| MDV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS: | | | | |
| [A] IF SHE GOES OUT WITHOUT TELLING HIM? | | Yes | No | DK |
| | Goes out without telling | 1 | 2 | 8 |
| [B] IF SHE NEGLECTS THE CHILDREN? | | | | |
| | Neglects children..... | 1 | 2 | 8 |
| [C] IF SHE ARGUES WITH HIM? | | | | |
| | Argues with him..... | 1 | 2 | 8 |
| [D] IF SHE REFUSES TO HAVE SEX WITH HIM? | | | | |
| | Refuses sex | 1 | 2 | 8 |
| [E] IF SHE BURNS THE FOOD? | | | | |
| | Burns food..... | 1 | 2 | 8 |

| MARRIAGE/UNION | | MMA |
|---|--|----------------------|
| MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED? | Yes, currently married 1 Yes, living with a woman 2 No, not in union..... 3 | 3⇒MMA5 |
| MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED? | Yes (More than one) 1 No (Only one) 2 | 2⇒MMA7 |
| MMA4. HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE? | Number..... _ _ | ⇒MMA8B |
| MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED? | Yes, formerly married..... 1 Yes, formerly lived with a woman 2 No3 | 3⇒Next Module |
| MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED? | Widowed 1 Divorced 2 Separated 3 | |
| MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE? | Only once 1 More than once 2 | 1 ⇒MMA8A 2 ⇒MMA8B |
| MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED? MMA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED? | Date of (first) marriage Month..... _ _ DK month 98 Year _ _ _ _ DK year..... 9998 | ⇒Next Module |
| MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER? | Age in years..... _ _ | |

| SEXUAL BEHAVIOUR | | MSB |
|--|--|----------------|
| Check for the presence of others. Before continuing, ensure privacy. | | |
| MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME? | Never had intercourse 00 Age in years ____ First time when started living with (first) wife/partner.. 95 | 00⇒Next Module |
| MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED? | Yes 1 No 2 DK / Don't remember..... 8 | |
| MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record answers in days, weeks or months if less than 12 months (one year). If more than 12 months (one year), answer must be recorded in years.</i> | Days ago..... 1 ____ Weeks ago 2 ____ Months ago 3 ____ Years ago 4 ____ | 4⇒MSB15 |
| MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED? | Yes 1 No 2 | |
| MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'girlfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If "yes", circle "2". If "no", circle "3".</i> | Wife 1 Cohabiting partner..... 2 Girlfriend 3 Casual acquaintance..... 4 Prostitute..... 5 Other (specify)..... 6 | |
| MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS? | Yes 1 No 2 | 2⇒MSB15 |
| MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED? | Yes 1 No 2 | |
| MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'girlfriend' then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If "yes", circle "2". If "no", circle "3".</i> | Wife 1 Cohabiting partner..... 2 Girlfriend 3 Casual acquaintance..... 4 Prostitute..... 5 Other (specify)..... 6 | |
| MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS? | Yes 1 No 2 | 2⇒MSB15 |
| MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS? | Number of partners ____ | |
| MSB14A. FOR ALL THE SEXUAL INTERCOURSE WITH NON-MARITAL PARTNERS IN THE LAST 12 MONTHS WAS A CONDOM USED, EVERY TIME, SOMETIMES OR NEVER? | Every time..... 1 Sometimes..... 2 Never 3 DK/ Not sure/Don' remember..... 8 | |
| MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate.</i> <i>If number of partners is 95 or more, write '95'.</i> | Number of lifetime partners ____ DK..... 98 | |

| HIV/AIDS | | MHA | | | | | | | | | | | | | | | | |
|---|---|---|-----|----|----|-----------------------|---|---|---|----------------------|---|---|---|-----------------------|---|---|---|--|
| MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS? | Yes1 No2 | 2⇒ Next Module | | | | | | | | | | | | | | | | |
| MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS? | Yes1 No2 DK8 | | | | | | | | | | | | | | | | | |
| MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS? | Yes1 No2 DK8 | | | | | | | | | | | | | | | | | |
| MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX? | Yes1 No2 DK8 | | | | | | | | | | | | | | | | | |
| MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES? | Yes1 No2 DK8 | | | | | | | | | | | | | | | | | |
| MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS? | Yes1 No2 DK8 | | | | | | | | | | | | | | | | | |
| MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS? | Yes1 No2 DK8 | | | | | | | | | | | | | | | | | |
| MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Yes | No | DK | During pregnancy..... | 1 | 2 | 8 | During delivery..... | 1 | 2 | 8 | By breastfeeding..... | 1 | 2 | 8 | |
| | Yes | No | DK | | | | | | | | | | | | | | | |
| During pregnancy..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| During delivery..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| By breastfeeding..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| MHA8A. Check MHA8[A], [B], and [C]: <input type="checkbox"/> All 'No' or 'DK' ⇒ Go to MHA9. <input type="checkbox"/> At least one 'yes' ⇒ Continue with MHA8D. | | | | | | | | | | | | | | | | | | |
| MHA8D. ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH THE AIDS VIRUS TO REDUCE THE RISK OF TRANSMISSION TO THE BABY? | Yes1 No2 DK8 | | | | | | | | | | | | | | | | | |
| MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL? | Yes1 No2 DK/Not sure/Depends8 | | | | | | | | | | | | | | | | | |
| MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS? | Yes1 No2 DK/Not sure/Depends8 | | | | | | | | | | | | | | | | | |
| MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET? | Yes1 No2 DK/Not sure/Depends8 | | | | | | | | | | | | | | | | | |
| MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD? | Yes1 No2 DK/Not sure/Depends8 | | | | | | | | | | | | | | | | | |
| MHA12A. DO YOU THINK CHILDREN WITH THE AIDS VIRUS SHOULD BE ALLOWED TO ATTEND ANY SCHOOL? | Yes1 No2 DK/Not sure/Depends8 | | | | | | | | | | | | | | | | | |
| MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS? | Yes1 No2 | 2⇒MHA27 | | | | | | | | | | | | | | | | |
| MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED? | Less than 12 months ago1 12-23 months ago2 2 or more years ago3 | | | | | | | | | | | | | | | | | |
| MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST? | Yes1 No2 DK8 | 1⇒Next Module 2⇒Next Module 8⇒Next Module | | | | | | | | | | | | | | | | |
| MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS? | Yes1 No2 | | | | | | | | | | | | | | | | | |

| CIRCUMCISION | | MMC | | |
|---|---|---------------|--|--|
| MMC1. SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED? | Yes 1 | 2⇒Next Module | | |
| | No 2 | | | |
| MMC2. HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED? | Age in completed years..... _ _ | | | |
| | DK 98 | | | |
| MMC3. WHO DID THE CIRCUMCISION? | Health professional | | | |
| | Doctor 11 | | | |
| | Nurse/Midwife 12 | | | |
| | Other health professional (<i>specify</i>) 16 | | | |
| | Traditional persons | | | |
| | Traditional 'circumciser' 21 | | | |
| | Traditional birth attendant..... 22 | | | |
| | Other traditional (<i>specify</i>) 26 | | | |
| | DK 98 | | | |
| | MMC4. WHERE WAS IT DONE? | | Health facility..... 1 | |
| | | | Home of a health worker/professional 2 | |
| Circumcision done at home 3 | | | | |
| Ritual site 4 | | | | |
| Other home/place (<i>specify</i>) 6 | | | | |
| | DK 8 | | | |

| TOBACCO AND ALCOHOL USE | | TA |
|---|---|---------|
| MTA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS? | Yes 1 No 2 | 2⇒MTA6 |
| MTA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME? | Never smoked a whole cigarette 00 Age ____ | 00⇒MTA6 |
| MTA2A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER SMOKED CIGARETTES ON A <u>DAILY</u> BASIS? | Yes, daily 1 No, less than daily 2 | |
| MTA3. DO YOU CURRENTLY SMOKE CIGARETTES? | Yes 1 No 2 | 2⇒MTA6 |
| MTA4. IN THE <u>LAST 24 HOURS</u> , HOW MANY CIGARETTES DID YOU SMOKE? | Number of cigarettes ____ | |
| MTA4A. HOW MANY CIGARETTES DO YOU CURRENTLY SMOKE <u>PER WEEK ON AVERAGE</u> ? <i>Probe: HOW MANY HAND-ROLLED CIGARETTES AND HOW MANY MANUFACTURED CIGARETTES?</i> <i>If none write "000".</i> <i>If "not every week" write "666".</i> | Hand-rolled cigarettes ____ Manufactured cigarettes ____ | |
| MTA5. DURING THE LAST ONE MONTH, ON <u>HOW MANY DAYS</u> DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>If "every day" or "almost every day", circle "30".</i> | Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30 | |
| MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE/SHISHA, CIGARILLOS OR PIPE? | Yes 1 No 2 | 2⇒MTA10 |
| MTA6A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKED TOBACCO PRODUCTS ON A <u>DAILY</u> BASIS? | Yes, daily 1 No, less than daily 2 | |
| MTA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS? | Yes 1 No 2 | 2⇒MTA10 |
| MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i> | Cigars A Water pipe/shisha B Cigarillos C Pipe D Other (specify) X | |
| MTA8A. HOW MANY (products circled in MTA8) DO YOU CURRENTLY SMOKE <u>PER WEEK ON AVERAGE</u> ? <i>If none write "000".</i> <i>If "not every week" write "666".</i> | Cigars ____ Pipes full of tobacco ____ Cigarillos ____ Water pipe/shisha sessions ____ Other ____ | |
| MTA9. DURING THE LAST ONE MONTH, ON <u>HOW MANY DAYS</u> DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>If "every day" or "almost every day", circle "30".</i> | Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30 | |

| | | |
|---|--|----------------------|
| MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP? | Yes 1 No 2 | 2⇒MTA13A |
| MTA10A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKELESS TOBACCO PRODUCTS ON A <u>DAILY</u> BASIS? | Yes, daily 1 No, less than daily 2 | |
| MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS? | Yes 1 No 2 | 2⇒MTA13A |
| MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i> | Chewing tobacco A Snuff B Dip C Other (specify) X | |
| MTA13. DURING THE LAST ONE MONTH, ON <u>HOW MANY DAYS</u> DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i> | Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30 | |
| MTA13A. HOW OFTEN DOES ANYONE SMOKE INSIDE YOUR HOME? WOULD YOU SAY DAILY, WEEKLY, MONTHLY, LESS THAN MONTHLY, OR NEVER? | Daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5 DK 8 | |
| MTA13B. DO YOU CURRENTLY WORK OUTSIDE OF YOUR HOME? | Yes 1 No / don't work 2 | 2⇒MTA13E |
| MTA13C. DO YOU USUALLY WORK INDOORS OR OUTDOORS? | Indoors 1 Outdoors 2 Both 3 | 2⇒MTA13E |
| MTA13D. DURING THE LAST ONE MONTH, DID ANYONE SMOKE INDOOR AREAS WHERE YOU WORK? | Yes 1 No 2 DK 8 | |
| MTA13E. Check MTA3 and MTA7: Current tobacco smoker? <input type="checkbox"/> Yes, current tobacco smoker (MTA3 = 1 or MTA7 = 1) ⇒ Continue with MTA13F. <input type="checkbox"/> No, does not currently smoke tobacco (MTA3 = 2 and MTA7 = 2) ⇒ Go to MTA13O. | | |
| MTA13F. DURING THE LAST 12 MONTHS, HAVE YOU TRIED TO STOP SMOKING? | Yes 1 No 2 | |
| MTA13G. DURING THE LAST 12 MONTHS, HAVE YOU VISITED A DOCTOR OR OTHER HEALTH CARE PROVIDER? | Yes 1 No 2 | 2⇒MTA13K |
| MTA13H. DURING ANY VISIT TO A DOCTOR OR HEALTH CARE PROVIDER IN THE LAST 12 MONTHS, WERE YOU ADVISED TO QUIT SMOKING TOBACCO? | Yes 1 No 2 | |
| MTA13I. DURING THE LAST ONE MONTH, DID YOU NOTICE ANY HEALTH WARNINGS ON CIGARETTE PACKAGES? | Yes 1 No 2 Did not see any cigarette packages 6 | 2⇒MTA13K 6⇒MTA13K |
| MTA13J. DURING THE LAST ONE MONTH, HAVE WARNING LABELS ON CIGARETTE PACKAGES LED YOU TO THINK ABOUT QUITTING? | Yes 1 No 2 | |

| MTA13K. Check MTA4A: Current smoker of <u>manufactured</u> cigarettes? <input type="checkbox"/> Yes ⇒ Continue with MTA13L. <input type="checkbox"/> No ⇒ Go to MTA13O. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-----|----|----|---------------------------------|---|---|---|--------------------------------|---|---|---|-----------------------------|---|---|---|-------------------------------------|---|---|---|----------------------------------|---|---|---|--------------------------|---|---|---|-------------------------------|---|---|---|--|
| MTA13L. THE LAST TIME YOU BOUGHT CIGARETTES FOR YOURSELF, HOW MANY CIGARETTES DID YOU BUY? | Cigarettes1 ____ Packs.....2 ____ Cartoons3 ____ Other (specify) 4 ____ Never bought cigarettes for himself 996 | 1⇒MTA13N 996⇒MTA13O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MTA13M. HOW MANY CIGARETTES WERE IN EACH (unit circled in MTA13L)? | Number of cigarettes per unit ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MTA13N. IN TOTAL, HOW MUCH MONEY DID YOU PAY FOR THIS PURCHASE? | Price paid for purchase (naira) ____ DK 9998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MTA13O. Check MMT2: Reads newspapers or magazines? <input type="checkbox"/> Yes, sometimes reads newspapers or magazines (MMT2 = 1, 2 or 3) ⇒ Continue with MTA13P. <input type="checkbox"/> No, does not read newspapers or magazines (MMT2 = 4 or left blank) ⇒ Go to MTA13Q. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MTA13P. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION IN NEWSPAPERS OR IN MAGAZINES ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING? | Yes 1 No 2 Did not read newspapers or magazines 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MTA13Q. Check MMT4: Watches television? <input type="checkbox"/> Yes, sometimes watches television (MMT4 = 1, 2 or 3) ⇒ Continue with MTA13R. <input type="checkbox"/> No, does not watch television (MMT4 = 4) ⇒ Go to MTA13S. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MTA13R. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION ON TELEVISION ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING? | Yes 1 No 2 Did not watch television 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MTA13S. DURING THE LAST ONE MONTH, HAVE YOU NOTICED ANY ADVERTISEMENTS OR SIGNS PROMOTING CIGARETTES IN STORES WHERE CIGARETTES ARE SOLD? | Yes 1 No 2 Did not go to any stores where cigarettes are sold 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MTA13T. DURING THE LAST ONE MONTH, HAVE YOU NOTICED ANY OF THE FOLLOWING TYPES OF CIGARETTE PROMOTIONS: [A] FREE SAMPLES OF CIGARETTES? [B] CIGARETTES AT SALE PRICES? [C] COUPONS FOR CIGARETTES? [D] FREE GIFTS OR SPECIAL DISCOUNT OFFERS ON OTHER PRODUCTS WHEN BUYING CIGARETTES? [E] CLOTHING OR OTHER ITEMS WITH A CIGARETTE BRAND NAME OR LOGO? [F] CIGARETTE PROMOTIONS IN THE MAIL? [G] CIGARETTE PROMOTIONS ON BILLBOARDS? | <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Free samples of cigarettes.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Cigarettes at sale prices.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Coupons for cigarettes.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Free gifts or special discount.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Items with cigarette brand</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Promotions in mail</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Promotions on billboards.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | Yes | No | DK | Free samples of cigarettes..... | 1 | 2 | 8 | Cigarettes at sale prices..... | 1 | 2 | 8 | Coupons for cigarettes..... | 1 | 2 | 8 | Free gifts or special discount..... | 1 | 2 | 8 | Items with cigarette brand | 1 | 2 | 8 | Promotions in mail | 1 | 2 | 8 | Promotions on billboards..... | 1 | 2 | 8 | |
| | Yes | No | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Free samples of cigarettes..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cigarettes at sale prices..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coupons for cigarettes..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Free gifts or special discount..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Items with cigarette brand | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Promotions in mail | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Promotions on billboards..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2⇒Next Module</p> |
| <p>MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER OR CALABASH OF PALMWINE, PITO OR BURUKUTU; ONE GLASS OF WINE; OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR GIN.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p> | <p>Never had one drink of alcohol..... 00</p> <p>Age ____ ____</p> | <p>00⇒Next Module</p> |
| <p>MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i> <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>If "every day" or "almost every day", circle "30".</i></p> | <p>Did not have one drink in last one month..... 00</p> <p>Number of days..... 0 ____</p> <p>10 days or more but less than a month 10</p> <p>Every day / Almost every day 30</p> | <p>00⇒Next Module</p> |
| <p>MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p> | <p>Number of drinks..... ____ ____</p> | |

| LIFE SATISFACTION | | MLS |
|---|---|--------|
| MLS1. Check MWB2: Age of respondent is between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to MWM11 <input type="checkbox"/> Age 15-24 ⇒ Continue with MLS2 | | |
| MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION. FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. <i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i> | Very happy 1 Somewhat happy..... 2 Neither happy nor unhappy 3 Somewhat unhappy 4 Very unhappy 5 | |
| MLS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS. IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED. AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE. <i>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions MLS3 to MLS13.</i> HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE? | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |
| MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS? | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |
| MLS5. DURING THE 2015-2016 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME? | Yes..... 1 No 2 | 2⇒MLS7 |
| MLS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL? | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |
| MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he does not have a job, circle "0" and continue with the next question. Do not probe to find out how he feels about not having a job, unless he tells you himself.</i> | Does not have a job 0 Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |
| MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH? | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |
| MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i> | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |
| MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU? | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |
| MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK? | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |

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| MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL? | Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |
| MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that he does not have any income, circle "0" and continue with the next question. Do not probe to find out how he feels about not having any income, unless he tells you himself.</i> | Does not have any income 0 Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied..... 3 Somewhat unsatisfied 4 Very unsatisfied..... 5 | |
| MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL? | Improved 1 More or less the same 2 Worsened..... 3 | |
| MLS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL? | Better 1 More or less the same 2 Worse 3 | |

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| MWM11. Record the time interview ends. | Hour and minutes : .. | |
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| <p>MWM12. Check List of Household Members, columns HL7B and HL15: Is the respondent the caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete the result of man's interview (MWM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him for his cooperation and proceed to complete the result of man's interview (MWM7) on the cover page.</p> |
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Interviewer's Observations

Supervisor's Observations