

Annex 5: Questionnaire

PART – A : Household Member Listing

HOUSEHOLD MEMBER LISTING FORM

[FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH. (Use survey definition of HH member).

List the first name in line 01. List information of HH first, then his spouse and children from the youngest. Then ask: 'ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?' (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers. If there is not enough room on this page, fill in the left page. If there are even more members, use additional questionnaire. In that case tick [√] on cover page marking "Additional form used]

Q1. Line no.: _____

Q2. Name: _____

Q3. Is 'name' Male or Female

A3. 1-male 2-female

Q4. Relation with the HH head

A4. 01-HH head 02-Spouse 03-Son/Doughter 04-in law 05-Grandson/granddaughter 06-Brother/Sister 07-Father/Mother 08-Nephew/neice 09-Other relatives 10-None relative

Q5. How old is 'Name'?

[Record in Complete Years for person aged 5 years and above. For children aged Under-five years record in months 99=DK(For age 65 years and above)]

A5. ____ Year ____ Month

Q6. Occupation

A6. 01-Farmer 02-Housewife 03-Small Business 04-Business 05-Skill labour 06-Unskill Labour 07-Service 08-Student 09-Jobless 10-Others 88<7 Children

(For Persons Age 10 Or Over Ask Qs 7 and 8)

Q7. HIGHEST EDUCATION GRADES S/HE COMPLETED?

(IF NOT ATTENDEE SCHOOL , CAN S/HE READ OR SIGN) CAN READ ONLY=96 CAN READ & WRITE=97

A7. _____

Q8. MARITAL STATUS OF 'NAME'?
A8. 1-CURRENTLY MARRIED 2-WIDOWED 3-DIVORCED 4-LIVING AWAY 5-NEVER MARRIED

(FOR CHILDREN UNDER AGE 18 YEARS ASK Qs. 9 TO 13)

Q9. WHO IS THE MOTHER/CARETAKER OF 'NAME'? (RECORD LINE NUMBER)
A9. LINE NO.: _____

Q10. IS THE MOTHER OF 'NAME' ALIVE? (IF NO/DK GO TO Q.12)
A10. 1-YES 2-No 9-DK

Q11. DOES NAME'S MOTHER LIVE IN THIS HOUSEHOLD?
A11. 1-YES 2-No

Q12. IS THE FATHER OF 'NAME' ALIVE? (IF NO/DK GO TO NEXT MEMBER)
A12. 1-YES 2-No -DK

Q13. DOES NAME'S FATHER LIVE IN THIS HOUSEHOLD?
A13. 1-YES 2-No

Q14. TOTAL NUMBER OF PERSONS ELIGIBLE FOR INTERVIEW IN THE HOUSEHOLD
_____ 0-59 MONTHS CHILDREN (TO BE FILLED IN PART -B)
_____ 7-17 YRS CHILDREN (TO BE FILLED IN PART -C)
_____ EVER MARRIED WOMEN (TO BE FILLED IN PART -D)

[Are there any other children living here – even if they are not members of your family or do not have parents living in this household?
Including children at work or at school? *IF YES, INSERT CHILD'S INFORMATION AND COMPLETE FORM.*]

PART – B: For 0- 59-MONTH CHILDREN

Serial Number: _____
Child's Name: _____
Child's Line No.: _____
Mother's/Caretaker's Line No.: _____

Q01. Sex of '*Name*'.
A01. 1-Boy 2-Girl

Q02. Age of '*Name*' (Record in months).
A02. ___ ___ Mon

Q03. Does '*Name*' have any Tazkera (Birth certificate)?
A03. 1-Yes 2-No

Q04. Did '*Name*' have immunization card? If yes, could you show it to me?
A04. 1-Yes(seen) 2-Yes(not seen) 3-Don't have

Q05. Has '*Name*' ever been given BCG vaccination against tuberculosis – i.e. an injection in the left shoulder that caused a scar? (Check for scar mark)
A05. 1-Yes 2-No 9-DK

Following questions (Q6 to Q9) has to be asked for 12-23 months old children

Q06. Has '*Name*' ever been given any 'vaccination drops in the mouth' to protect him/her from getting polio?
(If No/ DK go to Q08)
A06. 1-Yes 2-No 9-DK

Q07. How many times '*Name*' has been given these drops?
A07. ___/ Times

Q08. Has '*Name*' ever been given 'vaccination injections' – i.e. an injection in the mid-outer surface of thigh – to prevent him/her from getting DPT (tetanus, whooping cough, diphtheria)? (If No/DK go to Q10)
A08. 1-Yes 2-No 9-DK

Q09. How many times '*Name*' has been given DPT vaccine?
A09. ___/ Times

Following questions (Q10 to 20) to be asked for 0-59 months old children

Q10. Has '*Name*' ever been given 'vaccination injections' – i.e. a shot in the lateral (outer) part of upper right arm at the age of 6 months or older – to prevent him/her from getting measles within last one year?

A10. 1-Yes 2-No 9-DK

Q11. Has '*Name*' received Vitamin-A capsule within last six months? (Show red/green vit-A capsule)

A11. 1-Yes 2-No 9-DK

Q12. Did '*Name*' have diarrhoea in last two weeks? (If no go to Q16)

A12. 1-Yes 2-No

Q13. During this episode, did '*Name*' drink any of the mentioned items? (Prompt each item)

A13. 1-Breast milk 2-Gruel 3-Home Fluid 4-ORS 5-Formula milk
6-Water+others 7-Water only 8-Coke/Fanta 9-None

Q14. Compared to normal, how much liquid did '*Name*' drink during this episode? (Including breast milk)

A14. 1-More 2-Same 3-Less 4-None

Q15. Compared to normal, how much usual food was given to '*Name*' (Including breast milk)

A15. 1-More 2-Same 3-Less 4-None

Q16. Did '*Name*' have cough and/or fever in last two weeks? (If no go to Q19)

A16. 1-Yes 2-No

Q17. When '*Name*' suffered from cough and/or fever, did s/he breathe faster than usual with short, quick breathing or breathing difficulty?

A17. 1-Yes 2-No 9-DK

Q18. Did you seek advice or treatment for this episode of cough/fever of '*Name*'?

If yes, where from did you seek care? (Do not prompt)

A18. 1- Hospital 2- health centre/MCH clinic/Mobile outreach clinic 3-
Dispensary/pharmacy/drug seller 4- community health worker 5- Private
practitioner/traditional healer 6- Relative/ other 7-None/DK

Q19. Has '*Name*' ever been breastfed? (if No, go to Q24)

A19. 1-Yes 2-No

Q20. Is '*Name*' still being breastfed?
A20. 1-Yes 2-No

Following questions(Q21 to 25) to be asked for 0-23 months old children

Q21. How soon after '*Name*' was born did you start to breastfeed him/her?
A21. 1-Within 6 hrs 2-6 to 23 hours 3-24 to 48 hours 4-48+ hours 9-DK

Q22. Did you expel some of the breastmilk before giving it to '*Name*' for the first time?
A22. 1-Yes 2-No 9-DK

Q23. At what age you start giving '*Name*' to drink something other than breastmilk? Never=96
A23. _____ Month

Q24. Since this time yesterday till now, did '*Name*' receive any of the following items? (Prompt each item) (If medicine/ liquid food, skip to Q-26)
A24. 1- Vitamin/Medicine/ORS 2-Solid food 3-Liquid food 4-Breastmilk only

Q25. If solid food is given to '*Name*' since this time yesterday how many times it was given?
A25. _____Times 99-DK

Q26. (For 0-59 months old children)
Where do you dispose faeces of '*Name*'?
A26. 1-Latrine 2-Fixed hole 3-Other fixed place 4-No fixed place

Q27. (For 12-59 months old children)
Does '*Name*' have any mental or physical difficulty? If yes, what type of difficulty does s/he have? (Prompt each item)
A27. 1-Vision 2-Hearing/ speech 3-Paralysis 4-Amputee 5-Mental 6-Other 7-Healthy

PART – C : FOR CHILDREN AGED 7-17 YEARS

Serial Number: _____

Child's Name: _____

Child's Line No.: _____

Mother's/Caretaker's Line No.: _____

Q01. Sex of 'Name'.

A01. 1-Boy 2-Girl

Q02. Age of 'Name' (Record in years).

A02. _____ Years

Q03. Does 'Name' go to/is admitted to school or madrasa (in 1382)? (If no, go to Q. 09)

A03. 1-Yes 2-No

Q04. Is 'Name' admitted in government or NGO School this year (1382)?

A04. 1-Govt 2-NGO 3-Mosque Based Madrasa

Q05. Which type of school 'Name' is admitted this year (1382)?

A05. 1-General 2-Madrassa 3-Homebase 4-Vocational

Q06. Is it an all boys' school or all girls' school or both boys and girls' school?

A06. 1-Boy's 2-Girl's 3-Boy+Girl

Q07. Class/grade in which 'Name' reads or is admitted (in 1382)

A07. _____ Class 77-Madrassa 80-Vocational

Q08. How many days 'Name' attended the school during last 3 days (school days)?

A08. _____ Days

Q09. Did 'Name' went to school or madrasa last year (in 1381)? (If no, go to Q. 11)

A09. 1-Yes 2-No

Q10. Class/grade in which 'Name' read last year (in 1381)?

A10. _____ Class

Q11. Why 'Name' is not admitted to school? (For children who are not attending school currently)
A11. 01-Expensive 02-Too far 03-No adequate facility 04-School 05-Security 06-Domestic work
07-HH income 08-Not necessary 09-No adequate sanitation 10-Teacher's gender 11-Feel ashamed 12-
Other

Q12. During the past week, whether 'Name' did household works (which brings money)?
(If no, go to Q. 14)
A12. 1-Yes 2-No

Q13. If yes, how many hours on an average per day?
A13. _____Hours

Q14. During the past week, whether 'Name' worked outside the household? If yes, how 'Name' was
remunerated? (If no, go to Q. 16)
A14. 1-Unpaid 2-Paid cash 3-Paid kind 4-Cash+kind 5-No work

Q15. If yes, how many hours on an average per day?
A15. _____Hours

Q16. During the past week, whether 'Name' did domestic chores for the household?
(If no, go to Q. 18)
A16. 1-Yes 2-No

Q17. If yes, how many hours on an average per day?
A17. _____ Hours

Q18. Does 'Name' have any mental or physical difficulty? If yes, what type of difficulty does s/he have?
(Prompt each item)
A18. 1-Vision 2-Hearing/speech 3-Paralysis 4-Amputee 5-Mental 6-Other 7-Healthy

PART – D: Ever Married Women up to 49 years age

Woman's Line No.: _____
Woman's name: _____

Now I would like to ask about all the births you have had during your life.

- Q01. Have you ever given a birth that has shown any sign of life?
A01. 1-Yes 2-No (if no, go to Q10)
- Q02. At what age you had your first marriage?
A02. _____Years
- Q03. If yes to Q-01, how many years ago did you have your first birth?
A03. _____Years
- Q04. Do you have any sons to whom you have given birth and are living with you? If yes, how many?
A04. _____Son (if no, write '0')
- Q05. Do you have any daughters to whom you have given birth and are living with you? If yes, how many?
A05. _____Daughter (if no, write '0')
- Q06. Does your any son not living with you now?
If yes, how many?
A06. _____Son (if no, write '0')
- Q07. Do you have any daughters who are not living with you? If yes, how many?
A07. _____Daughter (if no, write '0')
- Q08. Did you ever give birth to a child who was born alive but died later (in your whole life)? If no, check Was there any child who cried or a sign of life was noticed at him/her after s/he had been born but died soon after few hours or days?
A08a. a. _____Boys (Write '0' if no such a child was born)
A08b. b. _____Girls (Write '0' if no such a child was born)
- Q09. Just to make sure I am right, you have had 'Number' births in your lifetime?
(Write total number of live births in whole life including those of Q-04, Q-05, Q-06, Q-07, Q-08a and Q-08b except current pregnancy, if any)
A09. _____Numbers
- Q10. Are you pregnant?
A10. 1-Yes 2-No 3-DK

Q11. Did you ever heard of any method of delaying or avoiding pregnancy?

A11. 1-Yes 2-No (if no, go to Q14)

Q12. If yes, are you currently using it?

A12. 1-Yes 2-No (if no, go to Q14)

Q13. If yes, which method are you using currently?

A13. 1-Pill 2-Condom 3-Injection 4-Sterilization 5-Traditional

Q14. Pregnancy History of the respondent woman (if no child ever born, skip to Q21) (start enquiring from the eldest child)

Child Serial No.: _____

Child Line No.: _____

Mothers Line No.: _____

Col.1. Child name: _____

Col.2. Was this delivery twin?

A.2. 1-Single 2-Twin

Col.3. Is the child boy or girl?

A.3. 1-Boy 2-Girl

Col.4. Date of Birth

A.4. ___ month ___ year

Col.5. Is the child (name) presently alive?

A.5. 1-Yes 2-No (If no go to Q.8)

Col.6. Age of the child now? (Age in months for under five children)

A.6. ___ month ___ year

Col.7. Does the child live with you? (Collect information of next child)

A.7. 1-Yes 2-No

Col.8. If died, what was age at death? (Month for <2 years Year for 2+ years)

A.8. ___ month ___ year

Q15. Did you have any delivery during last two years?

(please check with Pregnancy History)

A15. 1-Yes 2-No

Q16. What was the place of your that delivery?

A16. 1-Govt.Hosp./ Health Centre 2-Private/ NGO Health Centre 3- Home Delivery, Neighbour, Relative

Q17. Who assisted with the delivery of your last child?

A17. 1-Doctor/Nurse/Midwife 2- Traditional Birth Attendant 3-Relative/friend/other

Q18. How many doses of injection (TT) have you taken in the arm to prevent your newborn of being affected from tetanus?

A18. _____ Doses (if no, write '0')

Q19. Did you see anyone for taking advice during this pregnancy other than TT)? If yes, whom did you see?

A19. 1-Doctor/Nurse/Midwife 2- Traditional Birth Attendant 3-Relative/friend/other 4-None

Q20. (If the woman had 0-59 months children)

Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away? (Do not prompt)

A20. 0-Cough/running nose 1-Fever 2-Difficult/Fast Breath 3-Convulsion 4-Unable to drink/suck 5-Watery/Bloody diarrhea 6-Other 9-Don't Know/none

Q21. How do you usually wash hands after own or child's defecation?

(Probe for more than one answer)

A21. 1-Only water 2-Water & Soil 3-Water & Ash 4-Water & Soap 5-Not at all 6-Other

Q22. If using water after defecation, how do you use water?

A22. 1-Pouring from pot 2-In bowl

PART – E : Household Information

Q01. What is the usual source of drinking water?

A01. 1-Piped water 2-Boredwell/protected dugwell with pump 3-Slow-sand filtration 4-Protected spring
5-Unprotected well 6-Unprotected spring/pond 7-River/canal/stream 8-Others (specify)

Q02. Is the usual water source located within the compound?

A02. 1-Yes 2-No 9-NA

Q03. Type of latrine the household members using?

(Interviewer to please physically see and code)

A03. 1-Flush to sewage 2-Traditional latrine pit/vault 3-Open pit 4-None/bush/field 5-other

Q04. Is the Latrine located within the compound of the household? (If no/NA, skip to Q-06)

A04. 1-Yes 2-No 9-NA

Q05. If both water source and latrine are within compound, what is the distance between them?

(Interviewer to check by walking from one to other)

A05. _____ Steps NA--99

Q06. Is there any working radio in the household?

A06. 1-Yes 2-No

Q07. Do you listen to radio? (if no, skip to Q-09)

A07. 1-Yes 2-No

Q08. Since this time yesterday till now what are the times did you listen to a radio?

A08. 1-Early morning 2-Morning 3-Noon 4-Afternoon 5-Evening 6-Night

Q09. Test the salt consumed in the household? (Use testing kit)

A09. 1-Iodized 2-Non iodized 3-Both 4-No salt