



HOUSEHOLD INFORMATION PANEL		HH												
HH1A. Region # ___ ___ HH1. ED/ Cluster #: ___ ___ ___ HH2A. Building #. ___ ___ ___	HH2. Household number: ___ ___ ___ HH2V. Ward/ Village/Community Name & #: _____													
HH3. Interviewer's name and number: Name/# _____	HH4. Supervisor's name and number: Name/# _____													
HH5. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___														
HH6. Area: Urban..... 1 Rural..... 2	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">Household Interview Duration</th> </tr> <tr> <th style="width: 20%; padding: 5px;">Visit</th> <th style="width: 40%; padding: 5px;">Start time</th> <th style="width: 40%; padding: 5px;">End Time</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">1</td> <td style="padding: 5px;">___ ___ :___ ___</td> <td style="padding: 5px;">___ ___ :___ ___</td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td style="padding: 5px;">___ ___ :___ ___</td> <td style="padding: 5px;">___ ___ :___ ___</td> </tr> </tbody> </table>		Household Interview Duration			Visit	Start time	End Time	1	___ ___ :___ ___	___ ___ :___ ___	2	___ ___ :___ ___	___ ___ :___ ___
Household Interview Duration														
Visit	Start time	End Time												
1	___ ___ :___ ___	___ ___ :___ ___												
2	___ ___ :___ ___	___ ___ :___ ___												
HH 8. Name of head of household: _____														
<i>Fill in the region, ED/cluster, and household numbers at the top of each page of this questionnaire</i>														
<i>After all questionnaires for the household have been completed, fill in the following information:</i>														
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4 Other (<i>specify</i>) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: ___ ___													
HH11. Total number of household members: _____														
HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____													
HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____													
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>														
HH16. Data entry clerk: Name and No.														

Region No.: _____ ED/Cluster No.: _____ Household No.: _____

HOUSEHOLD (EXTENDED) LISTING FORM

HL

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

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

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here ☐ if continuation sheet used

										Eligible for:				For children age 0-17 years ask HL9-HL12a			
										WOMEN'S INTERVIEW		CHILD LABOUR MODULE		UNDER-5 INTERVIEW		If age 18-59 years	
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP* OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL4E. TO WHICH ETHNIC GROUP++ DOES (name) BELONG?	HL4R. TO WHICH RELIGION/DENOMINATION ** DOES (name) BELONG?	HL5 HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	If age 18-59 years		If age 18-59 years		For children age 0-17 years ask HL9-HL12a			
LINE	NAME	REL.	M F			AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
01		0 1	1 2				01			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
02			1 2				02			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
03			1 2				03			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
04			1 2				04			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
05			1 2				05			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
06			1 2				06			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
07			1 2				07			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
08			1 2				08			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
09			1 2				09			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

Region No.: _____ ED/Cluster No.: _____ Household No.: _____

10			1	2							10				1	2	8				1	2	8				1	2	8
11			1	2							11				1	2	8				1	2	8				1	2	8
12			1	2							12				1	2	8				1	2	8				1	2	8
13			1	2							13				1	2	8				1	2	8				1	2	8
14			1	2							14				1	2	8				1	2	8				1	2	8
15			1	2							15				1	2	8				1	2	8				1	2	8

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?
INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.
Then, complete the totals below.

	Women 15-49	Children 5-14	Under-5s	Very Sick (=1)	Mothers Dead (=2)	Mothers Very Sick (=1)	Fathers Dead (=2)	Fathers Very Sick (=1)
Totals								

Code 98 only if the household member is 50 years or older and as last resort, if his/her age is unknown.
Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women'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 the Questionnaire for Children Under-Five.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 = Head	10 = Uncle/ Aunt
02 = Spouse/Partner	11 = Niece/ Nephew by blood
03 = Son/ Daughter	12 = Niece/ Nephew by marriage
04 = Son/ Daughter-in-law	13 = Other relative
05 = Grand/Great-grand child	14 = Adopted/Foster/Stepchild
06 = Parent	15 = Not related
07 = Parent-in-law	16 = Grand/Great-grand parent
08 = Brother/Sister	98 = Don't Know
09 = Brother/Sister-in-law	

++ Codes for HL4E: Ethnic Group

1= African/Black	6= Portuguese
2= Amerindian	7= White
3= East Indian	96= Other
4= Chinese	98= Don't Know
5= Mixed	

** Codes for HL4F: Religion

01= Anglican	09= Hindu
02= Methodist	10= Rastafarian
03= Pentecostal	11= Other Christians
04= Roman Catholic	95= None
05= Jehovah Witness	96= Other religion
06= Seven Days Adventist	98= Don't know
07= Bahai	99= Not Stated
08= Muslim	

Region No.: _____

ED/Cluster No.: _____

Household No.: _____

EDUCATION MODULE										ED									
For household members age 5 and above										For household members age 5-24 years									
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) REACHED? WHAT IS THE HIGHEST GRADE/YEAR (name) COMPLETED AT THIS LEVEL?	ED4. DURING THIS SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE/YEAR IS/WAS (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE LAST SCHOOL YEAR, THAT IS, 2004- 2005?	ED8. DURING THE LAST SCHOOL YEAR, WHICH LEVEL AND GRADE/YEAR DID (name) ATTEND?											
			LEVEL: 0 NURSERY/ PRESCHOOL 1 PRIMARY 2 SECONDARY 3 POST SECONDARY 4 UNIVERSITY 6 NON-STANDARD CURRICULUM 8 DK GRADE/YR 98 DK <i>If less than 1 grade, enter 00.</i>	YES NO	DAYS	LEVEL 0 1 2 3 4 6 8	GRADE/YR	Y N DK	LEVEL 0 1 2 3 4 6 8	GRADE/YR	Y N DK	LEVEL 0 1 2 3 4 6 8	GRADE/YR						
01		1 YES ⇒ ED3 2 NO ⇒ NEXT LINE		1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
02				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
03				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
04				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
05				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
06				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
07				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
08				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
09				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
10				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
11				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
12				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
13				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						
14				1 2	—	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—	1 2 8	0 1 2 3 4 6 8	—						

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling..... 11 Piped into yard or plot..... 12 Public tap/standpipe 13 Tubewell/borehole with hand pump..... 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, creek, lake, pond, canal) 81 Bottled water 91 Other (<i>specify</i>)..... 96	11⇒WS5 12⇒WS5 ⇒WS3 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND BATHING?	Piped water Piped into dwelling..... 11 Piped into yard or plot..... 12 Public tap/standpipe 13 Tubewell/borehole with hand pump..... 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, creek, lake, pond, canal) 81 Other (<i>specify</i>)..... 96	11⇒WS5 12⇒WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes..... _ _ _ Water delivered or on premises..... 995 DK 998	995⇒WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman 1 Adult man..... 2 Female child (under 15)..... 3 Male child (under 15)..... 4 DK 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes..... 1 No 2 DK 8	2⇒WS7 8⇒WS7

	DK Z	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank 12</p> <p>Pour flush latrine 13</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Traditional Pit latrine 22</p> <p>Hanging toilet 51</p> <p>No toilet, use bush or field 95</p> <p>Other (<i>specify</i>) 96</p>	95⇒ NEXT MODULE
<p>WS8. DOES ANY OTHER HOUSEHOLDS USE THIS TOILET FACILITY?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒ NEXT MODULE
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING? (See explanation in manual).	No. of rooms	
HC3. WHAT IS THE MAIN MATERIAL OF THE DWELLING FLOOR ?	Natural floor Sand..... 11 Earth/ Dung..... 12 Basic floor Unpolished wood 21 Palm/bamboo..... 22 Finished floor Polished wood..... 31 Vinyl or rubber tile 32 Ceramic tiles 33 Cement 34 Carpet 35 Other (specify) 96	
HC4. WHAT IS THE MAIN MATERIAL USED FOR ROOFING?	Natural roofing No Roof 11 Thatch/palm leaf/troolie 12 Finished Roofing Shingles (Asphalt)..... 31 Shingles (Wood) 32 Shingles (Other)..... 33 Metal sheet (Zinc/Aluminum/Galv) 34 Ceramic tiles 35 Concrete 36 Makeshift..... 41 Other (specify) 96	
HC5. WHAT IS THE MAIN CONSTRUCTION MATERIAL OF THE OUTER WALLS OF YOUR DWELLING?	Natural walls No walls 11 Mud 12 Troolie palm 13 Basic walls Zinc 21 Reused wood..... 22 Carton 23 Plywood 24 Finished walls Processed wood 31 Wood and Concrete 32 Concrete 33 Clay bricks 34 Other (specify) 96 Don't Know 98	

HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	Don't know/Not stated 0 In the house 1 In a separate building 2 Outdoors 3 Other (specify) 6																																		
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A CELL PHONE? A LAND PHONE? A REFRIGERATOR? A WASHING MACHINE? AN ELECTRIC GENERATOR? A MICROWAVE? INTERNET CONNECTION?	<table border="0"> <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>Cell phone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Land phone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Electric generator.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Microwave.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Internet connection</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Cell phone.....	1	2	Land phone.....	1	2	Refrigerator.....	1	2	Washing machine	1	2	Electric generator.....	1	2	Microwave.....	1	2	Internet connection	1	2	
	Yes	No																																	
Electricity.....	1	2																																	
Radio.....	1	2																																	
Television.....	1	2																																	
Cell phone.....	1	2																																	
Land phone.....	1	2																																	
Refrigerator.....	1	2																																	
Washing machine	1	2																																	
Electric generator.....	1	2																																	
Microwave.....	1	2																																	
Internet connection	1	2																																	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A PRIVATE CAR? A BOAT WITH A MOTOR?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle/Scooter</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Private car.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Bicycle.....	1	2	Motorcycle/Scooter	1	2	Animal drawn-cart.....	1	2	Private car.....	1	2	Boat with motor	1	2													
	Yes	No																																	
Watch.....	1	2																																	
Bicycle.....	1	2																																	
Motorcycle/Scooter	1	2																																	
Animal drawn-cart.....	1	2																																	
Private car.....	1	2																																	
Boat with motor	1	2																																	

Region No.: _____ ED/Cluster No.: _____ Household No: _____

ITN MODULE		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? <i>If 7 or more nets, record '7'.</i>	Number of nets _____	
TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR KEEP AWAY MOSQUITOES?	Yes..... 1 No 2 DK/not sure..... 8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED? <i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i>	Months ago _____ More than 24 months ago..... 95 Not sure 98	
TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/ KEEP AWAY MOSQUITOES?	Yes..... 1 No 2 DK..... 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago _____ More than 24 months ago..... 95 Not sure 98	

CHILDREN ORPHANED & MADE VULNERABLE BY HIV/AIDS		OV
OV1. Check HL5: any children 0-17? <input type="checkbox"/> Yes ⇒ Continue to OV2 <input type="checkbox"/> No ⇒ Next Module		
OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS ?	Yes1 No2	2⇒OV5
OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes1 No2	2⇒OV5
OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes1 No2	1⇒OV8
OV5. Return to the Household Listing and check the following: 1. Check totals for HL9 and HL11. <input type="checkbox"/> At least one mother or father dead. ⇒ Go to OV8 <input type="checkbox"/> No mother or father dead 2. Check totals for HL8A. <input type="checkbox"/> At least one adult aged 18-59 very sick 3 of last 12 months ⇒ Go to OV8 <input type="checkbox"/> No adult aged 18-59 very sick 3 of last 12 months 3. Check totals for HL10A and HL12A. <input type="checkbox"/> At least one mother or father ill 3 of last 12 months ⇒ Go to OV8 <input type="checkbox"/> No mother or father ill 3 of last 12 months ⇒ Go to Next Module		

Region No.: _____ ED/Cluster No.: _____ Household No: _____

OV8. List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the Household (Extended) Listing Module. Use a continuation sheet if there are more than 4 children age 0-17 in the household. Tick here ☐ if continuation sheet used. Ask all questions for one child before moving to the next child.

	1 ST CHILD	2 ND CHILD	3 RD CHILD	4 TH CHILD
Name (from HL2)	_____	_____	_____	_____
Line number (from HL1)	____ _	____ _	____ _	____ _
Age (from HL5)	____ _	____ _	____ _	____ _
OV9. I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (name) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.				
OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR (name). IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR (name), SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes.....1 No2 DK8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8
OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR (name), SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUNSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes.....1 No2 ⇒ OV13 DK8 ⇒ OV13	Yes..... 1 No 2 ⇒ OV13 DK 8 ⇒ OV13	Yes..... 1 No 2 ⇒ OV13 DK 8 ⇒ OV13	Yes..... 1 No 2 ⇒ OV13 DK 8 ⇒ OV13
OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes.....1 No2 DK8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR (name), SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes.....1 No2 ⇒ OV15 DK8 ⇒ OV15	Yes..... 1 No 2 ⇒ OV15 DK 8 ⇒ OV15	Yes..... 1 No 2 ⇒ OV15 DK 8 ⇒ OV15	Yes..... 1 No 2 ⇒ OV15 DK 8 ⇒ OV15
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes.....1 No2 DK8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR (name), SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes.....1 No2 ⇒ OV17 DK8 ⇒ OV17	Yes..... 1 No 2 ⇒ OV17 DK 8 ⇒ OV17	Yes..... 1 No 2 ⇒ OV17 DK 8 ⇒ OV17	Yes..... 1 No 2 ⇒ OV17 DK 8 ⇒ OV17
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes.....1 No2 DK8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8
OV17. Check OV8 for age of child:	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR (name's) SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8	Yes..... 1 No 2 DK 8

Region No.: _____ ED/Cluster No.: _____ Household No.: _____

CHILD LABOUR MODULE										CL	
To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank Now I would like to ask about any work children in this household may do.											
CL1. Line no.	CL2. Name	CL3. Since last (day of the week), did (name) do any kind of work for someone who is not a member of this household? If yes: for pay in cash or kind? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO → TO CL5	CL4. If yes: about how many hours during that week did he/she do this work for someone who is not a member of this household? If more than one job, include all hours at all jobs. Record response then → CL.6	CL5. At any time during the past year, did (name) do any kind of work for someone who is not a member of this household? If yes: for pay in cash or kind? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. During the past week, did (name) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children? 1 YES 2 NO → TO CL8	CL7. If yes: since last (day of the week), about how many hours did he/she spend doing these chores?	CL8. During the past week, did (name) do any other family work (on the farm or in a business or selling goods in the street?) 1 YES 2 NO → NEXT LINE	CL9. If yes: since last (day of the week), about how many hours did he/she do this work?			
LINE NO.	NAME	YES PAID UNPAID NO	NO. HOURS	YES PAID UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS			
01		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
02		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
03		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
04		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
05		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
06		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
07		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
08		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
09		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
10		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
11		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
12		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
13		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			
14		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —			

Guyana MICS3

HH.12

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.
LINE	LINE	NAME	M	F	AGE	MOTHER
01	_____	_____	1	2	_____	_____
02	_____	_____	1	2	_____	_____
03	_____	_____	1	2	_____	_____
04	_____	_____	1	2	_____	_____
05	_____	_____	1	2	_____	_____
06	_____	_____	1	2	_____	_____
07	_____	_____	1	2	_____	_____
08	_____	_____	1	2	_____	_____
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					_____

If there is only one child aged 2-14 years in the household, then skip table 2 and go to CD9; write down in CD9, the rank number of the child (i.e. 01) and continue with CD11

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

Use this table to select **one child between the ages of 2 and 14 years**, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the **rank number** of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8. Last digit of the household number	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child	Rank number of child _ _
---	--------------------------------

instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).

CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH I.E. SINCE (day of interview) OF LAST MONTH. AT ANYTIME DURING THAT PERIOD, WHEN (name) BEHAVED 'BAD', DID YOU OR ANYONE ELSE IN YOUR HOUSEHOLD:		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes 1 No 2	
CD12B. EXPLAINED WHY THE BEHAVIOR WAS WRONG.	Yes 1 No 2	
CD12C. SHOOK HIM/HER.	Yes 1 No 2	
CD12D. SHOUTED AT, HOLLERED ON OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO AS A DISTRACTION.	Yes 1 No 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD12G. LASH OR HIT HIM/HER ON THE BOTTOM AND OR OTHER PARTS ON THE BODY WITH SOMETHING LIKE A STICK, WOOD, BELT, HAIRBRUSH, OR OTHER HARD OBJECT.	Yes 1 No 2	
CD12H. CALLED HIM/HER STUPID, GOOD FOR NOTHING, DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS WITH BARE HAND.	Yes 1 No 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG WITH BARE HAND.	Yes 1 No 2	
CD12K. BEAT/ HIT HIM/HER UP WITH SOMETHING (AN OBJECT) OVER AND OVER AS HARD AS ONE COULD.	Yes 1 No 2	
CD13. DO YOU THINK THAT IN ORDER TO RAISE OR BRING UP (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/ HER BY BEATING OR LASHING OR HITTING OR SUCH LIKE?	Yes 1 No 2 Don't know/no opinion..... 8	

CD14. Does any eligible woman age 15-49 reside in the household?

Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ Yes. ⇒ Go to *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* to administer the questionnaire to the first eligible woman.

☐ No. ⇒ Continue.

CD15. Does any child under the age of 5 reside in the household?

Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ Yes. ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to administer the questionnaire to mother or caretaker of the first eligible child.

☐ No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

WOMEN'S INFORMATION PANEL		WM
<i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the ED/cluster, region and household numbers, and the name and line number of the woman in the space below and at the top of each page of this questionnaire. Fill in your name, number and the date.</i>		
WM1A. Region # ____ ____ WW1. ED/ Cluster #: ____ ____ ____ ____ WM2A. Building #. ____ ____ ____	WM2. Household number: ____ ____ ____ WM2V. Ward/ Village/Community Name & #: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number (check HLI): _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: _____ / _____ / _____	
WM7. Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) _____ 6	

Repeat greeting if not already read to this woman:

WE ARE FROM THE BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ____ ____ DK month 98 Year ____ ____ ____ ____ DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) ____ ____	

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all women age 15-49.</i></p> <p><i>All questions refer only to LIVE births.</i></p>		
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If "No" probe by asking:</i> I MEAN, HAVE YOU EVER GIVEN BIRTH TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒ MARRIAGE /UNION MODULE</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth</p> <p>Day..... _ _</p> <p>DK day 98</p> <p>Month _ _</p> <p>DK month 98</p> <p>Year _ _ _ _</p> <p>DK year 9998</p>	<p>⇒CM3 ↓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth _ _</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home _ _</p> <p>Daughters at home _ _</p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere _ _</p> <p>Daughters elsewhere _ _</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒CM9</p>

Reg. #: ____ ED/ Cluster #: ____ HH #: ____ Woman's line #: ____

CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead ____ Girls dead..... ____	
CM9. <i>Sum answers to CM4, CM6, and CM8.</i>	Sum..... ____	
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i> ____) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM11</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>		
CM11. OF THESE (<i>total number</i> ____) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? <i>If day is not known, enter '98' in space for day.</i>	Date of last birth Day/Month/Year ____ / ____ / ____	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Enter the name of last child born within the last 2 years in the space below then Continue with CM13</p> <p style="text-align: center;">Name of last child born within the last 2 years _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p>		
CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	<p>Then 1</p> <p>Later 2</p> <p>No more 3</p>	

This module is to be administered to all women with at least one live birth within the last 2 years i.e. since (day and month of interview in 2004)?

TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN DT IMMUNIZATIONS LISTED?	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK 8	
<i>If a card is presented, use it to assist with answers to the following questions.</i>		
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM/ HER FROM GETTING TETANUS (FITS) AFTER BIRTH (AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes..... 1 No..... 2 DK 8	2⇒TT5 8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS INJECTION (I.E. ANTI-TETANUS INJECTION) DURING YOUR LAST PREGNANCY?	No. of times..... _ _ DK 98	98⇒TT5
TT4. How many DT doses during last pregnancy were reported in Question TT3?		
<input type="checkbox"/> At least two DT injections during last pregnancy. ⇒ Go to Next Module <input type="checkbox"/> Fewer than two DT injections during last pregnancy. ⇒ Continue with Question TT5		
TT5. DID YOU RECEIVE ANY SUCH INJECTIONS (I.E. DT OR TT) AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes..... 1 No..... 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times..... _ _	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Month _ _ DK month 98 Year _ _ _ _ DK year 9998	⇒NEXT MODULE ↓TT8
<i>Skip to next module only if year of injection is given. Otherwise, continue with Question TT8.</i>		
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago..... _ _	

Reg. #: ____ ED/ Cluster #: ____ HH #: ____ Woman's line #: ____

MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><i>This module is to be administered to all women with at least one live birth in the 2 years before the date of interview. Check Child Mortality Module CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE WHEN YOU WERE PREGNANT WITH <i>name</i>?</p> <p>If yes: WHOM DID YOU SEE? ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor.....A</p> <p>Nurse/midwifeB</p> <p>Single trained midwife.....C</p> <p>Medex.D</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Community Health Worker (CHW).....G</p> <p>Relative/friendH</p> <p>Other (<i>specify</i>)X</p> <p>No one.....Y</p>	<p>Y⇒MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE THE FOLLOWING DONE <u>AT LEAST ONCE</u>?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight.....</td> <td>1</td> <td>2</td> </tr> <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	Weight.....	1	2	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No															
Weight.....	1	2															
Blood pressure.....	1	2															
Urine sample.....	1	2															
Blood sample.....	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR WERE COUNSELED ABOUT AIDS OR THE HIV VIRUS?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2⇒MN7</p> <p>8⇒MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor.....A</p> <p>Nurse/midwifeB</p> <p>Single trained/ Auxiliary midwife.....C</p> <p>Medex.....D</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Community health workerG</p> <p>Relative/friendH</p> <p>Other (<i>specify</i>)X</p> <p>No one.....Y</p>																

<p>MN8. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home 12</p> <p>Public medical sector</p> <p>Govt. hospital..... 21</p> <p>Govt. clinic/health center..... 22</p> <p>Other public medical (<i>specify</i>) _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic..... 32</p> <p>Private maternity home 33</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>MN9. WHEN YOUR LAST CHILD <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1</p> <p>Larger than average..... 2</p> <p>Average..... 3</p> <p>Smaller than average..... 4</p> <p>Very small 5</p> <p>DK 8</p>	
<p>MN10. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kilograms) __ . __ __</p> <p>From recall 2 (kilograms) __ . __ __</p> <p>From card.... .. lb (s)</p> <p>From recall.. lb (s)</p> <p>DK 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours..... 1 __ __</p> <p><i>or</i></p> <p>Days..... 2 __ __</p> <p>Don't know/remember..... 998</p>	

Reg. #: ____ ED/ Cluster #: ____ HH #: ____ Woman's line #: ____

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A COMMON LAW PARTNER?	Yes, currently married..... 1 Yes, currently common law..... 2 No, not in union..... 3	3⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ____ DK 98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED IN A COMMON LAW RELATIONSHIP?	Yes, was married 1 Yes, was common law 2 No..... 3	3⇒NEXT MODULE
MA4. ARE YOU CURRENTLY WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVING IN A COMMON LAW RELATIONSHIP ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A COMMON LAW PARTNER?	Month ____ DK month 98 Year..... ____ DK year 9998	
MA7. Check MA6: <input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ____	

CONTRACEPTION AND UNMET NEED		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION.</p> <p>OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No..... 2</p> <p>Unsure or DK 8</p>	<p>2⇒CP2</p> <p>8⇒CP2</p>
<p>CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u>, DID YOU WANT TO WAIT UNTIL <u>LATER</u>, OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?</p>	<p>Then 1</p> <p>Later 2</p> <p>Not want more children 3</p>	<p>1⇒CP4B</p> <p>2⇒CP4B</p> <p>3⇒CP4B</p>
<p>CP2. SOME PEOPLE 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?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒CP4A</p>
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>Pill C</p> <p>IUD D</p> <p>Injections..... E</p> <p>Implants..... F</p> <p>Condom..... G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam/jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence..... L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	
<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> 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?</p>	<p>Have (a/another) child..... 1</p> <p>No more/none 2</p> <p>Says she cannot get pregnant 3</p> <p>Undecided/don't know..... 8</p>	<p>2⇒CP4D</p> <p>3⇒NEXT MODULE</p> <p>8⇒CP4D</p>

Reg. #: ____ ED/ Cluster #: ____ HH #: ____ Woman's line #: ____

<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months 1 ____</p> <p>Years..... 2 ____</p> <p>Soon/now 93</p> <p>Says she cannot get pregnant 94</p> <p>After marriage 95</p> <p>Other (<i>specify</i>) 96</p> <p>Don't know 98</p>	<p>94⇒NEXT MODULE</p>
<p>CP4D. Check CPI</p> <p><input type="checkbox"/> Currently pregnant? ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not currently pregnant or unsure? ⇒ Continue with CP4E</p>		
<p>CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME IF YOU WANT TO?</p> <p><i>For women who are not currently in union, ask if they think they could get pregnant if they had a partner.</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV																												
<p>DV1. SOMETIMES A HUSBAND IS ANNOYED OR VEXED BY THINGS THAT HIS WIFE/ PARTNER DOES. DO YOU THINK A HUSBAND/PARTNER SHOULD HIT OR BEAT HIS WIFE/PARTNER IN THE FOLLOWING SITUATIONS:</p>																														
<p>DV1A. IF SHE GOES OUT WITHOUT TELLING HIM?</p> <p>DV1B. IF SHE DOES NOT TAKE CARE OF THE CHILDREN?</p> <p>DV1C. IF SHE ARGUES/ DISAGREES WITH HIM?</p> <p>DV1D. IF SHE REFUSES TO HAVE SEX WITH HIM?</p> <p>DV1E. IF SHE BURNS THE FOOD?</p> <p>DV1F. IF SHE DOES NOT PREPARE THE FOOD ON TIME?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Goes out without telling</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Neglects children.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Argues/ disagrees</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Refuses sex.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Food burns.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Late food</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Goes out without telling	1	2	8	Neglects children.....	1	2	8	Argues/ disagrees	1	2	8	Refuses sex.....	1	2	8	Food burns.....	1	2	8	Late food	1	2	8	
	Yes	No	DK																											
Goes out without telling	1	2	8																											
Neglects children.....	1	2	8																											
Argues/ disagrees	1	2	8																											
Refuses sex.....	1	2	8																											
Food burns.....	1	2	8																											
Late food	1	2	8																											

<i>HIV/AIDS module</i>		<i>HA</i>
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1 No 2	2⇒ HA19
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	No 2	
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE UNINFECTED SEX PARTNER WHO ALSO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS THROUGH WITCHCRAFT OR OTHER SUPERNATURAL MEANS (E.G. OBEAH)?	Yes 1 No 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCES OF GETTING THE AIDS VIRUS BY USING A CONDOM CORRECTLY 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 REDUCE THEIR CHANCES OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes 1 No 2 DK 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING THE FOOD OF A PERSON WHO HAS AIDS?	Yes 1 No 2 DK 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO HER BABY?		
	Yes No DK	
HA9A. DURING PREGNANCY?	During pregnancy 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA10. 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	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A PERSON IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes 1 No 2 DK/not sure/depends 8	

Reg. #: ____ ED/ Cluster #: ____ HH #: ____ Woman's line #: ____

<p>HA14. Check MN5: Tested for HIV during antenatal care?</p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No/ MN5 not applicable. ⇒ Continue with HA15</p>		
<p>HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒HA18</p>
<p>HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test..... 1</p> <p>Offered and accepted 2</p> <p>Required..... 3</p>	<p>1⇒HA19</p> <p>2⇒ HA19</p> <p>3⇒ HA19</p>
<p>HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?</p> <p>HA18A. If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>HA19. Is the woman a caretaker/ mother of any children under five years of age?</p> <p><input type="checkbox"/> Yes. ⇒ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker/ mother</p> <p><input type="checkbox"/> No. ⇒ CONTINUE WITH HA20</p>		
<p>HA 20. Does another eligible woman reside in the household?</p> <p><input type="checkbox"/> Yes. ⇒ End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN and administer the questionnaire to the next eligible woman</p> <p><input type="checkbox"/> No. ⇒ End the interview with this woman by thanking her for her cooperation. Gather together all the questionnaires for this household and tally the number of interviews completed on the cover page of the Household questionnaire</p>		

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the ED/cluster, region and household numbers, and names and line numbers of the child and the mother/caretaker in the space below and at the top of each page of this questionnaire. Insert also in the space below, your own name and number, and the date.</i></p>		
UF1A. Region #: ____ ____ UF1. ED/ Cluster #: ____ ____ ____ UF2A. Building #: ____ ____ ____	UF2. Household number: ____ ____ ____ UF2V. Ward/ Village/Community Name & #: _____	
UF3. Child's Name: _____	UF4. Child's Line Number (From HLI): _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: _____/_____/_____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed..... 1 Not at home 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (specify) _____ 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i>	Date of birth: Day DK day 98 Month Year.....	
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	Age in completed years	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? <i>If seen, verify reported birth date, otherwise try to verify date using other documents such as clinic cards, immunization cards, etc</i>	Yes, seen 1 Yes, not seen 2 No..... 3 DK 8	1⇒BR5
BR2. HAS (name's) BIRTH BEEN REGISTERED?	Yes 1 No..... 2 DK 8	1⇒BR5 8⇒BR4
BR3. WHY IS (name's) BIRTH NOT REGISTERED?	Must travel too far 2 Did not know it should be registered..... 3 Late, and did not want to pay..... 4 Does not know where to register 5 Does not know how to register..... 6 Does not think that it is necessary..... 7 Other (specify) 96 DK 98	6⇒BR5
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No..... 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old? <input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME , SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN?	Yes 1 No..... 2 DK 8	2⇒BR8 8⇒BR8
BR7. SINCE LAST (day of the week) ABOUT HOW MANY HOURS DID (name) ATTEND?	No. of hours _ _	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE DO ANY OF THE FOLLOWING ACTIVITIES WITH (name): <i>If yes, ask: WHO DID THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (name)?	Books	Mother Father Other No one A B X Y
BR8B. TELL STORIES TO (name)?	Stories	A B X Y
BR8C. SING SONGS WITH (name)?	Songs	A B X Y
BR8D. TAKE (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH (name)?	Play with	A B X Y
BR8F. SPEND TIME WITH (name) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y

Reg # ____ ED/Cluster # ____ HH # ____ Caretaker #: ____ Child line #: ____

CHILD DEVELOPMENT		CE
<p>CE1. Ask this question only once for each mother/caretaker. If the question was asked before, copy the responses and continue to CE2</p> <p>HOW MANY SCHOOL BOOKS, ADULT BOOKS AND BOOKS FOR OLDER CHILDREN ARE THERE IN THE HOUSEHOLD? PLEASE DO NOT INCLUDE BOOKS MEANT FOR YOUNG CHILDREN, SUCH AS PICTURE BOOKS, COLOURING BOOKS, ETC</p> <p>If 'none' enter 0</p>	<p>Number of non-children's books 0 ____</p> <p>Ten or more non-children's books 10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p> <p>If 'none' enter 0</p>	<p>Number of children's books 0 ____</p> <p>Ten or more books 10</p>	
<p>CE3. I WOULD NOW LIKE TO ASK YOU ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS, POT COVERS OR POTS?</p> <p>THINGS FOUND OUTSIDE THE HOUSE, SUCH AS STICKS, BRICKS, ANIMALS, COCONUT SHELLS OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS ROLLERS, SCOOTERS, DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p>If the respondent says "YES" to any of the prompted categories, then find out what exactly the child plays with to determine the response. Circle as many categories as necessary.</p> <p>Code Y if child does not play with any of the items mentioned.</p>	<p>Household objects (bowls, plates, cups, pots, etc.)A</p> <p>Objects and materials found outside the living quarters (sticks, bricks, animals, shells, leaves)B</p> <p>Homemade toys (dolls, cars and other toys made at home) C</p> <p>Toys that came from a storeD</p> <p>No playthings mentionedY</p>	
<p>CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO WORK, GO SHOPPING, WASH CLOTHES FAR AWAY FROM THE HOUSE, OR FOR OTHER SUCH REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD WHO IS YOUNGER THAN 10 YEARS OLD?</p> <p>If 'none' enter 00</p>	<p>Number of times..... ____</p>	
<p>CE5. IN THE PAST WEEK I.E. SINCE LAST (day of the week), HOW MANY TIMES WAS (name) LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times..... ____</p>	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>	<div style="text-align: right; margin-bottom: 10px;">Y N DK</div> A. Vitamin supplements 1 2 8 B. Plain water 1 2 8 C. Sugar water, juice or tea 1 2 8 D. ORS 1 2 8 E. Infant formula 1 2 8 F. Milk 1 2 8 G. Other liquids 1 2 8 H. Crush (Solid or semi-solid food) ... 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (crush) food? <input type="checkbox"/> Yes. ⇒ Continue with BF5 <input type="checkbox"/> No or DK. ⇒ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? <i>If 7 or more times, record '7'.</i>	No. of times ____ Don't know 8	

Reg # ____ ED/Cluster # ____ HH # ____ Caretaker #: ____ Child line #: ____

CARE OF ILLNESS MODULE		CA
CA1. HAS (name) HAD DIARRHOEA IN THE LAST TWO WEEKS? <i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i>	Yes 1 No 2 DK 8	2⇒CA5 8⇒CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (name) DRINK ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i>	<div style="text-align: right;">Yes No DK</div> CA2A. ORS PACKET SOLUTION? A. Fluid from ORS packet 1 2 8 CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID I.E. SUGAR/ SALT WATER MIXTURE? B. Recommended homemade fluid .. 1 2 8 CA2C. ORS READYMADE SOLUTION E.G. PEDIALITE SOLUTION? C. Pre-packaged ORS fluid 1 2 8	
CA3. DURING (name's) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none..... 1 About the same (or somewhat less) 2 More 3 DK 8	
CA4. DURING (name's) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? <i>If "less", probe:</i> MUCH LESS OR A LITTLE LESS?	None..... 1 Much less 2 Somewhat less..... 3 About the same 4 More 5 DK 8	
CA4A. Check CA2A: ORS packet solution used? <input type="checkbox"/> Yes. ⇒ Continue with CA4B <input type="checkbox"/> No. ⇒ Go to CA5		

CA4B. WHERE DID YOU GET THE ORS PACKET SOLUTION? (from CA2A)?	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Community Health Worker (CHW) 14 Mobile/outreach clinic 15 Dispensary 16 Other public (specify) 17 Private medical sector Private hospital/clinic 21 Private Doctor 22 Private pharmacy/ drug store 23 Mobile clinic 24 Dispensary 25 Other private medical (specify) 26 Other source Relative or friend 31 Shop 32 Traditional healer 33 Other (specify) 96 Don't know 98	
CA4C. HOW MUCH DID YOU PAY FOR THE ORS PACKET SOLUTION (from CA2A)?	Local currency — — — Free 996 DK 998	
CA5. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, IN THE LAST 14 DAYS?	Yes 1 No 2 DK 8	2⇒CA12 8⇒CA12
CA6. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 DK 8	2⇒CA12 8⇒CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest 1 Blocked nose 2 Both 3 Other (specify) 6 DK 8	2⇒CA12 6⇒CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes 1 No 2 DK 8	2⇒CA10 8⇒CA10

Reg #: ____ ED/Cluster #: ____ HH #: ____ Caretaker #: ____ Child line #: ____

<p>CA9. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p>ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital A</p> <p>Govt. health centre B</p> <p>Govt. health post C</p> <p>Community Health Worker D</p> <p>Mobile/outreach clinic E</p> <p>Dispensary F</p> <p>Other public (specify) _____ H</p> <p>Private medical sector</p> <p>Private hospital/clinic I</p> <p>Private Doctor J</p> <p>Private pharmacy/ drug store K</p> <p>Mobile clinic L</p> <p>Dispensary M</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative or friend P</p> <p>Shop Q</p> <p>Traditional healer R</p> <p>Other (specify) _____ X</p>	
<p>CA10. WAS (name) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Circle all medicines given.</i></p>	<p>Antibiotic</p> <p>Ampicillin/Augumentin A</p> <p>Septtrin/Cotrimoxale B</p> <p>Other antibiotic (specify) _____ D</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>CA11A. Check CA11: Antibiotic given?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA11B</p> <p><input type="checkbox"/> No. ⇒ Go to CA12</p>		

CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector Govt. hospital 11 Govt. health centre..... 12 Govt. health post..... 13 Community Health Worker..... 14 Mobile/outreach clinic 15 Dispensary 16 Other public (<i>specify</i>)..... 17 Private medical sector Private hospital/clinic 21 Private doctor..... 22 Private pharmacy/ drug store 23 Mobile clinic 24 Other private medical (<i>specify</i>)..... 26 Other source Relative or friend..... 31 Shop 32 Traditional healer 33 Other (<i>specify</i>)..... 96 Don't know98	
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Local currency — — — Free996 DK998	
CA12. Check UF11: Child aged under 3? <input type="checkbox"/> Yes. ⇒ Continue with CA13 <input type="checkbox"/> No. ⇒ Go to CA14		
CA13. THE LAST TIME (<i>name</i>) PASSED STOOL, WHAT WAS DONE TO DISPOSE OF THE STOOL?	Child used toilet/latrine..... 01 Thrown into toilet or latrine..... 02 Thrown into drain 03 Thrown into garbage (solid waste)..... 04 Buried..... 05 Left in the open 06 Thrown outside the yard 07 Other (<i>specify</i>) 96 Don't know 98	

Reg #: ____ ED/Cluster #: ____ HH #: ____ Caretaker #: ____ Child line #: ____

<p><i>Ask the following question (CA14) only once for each mother/caretaker.</i></p> <p><i>If the question was asked before, copy the responses and Go to the Next Module</i></p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, But do NOT prompt with any suggestions.</i></p>	<p>Child not able to drink or breastfeedA</p> <p>Child becomes sicker.....B</p> <p>Child develops a feverC</p> <p>Child has fast breathingD</p> <p>Child has difficult breathing.....E</p> <p>Child has blood in stool.....F</p> <p>Child is drinking poorly.....G</p> <p>Child has vomitingH</p> <p>Child has diarrheaI</p> <p>Child has Vomiting and diarrhea.....J</p> <p>Other (specify) _____ X</p> <p>Other (specify) _____ Y</p> <p>Other (specify) _____ Z</p>	
---	--	--

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes..... 1 No..... 2 DK..... 8	2⇒ML10 8⇒ML10
ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes..... 1 No..... 2 DK..... 8	2⇒ML6 8⇒ML6
ML3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes..... 1 No..... 2 DK..... 8	2⇒ML5 8⇒ML5
ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? <i>Circle all medicines mentioned.</i>	Anti-malarials: Chloroquine.....A Primaquine.....B CoartemC Mefloquine.....D ArtesunateE Quinine.....F Other anti-malarial (<i>specify</i>)..... H Other medications: Paracetamol/Panadol/Acetaminophen ...P Aspirin Q IbuprofenR Other (<i>specify</i>)..... X DK..... Z	
ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes..... 1 No..... 2 DK..... 8	1⇒ML7 2⇒ML8 8⇒ML8
ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..... 1 No..... 2 DK..... 8	2⇒ML8 8⇒ML8
ML7. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i>	Anti-malarials: Chloroquine.....A Primaquine.....B CoartemC Mefloquine.....D ArtesunateE Quinine.....F Other anti-malarial (<i>specify</i>)..... H Other medications: Paracetamol/Panadol/Acetaminophen ...P Aspirin Q IbuprofenR Other (<i>specify</i>)..... X DK..... Z	

Reg #: ____ ED/Cluster #: ____ HH #: ____ Caretaker #: ____ Child line #: ____

ML8. Check ML4 and/or ML7: Anti-malarial mentioned (codes A - H)?		
<input type="checkbox"/> Yes. ⇒ Continue with ML9 <input type="checkbox"/> No. ⇒ Go to ML10		
ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)? <i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i> <i>Record the code for the day on which the first anti-malarial was given.</i>	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	
ML9A. WHERE DID YOU GET THE (name of anti-malarial from ML4 or ML7)? <i>If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).</i>	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Community Health Worker 14 Mobile/outreach clinic 15 Dispensary 16 Other public (specify) 17 Private medical sector Private hospital/clinic 21 Private doctor 22 Private pharmacy/ drug store 23 Mobile clinic 24 Dispensary 25 Other private medical (specify) 26 Other source Relative or friend 31 Shop 32 Traditional healer 33 Other (specify) 96 Don't know 98	
ML9B. HOW MUCH DID YOU PAY FOR THE (name of anti-malarial from ML4 or ML7)? <i>Refer to the same anti-malarial as in ML9A above</i>	Local currency Free 996 DK 998	
ML10. DID (name) SLEEP UNDER A MOSQUITO NET LAST NIGHT?	Yes 1 No 2 DK 8	2 ⇒ NEXT MODULE 8 ⇒ NEXT MODULE
ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET? <i>If less than 1 month, record '00'.</i> <i>If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i>	Months ago More than 24 months ago 95 Not sure 98	

ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR KEEP AWAY MOSQUITOES?	Yes..... 1 No..... 2 DK/not sure 8	
ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/KEEP AWAY MOSQUITOES OR BUGS?	Yes..... 1 No..... 2 DK 8	2⇒ NEXT MODULE 8⇒ NEXT MODULE
ML15. HOW LONG AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than 1 month, record '00'.</i> <i>If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago — — More than 24 months ago 95 DK 98	

Reg #: ____ ED/Cluster #: ____ HH #: ____ Caretaker #: ____ Child line #: ____

IMMUNIZATION MODULE										IM	
If an immunization card is available, copy the dates in IM2-IM7 for each type of immunization recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.											
IM1. IS THERE A VACCINATION CARD FOR (name)?		Yes, seen 1 Yes, not seen 2 No..... 3							2⇒IM10 3⇒IM10		
(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					
IM2. BCG	BCG										
IM3B. POLIO 1	OPV1										
IM3C. POLIO 2	OPV2										
IM3D. POLIO 3	OPV3										
IM5A. PENTAVALENT (OR DPT+ HIB+HEPB1)	(DPT)HH1										
IM5B. PENTAVALENT (OR DPT+ HIB+HEPB2)	(DPT)HH2										
IM5C. PENTAVALENT (OR DPT+ HIB+HEPB3)	(DPT)HH3										
IM6. MMR	MEASLES										
IM7. YELLOW FEVER	YF										
IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? <i>Record 'Yes' only if respondent mentions BCG, OPV 1-3, Pentavalent 1-3, MMR, or Yellow Fever vaccine(s).</i>		Yes 1 <i>(Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM7.)</i> No..... 2 DK 8							1⇒IM 20 2⇒IM 20 8⇒IM 20		
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES?		Yes 1 No..... 2 DK 8							2⇒IM 20 8⇒IM 20		
IM11. HAS (NAME) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?		Yes 1 No..... 2 DK 8									
IM12. HAS (NAME) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?		Yes 1 No..... 2 DK 8							2⇒IM15 8⇒IM15		

IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times _ _	
IM15. HAS <i>(name)</i> EVER BEEN GIVEN PENTAVALENT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes 1 No..... 2 DK 8	2⇒IM17 8⇒IM17
IM16. HOW MANY TIMES?	No. of times _ _	
IM17. HAS <i>(name)</i> EVER BEEN GIVEN “MMR VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MMR?	Yes 1 No..... 2 DK 8	
IM18. HAS <i>(name)</i> EVER BEEN GIVEN “YELLOW FEVER VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)	Yes 1 No..... 2 DK 8	
<p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.</p> <p>If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.</p>		

Reg #: ____ ED/Cluster #: ____ HH #: ____ Caretaker #: ____ Child line #: ____

ANTHROPOMETRY MODULE		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 on the household listing before recording measurements.</p>		
AN1. Child's weight.	Kilograms (kg) ____ . ____	
AN2. Child's length or height. Check age of child in UF11: <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).	Length (cm) Lying down 1 ____ . ____ Height (cm) Standing up 2 ____ . ____	
AN3. Measurer's identification code.	Measurer code ____	
AN4. Result of measurement.	Measured 1 Not present 2 Refused 3 Other (specify) 6	

AN5. 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. ⇒ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.
