

The questionnaires of the Suriname 2018 MICS are presented in Appendix E:



HOUSEHOLD QUESTIONNAIRE
(19 MARCH 2018)
MICS 2018, Suriname



HOUSEHOLD INFORMATION PANEL				HH
HH1. Cluster number: _____		HH2. Household number: _____		
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____		
HH5. Day / Month / Year of interview: _____ / _____ / 20__		HH7. District:		
HH6A. Area:		PARAMARIBO.....01		
URBAN.....1		WANICA.....02		
RURAL COASTAL 2		NICKERIE.....03		
RURAL INTERIOR 3		CORONIE.....04		
HH8. Is the household selected for Questionnaire for Men?		SARAMACCA.....05		
YES.....1		COMMEWIJNE.....06		
NO.....2		MAROWIJNE.....07		
HH9. Is the household selected for Water Quality Testing?		PARA.....08		
YES.....1		BROKOPONDO.....09		
NO.....2		SIPALIWINI.....10		
Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.				HH11. Record the start time.
				HOURS : MINUTES
				_____ : _____
HH12. Hello, my name is (your name). We are from the General Bureau of Statistics and we are conducting a survey for the Ministry of Social Affairs and Housing about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 25 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?				
YES.....1		1 ⇒ LIST OF HOUSEHOLD MEMBERS		
NO / NOT ASKED.....2		2 ⇒ HH46		
HH46. Result of Household Questionnaire interview:		COMPLETED.....01		
Discuss any result not completed with Supervisor.		NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT.....02		
		ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME.....03		
		REFUSED.....04		
		DWELLING VACANT OR ADDRESS NOT A DWELLING.....05		
		DWELLING DESTROYED.....06		
		DWELLING NOT FOUND.....07		
		OTHER (specify) _____ 96		
HH47. Name and line number of the respondent to Household Questionnaire interview:		To be filled after the Household Questionnaire is completed		To be filled after <u>all</u> the questionnaires are completed
NAME _____		TOTAL NUMBER		COMPLETED NUMBER
HOUSEHOLD MEMBERS		HH48	_____	
WOMEN AGE 15-49		HH49	_____	HH53
If household is selected for Questionnaire for Men: MEN AGE 15-49		HH50	_____	HH54
CHILDREN UNDER AGE 5		HH51	_____	HH55
CHILDREN AGE 5-17		HH52	_____	HH56
				ZERO 0
				ONE 1

LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box: ☐

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household.	HL3. What is the relationship of (name) to head of household?	HL4. Is (name) male or female?	HL5. What is (name)'s date of birth?	HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'.	HL8. Record line number if woman and age 15-49.	HL9. Record line number if man, age 15-49 and HL8 is yes.	HL10. Record line number if age 0-4.	HL11. Age 0-17? 1 YES 2 NO <input type="checkbox"/> Next Line	HL12. Is (name)'s natural mother alive? 1 YES 2 NO <input type="checkbox"/> 8 DK <input type="checkbox"/> HL16 HL16	HL13. Does (name)'s natural mother live in this household? 1 YES 2 NO <input type="checkbox"/> HL15	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN SAME DISTRICT 3 IN ANOTHER HOUSEHOLD IN ANOTHER DISTRICT 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is (name)'s father alive? 1 YES 2 NO <input type="checkbox"/> 8 DK <input type="checkbox"/> HL20	HL17. Does (name)'s natural father live in this household? 1 YES 2 NO <input type="checkbox"/> HL19	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN SAME DISTRICT 3 IN ANOTHER HOUSEHOLD IN ANOTHER DISTRICT 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'.	
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER	Y N DK	Y N	FATHER			
01		0 1	1 2	---	---	---	01	01	01	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
02		---	1 2	---	---	---	02	02	02	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
03		---	1 2	---	---	---	03	03	03	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
04		---	1 2	---	---	---	04	04	04	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
05		---	1 2	---	---	---	05	05	05	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
06		---	1 2	---	---	---	06	06	06	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
07		---	1 2	---	---	---	07	07	07	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
08		---	1 2	---	---	---	08	08	08	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
09		---	1 2	---	---	---	09	09	09	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
10		---	1 2	---	---	---	10	10	10	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
11		---	1 2	---	---	---	11	11	11	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
12		---	1 2	---	---	---	12	12	12	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
13		---	1 2	---	---	---	13	13	13	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
14		---	1 2	---	---	---	14	14	14	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
15		---	1 2	---	---	---	15	15	15	1 2	1 2 8	1 2	---	1 2 8	1 2	---	1 2 3 4 8	---	
* Codes for HL3:				05 GRANDCHILD				09 BROTHER-IN-LAW / SISTER-IN-LAW				13 ADOPTED / FOSTER / STEPCHILD							
Relationship to head of household:				06 PARENT				10 UNCLE/AUNT				14 SERVANT (LIVE-IN)							
				07 PARENT-IN-LAW				11 NIECE / NEPHEW				96 OTHER (NOT RELATED)							
				08 BROTHER / SISTER				12 OTHER RELATIVE				98 DK							

EDUCATION I				ED				
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.	ED3. Age 3 or above? 1 YES 2 NO ⇄ Next Line	ED4. Has (name) ever attended school or any Early Childhood Education programme? 1 YES 2 NO ⇄ Next Line	ED5. What is the highest level and grade or year of school (name) has ever attended? LEVEL: 0 ECE ⇄ 1 PRE-PRIMARY 2 PRIMARY 3 LOWER SECONDARY 4 UPPER SECONDARY 5 HIGHER 8 DK	ED6. Did (name) ever complete that (grade/year)? 1 YES 2 NO 8 DK	ED7. Age 3-24? 1 YES 2 NO ⇄ Next Line	ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO ⇄ Next Line	
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	Y N DK	YES NO	YES NO
01		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
02		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
03		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
04		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
05		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
06		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
07		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
08		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
09		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
10		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
11		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
12		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
13		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
14		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2
15		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 8	1 2	1 2

EDUCATION 2 (Age group 3 – 24 years)											ED	
ED1. Line number	ED2. Name and age.	ED9. At any time during the school year 2017/2018 did (<i>name</i>) attend school or any Early Childhood Education programme ?	ED10. During the school year 2017/2018, which level and grade or year is (<i>name</i>) attending?	ED11. Is (he/she) attending a public school? <i>If yes, record '1'. If no, probe to code who controls and manages the school.</i> 1 GOVT / PUBLIC 2 RELIGIOUS/FAITH ORG. 3 PRIVATE 6 OTHER 8 DK	ED12. In the school year 2017/2018, has (<i>name</i>) received any school tuition support? <i>If yes, probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO ⇄ 8 DK ⇄	ED13. Who provided the tuition support? <i>Record all mentioned.</i> A GOVT / PUBLIC B RELIGIOUS/FAITH ORG. C PRIVATE X OTHER Z DK	ED14. For the school year 2017/2018, received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? <i>If yes, probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO 8 DK	ED15. At any time during the school year 2016/2017 did (<i>name</i>) attend school or any Early Childhood Education programme? 1 YES 2 NO ⇄ 8 DK ⇄ <i>Next Line</i> <i>Next Line</i>	ED16. During that school year 2016/2017, which level and grade or year did (<i>name</i>) attend?	GRADE/YEAR: 98 DK		
			LEVEL: 0 ECE-⇄ 1 PRE-PRIMARY 2 PRIMARY 3 LOWER SECONDARY 4 UPPER SECONDARY 5 HIGHER 8 DK	GRADE: YEAR: 98 DK					LEVEL: 0 ECE-⇄ 1 PRE-PRIMARY 2 PRIMARY 3 LOWER SECONDARY 4 UPPER SECONDARY 5 HIGHER 8 DK	GRADE/YEAR: 98 DK		
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
02		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
03		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
04		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
05		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
06		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
07		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
08		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
09		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
10		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
11		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
12		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
13		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
14		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —
15		— — —	1 2	0 1 2 3 4 5 8	— — —	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	— — —

HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religion of (name of <i>the head of the household from HL2</i>)?	CHRISTIANITY1 HINDUISM.....2 ISLAM.....3 TRADITIONAL RELIGION.....4 OTHER RELIGION (specify).....6 NO RELIGION7	
HC1B. What is the native language of (<i>name of the head of the household from HL2</i>)?	DUTCH.....01 SRANAN TONGO.....02 JAVANESE.....03 SARNAMI HINDI.....04 SARAMACCAANS.....05 AUCAANS.....06 PARAMACAAANS.....07 AROWAK.....08 CARAIB.....09 CHINESE.....10 PORTUGUESE.....11 ENGLISH.....12 OTHER LANGUAGE (specify).....96	
HC2. To what ethnic group does <i>the head of the household from HL2</i> belong?	INDIGENOUS/AMERINDIAN01 MAROON.....02 CREOLE.....03 HINDUSTANI.....04 JAVANESE.....05 CHINESE.....06 CAUCASIAN07 MIXED ETHNICITY.....08 OTHER (specify).....96	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS.....__ __	
HC4. Main material of the dwelling floor. <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	NATURAL FLOOR EARTH / SAND.....11 DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM / BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER (specify).....96	

<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NO ROOF.....11</p> <p>NATURAL ROOFING</p> <p>THATCH / PALM LEAF.....12</p> <p>SOD.....13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT.....21</p> <p>PALM / BAMBOO.....22</p> <p>WOOD PLANKS.....23</p> <p>CARDBOARD.....24</p> <p>FINISHED ROOFING</p> <p>METAL / TIN.....31</p> <p>WOOD.....32</p> <p>CALAMINE / CEMENT FIBRE.....33</p> <p>CERAMIC TILES.....34</p> <p>CEMENT.....35</p> <p>ROOFING SHINGLES.....36</p> <p>OTHER (specify) _____ 96</p>																						
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS.....11</p> <p>NATURAL WALLS</p> <p>CANE / PALM / TRUNKS.....12</p> <p>DIRT.....13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD.....21</p> <p>STONE WITH MUD.....22</p> <p>UNCOVERED ADOBE.....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 (specify) _____ 96</p>																						
<p>HC7. Does your household have:</p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] A bed?</p> <p>[D] A sofa?</p> <p>[E] A dining table?</p> <p>[F] A wardrobe?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>BED.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>DINING TABLE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>WARDROBE.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE.....1	1	2	RADIO.....1	1	2	BED.....1	1	2	SOFA.....1	1	2	DINING TABLE.....1	1	2	WARDROBE.....1	1	2	
	YES	NO																					
FIXED TELEPHONE LINE.....1	1	2																					
RADIO.....1	1	2																					
BED.....1	1	2																					
SOFA.....1	1	2																					
DINING TABLE.....1	1	2																					
WARDROBE.....1	1	2																					

HC8. Does your household have electricity?	YES, INTERCONNECTED GRID.....1 YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM).....2 NO.....3	3 → HC10
HC9. Does your household have:	YES NO	
[A] A television?	TELEVISION.....1 2	
[B] A refrigerator?	REFRIGERATOR.....1 2	
[C] Washing machine?	WASHING MACHINE.....1 2	
[D] Microwave?	MICROWAVE.....1 2	
[E] Air Conditioner?	AIR CONDITIONER.....1 2	
[F] Fan?	FAN.....1 2	
[G] Hydrophore?	HYDROPHORE.....1 2	
[H] Dishwasher?	DISHWASHER.....1 2	
[I] Solar panel?	SOLAR PANEL.....1 2	
[J] Boiler?	BOILER.....1 2	
[K] Generator?	GENERATOR.....1 2	
[L] Freezer?	FREEZER.....1 2	
HC10. Does any member of your household own:	YES NO	
[B] A bicycle?	BICYCLE.....1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN.....1 2	
[F] A boat with a motor?	BOAT WITH MOTOR.....1 2	
[G] A boat without a motor?	A BOAT WITHOUT MOTOR.....1 2	
[H] A chain saw?	CHAIN SAW.....1 2	
[I] A duro water tank?	DURO WATERTANK.....1 2	
[J] A large gas cylinder?	LARGE GAS CILINDER.....1 2	
HC11. Does any member of your household have a computer, laptop or a tablet?	YES.....1 NO.....2	
HC12. Does any member of your household have a mobile telephone?	YES.....1 NO.....2	
HC13. Does your household have access to internet at home?	YES.....1 NO.....2	

<p>HC14. Do you or someone living in this household own this dwelling?</p> <p><i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i></p> <p><i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i></p>	<p>OWN.....1</p> <p>RENT.....2</p> <p>OTHER (specify).....6</p>	
<p>HC15. Does any member of this household own any land that can be used for agriculture?</p>	<p>YES.....1</p> <p>NO.....2</p>	2 ⇒ HC17
<p>HC16. How many square meters or hectares of agricultural land do members of this household own?</p> <p><i>First record the unit of measurement. If size is less than 1 Ha, record '00'. If 95 or more, record '995'. If unknown, record '998'.</i></p>	<p>SQUARE METERS.....1 ____</p> <p>HECTARES.....2 ____</p> <p>95 OR MORE.....995</p> <p>DK.....998</p>	
<p>HC17. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES.....1</p> <p>NO.....2</p>	2 ⇒ HC19
<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Ducks?</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>MILK COWS OR BULLS..... ____</p> <p>OTHER CATTLE..... ____</p> <p>HORSES, DONKEYS OR MULES..... ____</p> <p>GOATS..... ____</p> <p>SHEEP..... ____</p> <p>CHICKENS..... ____</p> <p>PIGS..... ____</p> <p>DUCKS..... ____</p>	
<p>HC19. Does any member of this household have a bank account?</p>	<p>YES.....1</p> <p>NO.....2</p>	
<p>HC20. Does this household use a net/ klamboe for sleeping?</p>	<p>YES.....1</p> <p>NO.....2</p>	

SOCIAL TRANSFERS				ST	
ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.					
	[A] FINANCIAL ASSISTANCE PROGRAM (FB) FROM SOZAVO FOR INDIVIDUALS OR HOUSEHOLDS	[B] FINANCIAL ASSISTANCE PROGRAM (FB) FROM SOZAVO FOR INDIVIDUALS WITH A DISABILITY	[C] GENERAL CHILD ALLOWANCE PROGRAM FORM (AKB) SOZAVO	[D] RETIREMENT PENSION PROGRAM FROM SOZAVO (AOV)	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (<i>name of programme</i>)?	YES1 NO2 ♡ [B]	YES1 NO2 ♡ [C]	YES1 NO2 ♡ [D]	YES1 NO2 ♡ [X]	YES (specify)1 NO2 ♡ End
ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)?	YES1 ♡ ST4 NO2 ♡ [B] DK8 ♡ [B]	YES1 ♡ ST4 NO2 ♡ [C] DK8 ♡ [C]	YES1 ♡ ST4 NO2 ♡ [D] DK8 ♡ [D]	YES1 ♡ ST4 NO2 ♡ [X] DK8 ♡ [X]	YES1 ♡ ST4 NO2 ♡ End DK8 ♡ End
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through (<i>name of programme</i>)? <i>If less than one month, record '1' and record '00' in Months.</i> <i>If less than 12 months, record '1' and record in Months.</i> <i>If 1 year/12 months or more, record '2' and record in Years.</i>	MONTHS AGO ...1 --- ♡ [B] YEARS AGO2 --- ♡ [B] DK998 ♡ [B]	MONTHS AGO ...1 --- ♡ [C] YEARS AGO2 --- ♡ [C] DK998 ♡ [C]	MONTHS AGO ...1 --- ♡ [D] YEARS AGO2 --- ♡ [D] DK998 ♡ [D]	MONTHS AGO ...1 --- ♡ [X] YEARS AGO2 --- ♡ [X] DK998 ♡ [X]	MONTHS AGO ...1 --- ♡ End YEARS AGO2 --- ♡ End DK998 ♡ End

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cook stove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE.....01	01 ⇨ EU5
	SOLAR COOKER.....02	02 ⇨ EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE.....03	03 ⇨ EU5
	PIPED NATURAL GAS STOVE.....04	04 ⇨ EU5
	BIOGAS STOVE.....05	05 ⇨ EU5
	LIQUID FUEL STOVE.....06	06 ⇨ EU4
	MANUFACTURED SOLID FUEL STOVE.....07	
	TRADITIONAL SOLID FUEL STOVE.....08	
	THREE STONE STOVE / OPEN FIRE.....09	09 ⇨ EU4
	OTHER (<i>specify</i>)96	96 ⇨ EU4
	NO FOOD COOKED IN HOUSEHOLD.....97	97 ⇨ EU9
EU2. Does it have a chimney?	YES.....1	
	NO.....2	
	DK.....8	
EU3. Does it have a fan/extractor/ventilator	YES.....1	
	NO.....2	
	DK.....8	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	ALCOHOL / ETHANOL.....01	
	GASOLINE / DIESEL.....02	
	KEROSENE / PARAFFIN.....03	
	COAL / LIGNITE.....04	
	CHARCOAL.....05	
	WOOD.....06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....07	
	ANIMAL DUNG / WASTE.....08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS.....09	
	GARBAGE / PLASTIC.....10	
	SAWDUST.....11	
	OTHER (<i>specify</i>)96	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM.....1	
	IN A SEPARATE ROOM.....2	
	IN A SEPARATE BUILDING.....3	
	OUTDOORS OPEN AIR.....4	
	ON VERANDA OR COVERED PORCH.....5	
	OTHER (<i>specify</i>)6	

<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY.....01</p> <p>SOLAR LANTERN.....02</p> <p>RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....03</p> <p>BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....04</p> <p>BIOGAS LAMP.....05</p> <p>GASOLINE LAMP.....06</p> <p>KEROSENE OR PARAFFIN LAMP.....07</p> <p>CHARCOAL.....08</p> <p>WOOD.....09</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS.....10</p> <p>ANIMAL DUNG / WASTE.....11</p> <p>OIL LAMP.....12</p> <p>CANDLE.....13</p> <p>OTHER (<i>specify</i>) _____96</p> <p>NO LIGHTING IN HOUSEHOLD.....97</p>	
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WATER AND SANITATION		WS
<p>WS1. What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING.....11 11⇒WS7</p> <p>PIPED TO YARD / PLOT.....12 12⇒WS7</p> <p>PIPED TO NEIGHBOUR.....13 13⇒WS3</p> <p>PUBLIC TAP / STANDPIPE.....14 14⇒WS3</p> <p>TUBE WELL / BOREHOLE.....21 21⇒WS3</p> <p>DUG WELL</p> <p>PROTECTED WELL.....31 31⇒WS3</p> <p>UNPROTECTED WELL.....32 32⇒WS3</p> <p>SPRING</p> <p>PROTECTED SPRING41 41⇒WS3</p> <p>UNPROTECTED SPRING42 42⇒WS3</p> <p>RAINWATER51 51⇒WS3</p> <p>TANKER-TRUCK.....61 61⇒WS4</p> <p>CART WITH SMALL TANK71 71⇒WS4</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)81 81⇒WS3</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER.....91</p> <p>SACHET WATER92</p> <p>OTHER (specify)96 96⇒WS3</p>	
	<p>PIPED WATER</p> <p>PIPED INTO DWELLING.....11 11⇒WS7</p> <p>PIPED TO YARD / PLOT.....12 12⇒WS7</p> <p>PIPED TO NEIGHBOUR.....13</p> <p>PUBLIC TAP / STANDPIPE.....14</p> <p>TUBE WELL / BOREHOLE21</p> <p>DUG WELL</p> <p>PROTECTED WELL.....31</p> <p>UNPROTECTED WELL.....32</p> <p>SPRING</p> <p>PROTECTED SPRING41</p> <p>UNPROTECTED SPRING42</p> <p>RAINWATER51</p> <p>TANKER-TRUCK.....61 61⇒WS4</p> <p>CART WITH SMALL TANK71 71⇒WS4</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)81</p> <p>OTHER (specify)96</p>	
<p>WS3. Where is that water source located?</p>	<p>IN OWN DWELLING1 1⇒WS7</p> <p>IN OWN YARD / PLOT2 2⇒WS7</p> <p>ELSEWHERE.....3</p>	

WS4. How long does it take for members of your household to go there, get water, and come back?	MEMBERS DO NOT COLLECT.....000 NUMBER OF MINUTES..... ____ ____ DK.....998	000 ⇒WS7
WS5. Who usually goes to this source to collect the water for your household? <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME _____ LINE NUMBER..... ____ ____	
WS6. Since last (<i>day of the week</i>), how many times has this person collected water?	NUMBER OF TIMES ____ ____ DK..... 98	
WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?	YES, AT LEAST ONCE.....1 NO, ALWAYS SUFFICIENT.....2 DK.....8	2 ⇒ WS9 8 ⇒WS9
WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?	WATER NOT AVAILABLE FROM SOURCE....1 WATER TOO EXPENSIVE.....2 SOURCE NOT ACCESSIBLE.....3 OTHER (<i>specify</i>) 6 DK.....8	
WS9. Do you or any other member of this household do anything to the water to make it safer to drink?	YES.....1 NO.....2 DK.....8	2 ⇒WS11 8 ⇒WS11

<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOIL.....A</p> <p>ADD BLEACH / CHLORINE.....B</p> <p>STRAIN IT THROUGH A CLOTH.....C</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.).....D</p> <p>SOLAR DISINFECTION.....E</p> <p>LET IT STAND AND SETTLE.....F</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK.....Z</p>	
<p>WS11. What kind of toilet facility do members of your household usually use?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?</p> <p><i>If not possible to determine, 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>FLUSH TO PIT LATRINE.....13</p> <p>FLUSH TO OPEN DRAIN.....14</p> <p>FLUSH TO DK WHERE.....18</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE.....21</p> <p>PIT LATRINE WITH SLAB.....22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT.....23</p> <p>COMPOSTING TOILET.....31</p> <p>BUCKET.....41</p> <p>HANGING TOILET / HANGING LATRINE.....51</p> <p>NO FACILITY / BUSH / FIELD.....95</p> <p>OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇒ WS14</p> <p>14 ⇒ WS14</p> <p>18 ⇒ WS14</p> <p>41 ⇒ WS14</p> <p>51 ⇒ WS14</p> <p>95 ⇒ End</p> <p>96 ⇒ WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED</p> <p>WITHIN THE LAST 5 YEARS.....1</p> <p>MORE THAN 5 YEARS AGO.....2</p> <p>DON'T KNOW WHEN.....3</p> <p>NO, NEVER EMPTIED4</p> <p>DK8</p>	<p>4 ⇒ WS14</p> <p>8 ⇒ WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER</p> <p>TO A TREATMENT PLANT1</p> <p>BURIED IN A COVERED PIT2</p> <p>TO DON'T KNOW WHERE.....3</p> <p>EMPTIED BY HOUSEHOLD</p> <p>BURIED IN A COVERED PIT4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE5</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK8</p>	

WS14. Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD / PLOT 2 ELSEWHERE..... 3	
WS15. Do you share this facility with others who are not members of your household?	YES..... 1 NO 2	2 ⇒ <i>End</i>
WS16. 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?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC) 1 SHARED WITH GENERAL PUBLIC 2	2 ⇒ <i>End</i>
WS17. How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)..... <u>0</u> ____ TEN OR MORE HOUSEHOLDS..... 10 DK..... 98	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE) 3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>NO PERMISSION TO SEE 5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>4 ⇒ HW5</p> <p>5 ⇒ HW4</p> <p>6 ⇒ HW5</p>
<p>HW2. <i>Observe presence of water at the place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE 2</p>	
<p>HW3. <i>Is soap or detergent present at the place for handwashing?</i></p>	<p>YES, PRESENT 1</p> <p>NO, NOT PRESENT 2</p>	<p>1 ⇒ HW7</p> <p>2 ⇒ HW5</p>
<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE) 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. Do you have any soap or detergent in your house for washing hands?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN 1</p> <p>NO, NOT SHOWN 2</p>	<p>2 ⇒ End</p>
<p>HW7. <i>Record your observation.</i></p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE) B</p>	

HH13. <i>Record the time.</i>	HOUR AND MINUTES :																																																				
HH15. <i>Language of the Interview.</i>	DUTCH.....1 SRANAN TONGO.....2 OTHER LANGUAGE (specify) 6																																																				
HH16. <i>Native language of the Respondent.</i>	DUTCH.....01 SRANAN TONGO.....02 JAVANESE.....03 SARNAMI HINDI.....04 SARAMACCAANS.....05 AUCAANS.....06 PARAMACAANS.....07 AROWAK.....08 CARAIB.....09 CHINESE.....10 PORTUGUESE.....11 ENGLISH.....12 OTHER LANGUAGE (specify) 96																																																				
HH17. <i>Was a translator used for any parts of this questionnaire?</i>	YES, ENTIRE QUESTIONNAIRE.....1 YES, PART OF QUESTIONNAIRE.....2 NO, NOT USED.....3																																																				
HH18. <i>Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:</i>	NO CHILDREN.....0 1 CHILD.....1 2 OR MORE CHILDREN (NUMBER).....		0 ⇒ HH29 1 ⇒ HH27																																																		
HH19. <i>List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.</i>																																																					
<table border="1"> <thead> <tr> <th>HH20. <i>Rank number</i></th> <th>HH21. <i>Line number from HL1</i></th> <th>HH22. <i>Name from HL2</i></th> <th>HH23. <i>Sex from HL4</i></th> <th>HH24. <i>Age from HL6</i></th> </tr> <tr> <th>RANK</th> <th>LINE</th> <th>NAME</th> <th>M F</th> <th>AGE</th> </tr> </thead> <tbody> <tr><td>1</td><td>— —</td><td></td><td>1 2</td><td>— —</td></tr> <tr><td>2</td><td>— —</td><td></td><td>1 2</td><td>— —</td></tr> <tr><td>3</td><td>— —</td><td></td><td>1 2</td><td>— —</td></tr> <tr><td>4</td><td>— —</td><td></td><td>1 2</td><td>— —</td></tr> <tr><td>5</td><td>— —</td><td></td><td>1 2</td><td>— —</td></tr> <tr><td>6</td><td>— —</td><td></td><td>1 2</td><td>— —</td></tr> <tr><td>7</td><td>— —</td><td></td><td>1 2</td><td>— —</td></tr> <tr><td>8</td><td>— —</td><td></td><td>1 2</td><td>— —</td></tr> </tbody> </table>				HH20. <i>Rank number</i>	HH21. <i>Line number from HL1</i>	HH22. <i>Name from HL2</i>	HH23. <i>Sex from HL4</i>	HH24. <i>Age from HL6</i>	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	— —
HH20. <i>Rank number</i>	HH21. <i>Line number from HL1</i>	HH22. <i>Name from HL2</i>	HH23. <i>Sex from HL4</i>	HH24. <i>Age from HL6</i>																																																	
RANK	LINE	NAME	M F	AGE																																																	
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6	— —		1 2	— —																																																	
7	— —		1 2	— —																																																	
8	— —		1 2	— —																																																	

HH25. Check the last digit of the household number (HH2) from the **HOUSEHOLD INFORMATION PANEL**. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 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 record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	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

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER __

LINE NUMBER..... __ __

HH27. (When HH18=1 or when there is a single child age 5-17 in the household):
Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the **LIST OF HOUSEHOLD MEMBERS**.

NAME

AGE __ __

HH28. Issue a **QUESTIONNAIRE FOR CHILDREN AGE 5-17** to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the **LIST OF HOUSEHOLD MEMBERS**: Are there any women age 15-49?

YES, AT LEAST ONE WOMAN AGE 15-49.....1
NO.....2

2⇒HH34

HH30. Issue a separate **QUESTIONNAIRE FOR INDIVIDUAL WOMEN** for each woman age 15-49 years.

HH31. Check HL6 and HL8 in the **LIST OF HOUSEHOLD MEMBERS**: Are there any girls age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17.....1
NO.....2

2⇒HH34

HH32. Check HL20 in the **LIST OF HOUSEHOLD MEMBERS**: Is consent required for interviewing at least one girl age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17 WITH
HL20≠90.....1
NO, HL20=90 FOR ALL GIRLS AGE 15-17.....2

2⇒HH34

HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.

For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.

May we interview (*name(s) of female member(s) age 15-17*) later?

- ☐ 'Yes' for all girls age 15-17 ⇒ Continue with HH34.
- ☐ 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.
- ☐ 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH34.

HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL : Is the household selected for Questionnaire for Men?	YES, HH8=11 NO, HH8=22	2 ⇒ HH40
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS : Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-491 NO2	2 ⇒ HH40
HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.		
HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS : Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-171 NO2	2 ⇒ HH40
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS : Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠901 NO, HL20=90 FOR ALL BOYS AGE 15-172	2 ⇒ HH40
<p>HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.</p> <p>For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40. <input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM7 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40. <input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in MWM7 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40. 		
HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS : Are there any children age 0-4?	YES, AT LEAST ONE1 NO2	2 ⇒ HH42
HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.		
HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL : Is the household selected for Water Quality Testing Questionnaire?	YES, HH9=11 NO, HH9=22	2 ⇒ HH45

HH43. <i>Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household</i>		
<p>HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	<p>YES, PERMISSION IS GIVEN.....1 NO, PERMISSION IS NOT GIVEN.....2</p>	<p>2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE</p>
<p>HH45. <i>Now return to the HOUSEHOLD INFORMATION PANEL and,</i></p> <ul style="list-style-type: none"> • Record '01' in question HH46 (Result of the Household Questionnaire interview), • Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47, • Fill the questions HH48 – HH52, • Thank the respondent for his/her cooperation and then • Proceed with the administration of the remaining individual questionnaire(s) in this household. <p><i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i></p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS



WATER QUALITY TESTING INFORMATION PANEL		WQ
WQ1. Cluster number: _____	WQ2. Household number: _____	
WQ3. Measurer's name and number: NAME _____	WQ4. Interviewer's name and number: NAME _____	
WQ5. Day / Month / Year: _____ / _____ / <u>201</u> _____		
WQ6. Check HH10 in the HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for blank testing?	YES 1 NO 2	

WQ7. Name of the respondent to Water Quality Testing Questionnaire: <div style="text-align: right;">NAME _____</div>		
WQ8. Check HH44. Is permission given to test water?	YES, PERMISSION IS GIVEN1 NO, PERMISSION IS NOT GIVEN2	1 ⇒ WQ10 2 ⇒ WQ31

WQ31. Result of Water Quality Testing Questionnaire. <i>Discuss any result not completed with Supervisor.</i>	COMPLETED01 PERMISSION NOT GIVEN02 GLASS OF WATER NOT GIVEN03 PARTLY COMPLETED04 OTHER (specify) _____ 96
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WATER QUALITY TESTING		
WQ10. Record the time:	HOURS: MINUTES:	
WQ11. Could you please provide me with a glass of the water that members of your household usually drink?	YES..... 1 NO..... 2	2 ⇒ WQ31 and record '03'
WQ12. Observe and record whether the water was collected directly from the source or from a separate storage container.	DIRECT FROM SOURCE 1 COVERED CONTAINER 2 UNCOVERED CONTAINER 3 UNABLE TO OBSERVE 8	
WQ13. Label sample H-XXX-YY , where XXX is the cluster number (WQ1) and YY is the household number (WQ2).		
WQ14. Have you or any other member of this household done anything to this water to make it safer to drink?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ WQ16 8 ⇒ WQ16
WQ15. What has been done to the water to make it safer to drink? <i>Probe:</i> Anything else? <i>Record all items mentioned.</i>	BOILED IT A ADDED BLEACH/CHLORINE B STRAINED IT THROUGH A CLOTH..... C USED A WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE..... F OTHER (specify) X DK..... Z	
WQ16. Is this water from the main source of drinking water used by members of your household?	YES..... 1 NO..... 2	1 ⇒ WQ18

<p>WQ17. What source was this water collected from?</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE 14</p> <p>TUBE WELL / BOREHOLE..... 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING..... 41</p> <p>UNPROTECTED SPRING..... 42</p> <p>RAINWATER..... 51</p> <p>TANKER-TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER..... 91</p> <p>SACHET WATER..... 92</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>WQ18. Can you please show me the source of the glass of drinking water so that I can take a sample from there as well?</p> <p><i>If 'No' probe to find out why this is not possible?</i></p>	<p>YES, SHOWN 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>2 ⇨ WQ20</p> <p>3 ⇨ WQ20</p> <p>4 ⇨ WQ20</p> <p>5 ⇨ WQ20</p> <p>6 ⇨ WQ20</p>
<p>WQ19. Record whether source water sample collected.</p> <p><i>Label sample S-XXX-YY, where XXX is the cluster number (WQ1) and YY is the household number (WQ2).</i></p>	<p>SOURCE WATER COLLECTED 1</p> <p>SOURCE WATER NOT COLLECTED (<i>specify</i>) 2</p>	
<p>WQ20. Check WQ6: Is the household selected for blank testing?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>2 ⇨ WQ22</p>

WQ21. Take out the sample of sterile/mineral water that you got from your supervisor. Label B-XXX-YY , where XXX is the cluster number (WQ1) and YY is the household number (WQ2). Record whether the sample is available.	BLANK WATER SAMPLE AVAILABLE1 BLANK WATER SAMPLE NOT AVAILABLE (specify) 2	
WQ22. Conduct test within 30 minutes of collecting sample. Record the results following 24-48 hours of incubation.		
WQ23. Record the time.	HOURS AND MINUTES..... : ____	
WATER QUALITY TESTING RESULTS		
Following 24-48 hours of incubation the results from the water quality tests should be recorded.		
WQ24. Day / Month / Year of recording test results:	____ / ____ / 20 ____	
WQ25. Record the time:	HOUR AND MINUTES..... : ____	
In the boxes below: • Record 3-digit count of colonies. • If 101 or more colonies are counted, record '101' • If it is not possible to read results / results are lost, record '998'		
WQ26. <u>Household</u> water test (100ml):	NUMBER OF BLUE COLONIES ____	
WQ26A. Check WQ19: Was a source water sample collected?	YES, WQ19=1.....1 NO, WQ19=2 OR BLANK2	2 ⇒ WQ28
WQ27. <u>Source</u> water test (100ml):	NUMBER OF BLUE COLONIES ____	
WQ28. Check WQ21: Was a blank water sample available?	YES, WQ21=1.....1 NO, WQ21=2 OR BLANK2	2 ⇒ WQ31
WQ29. <u>Blank</u> water test (100ml):	NUMBER OF BLUE COLONIES ____	⇒ WQ31

MEASURER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS



WOMAN'S INFORMATION PANEL		WM
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____	
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / 20__1__	

<i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i>		WM7. Record the time: HOURS : MINUTES _____ : _____
WM8. Check completed questionnaires in this household: <i>Have you or another member of your team interviewed this respondent for another questionnaire?</i>	YES, INTERVIEWED ALREADY.....1 NO, FIRST INTERVIEW.....2	1 ⇨ WM9B 2 ⇨ WM9A
WM9A. We are from the General Bureau of Statistics and we are conducting a survey for the Ministry of Social Affairs and Housing about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 35 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?	WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 35 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES.....1 NO / NOT ASKED.....2	1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17	

WM17. Result of woman's interview. <i>Discuss any result not completed with Supervisor.</i>	COMPLETED.....01 NOT AT HOME.....02 REFUSED.....03 PARTLY COMPLETED.....04 INCAPACITATED(specify).....05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17.....06 OTHER (specify).....96
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WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	WM3=HH47..... 1 WM3≠HH47..... 2	2 ⇨ WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5= 3, 4 OR 5 1 ED5= 0, 1, 2, 8 OR BLANK 2	1 ⇨ WB15 2 ⇨ WB14
WB3. In what month and year were you born?	DATE OF BIRTH MONTH.....__ __ DK MONTH98 YEAR__ __ __ __ DK YEAR9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS)__ __	
WB5. Have you ever attended school or any early childhood education programme?	YES..... 1 NO..... 2	2 ⇨ WB14
WB6. What is the highest level and grade or year of school you have attended?	EARLY CHILDHOOD EDUCATION.....000 PRE-PRIMARY.....1 __ __ PRIMARY.....2 __ __ LOWER SECONDARY.....3 __ __ UPPER SECONDARY.....4 __ __ HIGHER.....5 __ __	000 ⇨ WB14 1 ⇨ WB14
WB7. Did you complete that (grade/year)?	YES..... 1 NO..... 2	
WB8. Check WB4: Age of respondent:	AGE 15-24 1 AGE 25-49 2	2 ⇨ WB13
WB9. At any time during the school year 2017/2018 did you attend school?	YES..... 1 NO..... 2	2 ⇨ WB11
WB10. During this school year 2017/2018, which level and grade or year are you <u>attending</u> ?	PRIMARY.....2 __ __ LOWER SECONDARY3 __ __ UPPER SECONDARY4 __ __ HIGHER5 __ __	
WB11. At any time during the school year 2016/2017 did you attend school?	YES..... 1 NO..... 2	2 ⇨ WB13
WB12. During the school year 2016/2017, which level and grade or year did you <u>attend</u> ?	PRIMARY.....2 __ __ LOWER SECONDARY3 __ __ UPPER SECONDARY4 __ __ HIGHER5 __ __	
WB13. Check WB6: Highest level of school attended:	WB6= 3, 4 OR 5 1 WB6= 2..... 2	1 ⇨ WB15

<p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE..... 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language)..... 4</p>	
<p>WB15. How long have you been continuously living (name of the place where the household is located)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS — —</p> <p>ALWAYS / SINCE BIRTH 95</p>	<p>95 ⇒ WB18</p>
<p>WB16. Just before you moved here, did you live in an urban, rural coastal in a rural interior area?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is a urban, rural coastal or a rural interior area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>URBAN 1</p> <p>RURAL COASTAL 2</p> <p>RURAL INTERIOR 3</p>	
<p>WB17. Before you moved here, in which district did you live in?</p>	<p>PARAMARIBO 01</p> <p>WANICA..... 02</p> <p>NICKERIE 03</p> <p>CORONIE 04</p> <p>SARAMACCA 05</p> <p>COMMEWIJNE..... 06</p> <p>MAROWIJNE..... 07</p> <p>PARA..... 08</p> <p>BROKOPONDO..... 09</p> <p>SIPALIWINI..... 10</p> <p>OUTSIDE OF SURINAME (specify) 96</p>	
<p>WB18. Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ End</p>
<p>WB19. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p>	<p>HEALTH INSURANCE THROUGH</p> <p>EMPLOYER B</p> <p>SOCIAL SECURITY (BAZO&SOZAVO) C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER (specify) X</p>	

MASS MEDIA AND ICT		MT
MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3	
MT2. Do you listen to the radio at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3	
MT3. Do you watch television at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3	
MT4. Have you ever used a computer, laptop, or a tablet from any location?	YES..... 1 NO..... 2	2 ⇒ MT9
MT5. During the last 3 months, did you use a computer, laptop or a tablet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3	0 ⇒ MT9

MT6. During the last 3 months, did you:	YES NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE 1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT 1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT..... 1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA . 1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE 1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE 1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION 1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE 1 2	
[I] Write a computer program in any programming language?	PROGRAMMING 1 2	
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1 1 NO, MT6[C]=2 2	1 ⇔ MT10
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1 1 NO, MT6[F]=2 2	1 ⇔ MT10
MT9. Have you ever used the internet from any location and any device?	YES 1 NO 2	2 ⇔ MT11
MT10. During the last 3 months did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MT11. Do you own a mobile phone?	YES 1 NO 2	

<p>MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?</p> <p><i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone.</p> <p><i>If 'At least once a week', probe:</i> Would you say this happens almost every day?</p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY 3</p>	
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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? <i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i>	YES.....1 NO.....2	2 ⇒ CM8
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	2 ⇒ CM5
CM3. How many sons live with you? <i>If none, record '00'.</i>	SONS AT HOME __ __	
CM4. How many daughters live with you? <i>If none, record '00'.</i>	DAUGHTERS AT HOME..... __ __	
CM5. 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
CM6. How many sons are alive but do not live with you? <i>If none, record '00'.</i>	SONS ELSEWHERE __ __	
CM7. How many daughters are alive but do not live with you? <i>If none, record '00'.</i>	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> I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES.....1 NO.....2	2 ⇒ CM11
CM9. How many boys have died? <i>If none, record '00'.</i>	BOYS DEAD __ __	
CM10. How many girls have died? <i>If none, record '00'.</i>	GIRLS DEAD __ __	
CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM..... __ __	
CM12. Just to make sure that I have this right, you have had in total (<i>total number in CM11</i>) births during your life. Is this correct?	YES.....1 NO.....2	1 ⇒ CM14
CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
CM14. Check CM11: How many live births?	NO LIVE BIRTHS, CM11=00.....0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE.....1	0 ⇒ End

FERTILITY/BIRTH HISTORY
BH
BH0. 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.

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2.Were any of these births twins?		BH3. Is (name of birth) a boy or a girl?	BH4. In what month and year was (name of birth) born? Probe: What is (his/her) birthday?			BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday? Record age in completed years.	BH7. Is (name of birth) living with you?	BH8.Record household line number of child (from HL1) Record '00' if child is not listed.	BH9.How old was (name of birth) when (he/she) died? If '1 year', probe: How many months old was (name of birth)? Record days if less than 1 month; record months if less than 2 years; or years			BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth?		
		S	M		B	G	Day	Month	Year				Y	N	Age		Y	N
01		1	2	1	2	—	—	—	—	—	1	2	—	Next Birth	DAYS1 MONTHS...2 YEARS.....3	—	—	
02		1	2	1	2	—	—	—	—	—	1	2	→BH10	DAYS1 MONTHS...2 YEARS.....3	—	—	1 ♀ Add Birth	
03		1	2	1	2	—	—	—	—	—	1	2	→BH10	DAYS1 MONTHS...2 YEARS.....3	—	—	1 ♀ Add Next Birth	
04		1	2	1	2	—	—	—	—	—	1	2	→BH10	DAYS1 MONTHS...2 YEARS.....3	—	—	1 ♀ Add Next Birth	
05		1	2	1	2	—	—	—	—	—	1	2	→BH10	DAYS1 MONTHS...2 YEARS.....3	—	—	1 ♀ Add Next Birth	
06		1	2	1	2	—	—	—	—	—	1	2	→BH10	DAYS1 MONTHS...2 YEARS.....3	—	—	1 ♀ Add Next Birth	
07		1	2	1	2	—	—	—	—	—	1	2	→BH10	DAYS1 MONTHS...2 YEARS.....3	—	—	1 ♀ Add Next Birth	
08		1	2	1	2	—	—	—	—	—	1	2	→BH10	DAYS1 MONTHS...2 YEARS.....3	—	—	1 ♀ Add Next Birth	

09		1	2	1	2	— — — —	— — — —	1	2	BH9	— — — —	— — — —	1	2	— — — — ⇒BH10	DAYS.....1 MONTHS...2 YEARS.....3	1 ♂ Add Birth	2 ♀ Next Birth
BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (name of birth) a boy or a girl?	BH4. In what month and year was (name of birth) born? <i>Probe:</i> What is (his/her) birthday?	BH5. Is (name of birth) still alive?	BH6. How old was (name of birth) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (name of birth) living with you?	BH8. Record household line number of child (from HL1) <i>Record ‘00’ if child is not listed.</i>	BH9. How old was (name of birth) when (he/she) died? <i>If ‘1 year’, probe: How many months old was (name of birth)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>	BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth?								
	S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Unit	Number	Y	N		
10	1	2	1	2	— — — —	— — — —	— — — —	1	2	— — — —	1	2	— — — — ⇒BH10	DAYS.....1 MONTHS...2 YEARS.....3	1 ♂ Add Birth	2 ♀ Next Birth		
11	1	2	1	2	— — — —	— — — —	— — — —	1	2	— — — —	1	2	— — — — ⇒BH10	DAYS.....1 MONTHS...2 YEARS.....3	1 ♂ Add Birth	2 ♀ Next Birth		
12	1	2	1	2	— — — —	— — — —	— — — —	1	2	— — — —	1	2	— — — — ⇒BH10	DAYS.....1 MONTHS...2 YEARS.....3	1 ♂ Add Birth	2 ♀ Next Birth		
13	1	2	1	2	— — — —	— — — —	— — — —	1	2	— — — —	1	2	— — — — ⇒BH10	DAYS.....1 MONTHS...2 YEARS.....3	1 ♂ Add Birth	2 ♀ Next Birth		
14	1	2	1	2	— — — —	— — — —	— — — —	1	2	— — — —	1	2	— — — — ⇒BH10	DAYS.....1 MONTHS...2 YEARS.....3	1 ♂ Add Birth	2 ♀ Next Birth		
BH11. Have you had any live births since the birth of (name of last birth listed)?											YES.....1 NO.....2	1 ⇒Record birth(s) in Birth History						


CM15. Compare number in CM11 with number of births listed in the birth history above and check:	NUMBERS ARE THE SAME..... 1 NUMBERS ARE DIFFERENT..... 2	1 ⇨ CM17
CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.		
CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in 2016 ? If the month of interview and the month of birth are the same, and the year of birth is 2016 , consider this as a birth within the last 2 years.	NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS..... 1	0 ⇨ End
CM18. Copy name of the last child listed in BH1. <i>If the child has died, take special care when referring to this child by name in the following modules.</i>	NAME OF LAST-BORN CHILD _____	

DESIRE FOR LAST BIRTH		DB
DB1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ <i>End</i>
DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time?	YES 1 NO 2	1 ⇒ <i>End</i>
DB3. Check CM11: Number of births:	ONLY 1 BIRTH 1 2 OR MORE BIRTHS 2	1 ⇒ <i>DB4A</i> 2 ⇒ <i>DB4B</i>
DB4A. Did you want to have a baby later on, or did you not want any children? DB4B. Did you want to have a baby later on, or did you not want any <u>more</u> children?	LATER 1 NO MORE 2	

MATERNAL AND NEWBORN HEALTH		MN												
MN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1.....1 NO, CM17=0 OR BLANK.....2	2 ⇒ End												
MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?	YES.....1 NO.....2	2 ⇒ MN7												
MN3. Whom did you see? <i>Probe: Anyone else?</i> <i>Probe for the type of person seen and record all answers given.</i>	HEALTH PROFESSIONAL DOCTOR.....A NURSE.....D MIDWIFE.....E COMMUNITY HEALTH WORKER (GZA).....G OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....F OTHER (<i>specify</i>)X													
MN4. 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. If “9 months” or later, record 9.</i>	WEEKS.....1 ____ MONTHS.....2 0 ____ DK.....998													
MN5. 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.....__ __ DK.....98													
MN6. 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												
MN7. Do you have an immunization booklet or other document with your own immunizations listed? <i>If yes, ask: May I see it please?</i> <i>If an immunization booklet is presented, use it to assist with answers to the following questions.</i>	YES (IMMUNIZATION BOOKLET OR OTHER DOCUMENT SEEN).....1 YES (IMMUNIZATION BOOKLET OR OTHER DOCUMENT NOT SEEN).....2 NO.....3 DK.....8													

MN8. When you were pregnant with (<i>name</i>), 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 ⇨ MN11 8 ⇨ MN11
MN9. How many times did you receive this tetanus injection during your pregnancy with (<i>name</i>)?	NUMBER OF TIMES..... DK.....8	8 ⇨ MN11
MN10. Check MN9: How many tetanus injections during last pregnancy were reported?	ONLY 1 INJECTION.....1 2 OR MORE INJECTIONS.....2	2 ⇨ MN19
MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby? <i>Include DPT (Tetanus) vaccinations received as a child if mentioned</i>	YES.....1 NO.....2 DK.....8	2 ⇨ MN19 8 ⇨ MN19
MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection? <i>If 7 or more times, record '7'. Include DPT (Tetanus) vaccinations received as a child if mentioned.</i>	NUMBER OF TIMES..... DK.....8	
MN13. Check MN12: How many tetanus injections before last pregnancy were reported?	ONLY 1 INJECTION.....1 2 OR MORE INJECTIONS OR DK.....2	1 ⇨ MN14A 2 ⇨ MN14B
MN14A. How many years ago did you receive that tetanus injection MN14B. How many years ago did you receive the last of those tetanus injections? <i>The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12. If less than 1 year, record '00'</i>	YEARS AGO..... DK.....98	

<p>MN19. Who assisted with the delivery of <i>(name)</i>?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE.....D</p> <p>MIDWIFE.....E</p> <p>COMMUNITY HEALTH WORKER (GZA).....G</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT.....F</p> <p>RELATIVE / FRIEND.....H</p> <p>OTHER (<i>specify</i>)X</p> <p>NO ONE.....Y</p>	
<p>MN20. Where did you give birth to <i>(name)</i>?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p><i>.(Name of place)</i></p>	<p>HOME</p> <p>RESPONDENT'S HOME.....11</p> <p>OTHER HOME.....12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL.....21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE.....22</p> <p>OTHER PUBLIC (<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>DK PUBLIC OR PRIVATE.....76</p> <p>OTHER (<i>specify</i>)96</p>	<p>11 ⇒ MN23</p> <p>12 ⇒ MN23</p> <p>96 ⇒ MN23</p>
<p>MN21. Was <i>(name)</i> delivered by caesarean section?</p> <p>That is, did they cut your belly open to take the baby out?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>2 ⇒ MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS.....1</p> <p>AFTER LABOUR PAINS.....2</p>	

<p>MN23. Immediately after the birth, was (name) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>  <p><small>Photo Credit: Jayce Sedwin</small></p>	<p>YES.....1 NO.....2</p> <p>DK/ DON'T REMEMBER.....8</p>	<p>2 ⇒ MN25</p> <p>8 ⇒ MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES.....1 NO.....2</p> <p>DK/ DON'T REMEMBER.....8</p>	
<p>MN25. Was (name) dried or wiped soon after birth?</p>	<p>YES.....1 NO.....2</p> <p>DK/ DON'T REMEMBER.....8</p>	
<p>MN26.How long after the birth was (name) bathed for the first time?</p> <p><i>If “immediately” or less than 1 hour, record ‘000’.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>If “1 day” or “next day”, probe: About how many hours after the delivery?</i></p> <p><i>If “24 hours”, probe to ensure best estimate of less than 24 hours or 1 day.</i></p> <p><i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR.....000</p> <p>HOURS.....1 ____</p> <p>DAYS.....2 ____</p> <p>NEVER BATHED.....997</p> <p>DK / DON'T REMEMBER.....998</p>	
<p>MN32. When (name) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5</p> <p>DK.....8</p>	
<p>MN33. Was (name) weighed at birth?</p>	<p>YES.....1 NO.....2</p> <p>DK.....8</p>	<p>2 ⇒ MN35</p> <p>8 ⇒ MN35</p>
<p>MN34. How much did (name) weigh?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>FROM CARD.....1 (KG.GRAM) ____ . ____</p> <p>FROM CARD.....3 (POUND.OUNCE) ____ . ____</p> <p>FROM RECALL.....2 (KG.GRAM) ____ . ____</p> <p>FROM RECALL.....4 (POUND.OUNCE) ____ . ____</p> <p>DK.....99998</p>	

MN35. Has your menstrual period returned since the birth of <i>(name)</i> ?	YES.....1 NO.....2	
MN36. Did you ever breastfeed <i>(name)</i> ?	YES.....1 NO.....2	2 ⇒ MN39B
MN37. How long after birth did you first put <i>(name)</i> to the breast? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	IMMEDIATELY000 HOURS.....1 ____ DAYS.....2 ____ DK / DON'T REMEMBER.....998	
MN38. In the first three days after delivery, was <i>(name)</i> given anything to drink other than breast milk?	YES.....1 NO.....2	1 ⇒ MN39A 2 ⇒ End
MN39A. What was <i>(name)</i> given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i>	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 / TRADITIONAL HERBAL PREPARATIONS.....H HONEY.....I PRESCRIBED MEDICINE.....J	
MN39B. In the first three days after delivery, what was <i>(name)</i> given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded. .</i>	OTHER (<i>specify</i>)X NOT GIVEN ANYTHING TO DRINK.....Y	

POST-NATAL HEALTH CHECKS		PN
PN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇨ End
PN2. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 76 1 NO, MN20=11-12 OR 96 2	2 ⇨ PN7
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>). You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	HOURS 1 ____ DAYS 2 ____ WEEKS 3 ____ DK / DON'T REMEMBER 998	
PN4. 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 (<i>name</i>) is ok. Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?	YES 1 NO 2	
PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on <u>your</u> health before you left (<i>name or type or facility in MN20</i>)?	YES 1 NO 2	
PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).56po Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?	YES 1 NO 2	1 ⇨ PN12 2 ⇨ PN17
PN7. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED 1 NO, NONE OF THE CATEGORIES A TO G RECORDED 2	2 ⇨ PN11

<p>PN8. You have already said that (<i>person or persons in MN19</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 MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)’s health?</p>	<p>YES..... 1</p> <p>NO 2</p>	
<p>PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving for example asking questions about your health or examining you?</p>	<p>YES..... 1</p> <p>NO 2</p>	
<p>PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>1 ⇒PN12</p> <p>2 ⇒PN19</p>
<p>PN11. 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</p> <p>NO 2</p>	<p>2 ⇒PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE..... 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇒PN13A</p> <p>2 ⇒PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ____</p> <p>DAYS..... 2 ____</p> <p>WEEKS 3 ____</p> <p>DK / DON’T REMEMBER..... 998</p>	
<p>PN14. Who checked on (<i>name</i>)’s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSED</p> <p>MIDWIFE.....E</p> <p>COMMUNITY HEALTH WORKER (GZA)G</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANTF</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>) X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>OTHER PUBLIC (specify) 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 (specify) 36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (specify) 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76 1</p> <p>NO, MN20=11-12 OR 96 2</p>	<p>2 ⇨ PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨ PN21</p> <p>2 ⇨ PN25</p>
<p>PN18. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED 2</p>	<p>2 ⇨ PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨ PN21</p> <p>2 ⇨ PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨ PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇨ PN22A</p> <p>2 ⇨ PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ____</p> <p>DAYS 2 ____</p> <p>WEEKS 3 ____</p> <p>DK / DON'T REMEMBER 998</p>	

PN23. Who checked on <u>your</u> health at that time?	HEALTH PROFESSIONAL DOCTORA NURSE.....D MIDWIFE.....E COMMUNITY HEALTH WORKER (GZA)G OTHER PERSON TRADITIONAL BIRTH ATTENDANTF RELATIVE / FRIENDH OTHER (<i>specify</i>) X	
PN24. Where did this check take place? <i>Probe to identify the type of place.</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i> <hr/> <div style="text-align: center;">(Name of place)</div>	HOME RESPONDENT'S HOME11 OTHER HOME12 PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL21 GOVERNMENT CLINIC / HEALTH CENTRE22 OTHER PUBLIC (<i>specify</i>)26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL.....31 PRIVATE CLINIC32 PRIVATE MATERNITY HOME.....33 OTHER PRIVATE MEDICAL (<i>specify</i>)36 DK PUBLIC OR PRIVATE76 OTHER (<i>specify</i>)96	
PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility: [A] Examine (<i>name</i>)'s cord? [B] Take the temperature of (<i>name</i>)? [C] Counsel you on breastfeeding?	<div style="text-align: right;">YES NO DK</div> EXAMINE THE CORD..... 1 2 8 TAKE TEMPERATURE 1 2 8 COUNSEL ON BREASTFEEDING 1 2 8	
PN26. Check MN36: Was child ever breastfed?	YES, MN36=1 1 NO, MN36=2.....2	2 ⇒PN28
PN27. Observe (<i>name</i>)'s breastfeeding?	<div style="text-align: right;">YES NO DK</div> OBSERVE BREASTFEEDING 1 2 8	
PN28. Check MN33: Was child weighed at birth?	YES, MN33=1 1 NO, MN33=2..... 2 DK, MN33=8..... 3	1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C

<p>PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days?</p> <p>PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?</p>	<p>YES..... 1</p> <p>NO 2</p>	
<p>PN30. During the first two days after (<i>name</i>)’s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES..... 1</p> <p>NO 2</p>	

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 DK OR NOT SURE8	1 ⇨ CP3
CP2. Couples use various ways or methods to delay or avoid getting pregnant. Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO.....2	1 ⇨ CP4
CP3. Have you ever done something or used any method to delay or avoid getting pregnant?	YES..... 1 NO.....2	1 ⇨ End 2 ⇨ End
CP4. What are you doing to delay or avoid a pregnancy? Do not prompt. If more than one method is mentioned, record each one.	FEMALE STERILIZATIONA MALE STERILIZATIONB IUDC INJECTABLES.....D IMPLANTS.....E PILL.....F MALE CONDOMG FEMALE CONDOMH DIAPHRAGMI FOAM / JELLYJ PERIODIC ABSTINENCE / RHYTHML WITHDRAWALM OTHER (<i>specify</i>) X	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=11 NO, DK OR NOT SURE, CP1=2 OR 8.....2	2 ⇨ UN6
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 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS0 ONE OR MORE BIRTHS1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children?	LATER1 NONE/NO MORE2	
UN5. 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 CHILD1 NO MORE / NONE2 UNDECIDED / DK8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
UN6. Check CP4: Currently using 'Female sterilization' ?	YES, CP4=A1 NO, CP4≠A2	1 ⇨ UN14
UN7. 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) CHILD1 NO MORE / NONE2 SAYS SHE CANNOT GET PREGNANT.....3 UNDECIDED / DK8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. 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 PREGNANT.....994 AFTER MARRIAGE995 OTHER996 DK.....998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=11 NO, DK OR NOT SURE, CP1=2 OR 8.....2	1 ⇨ UN14
UN10. Check CP2: Currently using a method?	YES, CP2=11 NO, CP2=2.....2	1 ⇨ UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES.....1 NO.....2 DK.....8	1 ⇨ UN14 8 ⇨ UN14

UN12. Why do you think you are not physically able to get pregnant?	INFREQUENT SEX / NO SEX.....A MENOPAUSALB 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 BREASTFEEDINGG TOO OLDH FATALISTICI OTHER (<i>specify</i>)X DK.....Z	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C.....1 NOT MENTIONED, UN12≠C.....2	1 ⇒ End
UN14. When did your last menstrual period start? Record the answer using the same unit stated by the respondent. If '1 year', probe: How many months ago?	DAYS AGO 1 ____ WEEKS AGO 2 ____ MONTHS AGO 3 ____ YEARS AGO 4 ____ IN MENOPAUSE / HAS HAD HYSTERECTOMY993 BEFORE LAST BIRTH.....994 NEVER MENSTRUATED.....995	 993 ⇒ End 994 ⇒ End 995 ⇒ End
UN15. Check UN14: Was the last menstrual period within last year?	YES, WITHIN LAST YEAR.....1 NO, ONE YEAR OR MORE.....2	2 ⇒ End
UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?	YES.....1 NO.....2 DK/NOT SURE/NO SUCH ACTIVITY8	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES.....1 NO.....2 DK.....8	
UN18. Did you use any materials such as sanitary pads, tampons or cloth?	YES.....1 NO.....2 DK.....8	2 ⇒ End 8 ⇒ End
UN19. Were the materials reusable?	YES.....1 NO.....2 DK.....8	

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV	
DV1. Sometimes a husband/partner is annoyed or angered by things that his wife does. In your opinion, is a husband/partner justified in hitting or beating his wife in the following situations:					
		YES	NO	DK	
[A]	If she goes out without telling him?	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

VICTIMISATION		VT
<p>VT1. <i>Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</i></p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) 2015, has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p>	<p>YES.....1 NO.....2 DK.....8</p>	<p>2 ⇨ VT9B 8 ⇨ VT9B</p>
<p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) 2017?</p>	<p>YES, DURING THE LAST 12 MONTHS.....1 NO, MORE THAN 12 MONTHS AGO2 DK/DON'T REMEMBER8</p>	<p>2 ⇨ VT5B 8 ⇨ VT5B</p>
<p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME.....1 TWO TIMES.....2 THREE OR MORE TIMES.....3 DK/DON'T REMEMBER8</p>	
<p>VT4. Check VT3: One or more times?</p>	<p>ONE TIME, VT3=1.....1 MORE THAN ONCE OR DK, VT3=2, 3 OR 82</p>	<p>1 ⇨ VT5A 2 ⇨ VT5B</p>
<p>VT5A. When this happened, was anything stolen from you?</p> <p>VT5B. The last time this happened, was anything stolen from you?</p>	<p>YES.....1 NO.....2 DK/NOT SURE8</p>	
<p>VT6. Did the person(s) have a weapon?</p>	<p>YES.....1 NO.....2 DK/NOT SURE8</p>	<p>2 ⇨ VT8 8 ⇨ VT8</p>
<p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFEA YES, A GUN.....B YES, SOMETHING ELSEX</p>	
<p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED1 YES, SOMEONE ELSE REPORTED2 NO, NOT REPORTED3 DK/NOT SURE8</p>	<p>1 ⇨ VT9A 2 ⇨ VT9A 3 ⇨ VT9A 8 ⇨ VT9A</p>

<p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) 2015, been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) 2015, have you been physically attacked?</p> <p><i>If 'No', probe: An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</i></p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p>	<p>YES..... 1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>2 ⇨ VT20</p> <p>8 ⇨ VT20</p>
<p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) 2017?</p>	<p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO2</p> <p>DK/DON'T REMEMBER8</p>	<p>2 ⇨ VT12B</p> <p>8 ⇨ VT12B</p>
<p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME..... 1</p> <p>TWO TIMES.....2</p> <p>THREE OR MORE TIMES.....3</p> <p>DK/DON'T REMEMBER8</p>	<p>1 ⇨ VT12A</p> <p>2 ⇨ VT12B</p> <p>3 ⇨ VT12B</p> <p>8 ⇨ VT12B</p>
<p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p>	<p>AT HOME..... 11</p> <p>IN ANOTHER HOME.....12</p> <p>IN THE STREET.....21</p> <p>ON PUBLIC TRANSPORT22</p> <p>PUBLIC RESTAURANT/CAFÉ/BAR.....23</p> <p>OTHER PUBLIC (<i>specify</i>)26</p> <p>AT SCHOOL31</p> <p>AT WORKPLACE32</p> <p>OTHER PLACE (<i>specify</i>)96</p>	
<p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe: Was it one, two, or at least three people?</i></p>	<p>ONE PERSON..... 1</p> <p>TWO PEOPLE.....2</p> <p>THREE OR MORE PEOPLE.....3</p> <p>DK/DON'T REMEMBER8</p>	<p>1 ⇨ VT14A</p> <p>2 ⇨ VT14B</p> <p>3 ⇨ VT14B</p> <p>8 ⇨ VT14B</p>
<p>VT14A. At the time of the incident, did you recognize the person?</p> <p>VT14B. At the time of the incident, did you recognize at least one of the persons?</p>	<p>YES..... 1</p> <p>NO.....2</p> <p>DK/DON'T REMEMBER8</p>	
<p>VT17. Did the person(s) have a weapon?</p>	<p>YES..... 1</p> <p>NO.....2</p> <p>DK / NOT SURE8</p>	<p>2 ⇨ VT19</p> <p>8 ⇨ VT19</p>

VT18. Was a knife, a gun or something else used as a weapon? <i>Record all that apply.</i>	YES, A KNIFEA YES, A GUN.....B YES, SOMETHING ELSEX	
VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe:</i> Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED1 YES, SOMEONE ELSE REPORTED2 NO, NOT REPORTED3 DK / NOT SURE8	
VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4 NEVER WALK ALONE AFTER DARK7	
VT21. How safe do you feel when you are at home alone after dark?	VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4 NEVER ALONE AFTER DARK7	
VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds? [H] Ethnicity? [B] Sex? [C] Sexual orientation? [D] Age? [E] Religion or belief? [F] Disability? [G] Immigration status? [X] For any other reason?	<div style="text-align: right; margin-bottom: 10px;">YES NO DK</div> ETHNICITY 1 2 8 SEX..... 1 2 8 SEXUAL ORIENTATION 1 2 8 AGE 1 2 8 RELIGION/BELIEF..... 1 2 8 DISABILITY 1 2 8 IMMIGRATION..... 1 2 8 OTHER REASON 1 2 8	...

MARRIAGE/UNION		MA
MA1. Are you currently married, living together with someone as if married, or in a visiting relationship?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 YES, HAVE A VISITING PARTNER 0 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, does he live with other women as if married or does he have a (other) visiting relationship(s)?	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, lived together with someone as if married or been in a visiting relationship?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER... 2 YES, FORMERLY HAD A VISITING PARTNER..... 0 NO 3	3 ⇨ End
MA6. What is your marital status now: are you widowed, divorced or separated or are you no longer in a visiting relationship?	WIDOWED 1 DIVORCED 2 SEPARATED 3 NO LONGER IN A VISITING RELATIONSHIP. 0	
MA7. Have you been married, lived with someone or been in a visiting relationship 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 start living with your (husband/partner) or did you start the visiting relationship?	DATE OF (FIRST) UNION MONTH ____ DK MONTH 98	
MA8B. In what month and year did you start living with your <u>first</u> (husband/partner) or did you start your first visiting relationship?	YEAR ____ DK YEAR 9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998 2	2 ⇨ End
MA10. Check MA7: In union only once?	YES, MA7=1 1 NO, MA7=2 2	1 ⇨ MA11A 2 ⇨ MA11B
MA11A. How old were you when you started living with your (husband/partner) or when you started your visiting relationship?	AGE IN YEARS ____	
MA11B. How old were you when you started living with your <u>first</u> (husband/partner) or when you started your <u>first</u> visiting relationship?		

ADULT FUNCTIONING		AF
AF1. Check WB4: Age of respondent?	AGE 15-17 YEARS.....1 AGE 18-49 YEARS.....2	1 ⇒ End
AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES.....1 NO.....2	
AF3. Do you use a hearing aid?	YES.....1 NO.....2	
AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
AF5. Check AF2: Respondent uses glasses or contact lenses?	YES, AF2=1.....1 NO, AF2=2.....2	1 ⇒ AF6A 2 ⇒ AF6B
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT SEE AT ALL.....4	
AF7. Check AF3: Respondent uses a hearing aid?	YES, AF3=1.....1 NO, AF3=2.....2	1 ⇒ AF8A 2 ⇒ AF8B
AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT HEAR AT ALL4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK/ CLIMB STEPS AT ALL.....4	
AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT REMEMBER/ CONCENTRATE AT ALL4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT CARE FOR SELF AT ALL4	
AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3	

SEXUAL BEHAVIOR		SB
<p>SB1. Check for the presence of others. Before continuing, make every effort to ensure privacy. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE.....00</p> <p>AGE IN YEARS.....__ __</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER95</p>	00⇒End
<p>SB2. I would like to ask you about your recent sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p><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></p>	<p>DAYS AGO 1 __ __</p> <p>WEEKS AGO 2 __ __</p> <p>MONTHS AGO 3 __ __</p> <p>YEARS AGO..... 4 __ __</p>	4⇒End
<p>SB3. The last time you had sexual intercourse, was a condom used?</p>	<p>YES..... 1</p> <p>NO 2</p>	
<p>SB4. What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND 1</p> <p>COHABITING PARTNER 2</p> <p>BOYFRIEND..... 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER (specify) _____ 6</p>	<p>3⇒SB6</p> <p>4⇒SB6</p> <p>5⇒SB6</p> <p>6⇒SB6</p>
<p>SB5. Check MA1: Currently married, living with a partner or in a visiting relationship?</p>	<p>YES, MA1= 0, 1 OR 2 1</p> <p>NO, MA1=3 2</p>	1⇒SB7
<p>SB6. How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER __ __</p> <p>DK 98</p>	
<p>SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES..... 1</p> <p>NO 2</p>	2⇒End
<p>SB8. The last time you had sexual intercourse with another person, was a condom used?</p>	<p>YES..... 1</p> <p>NO 2</p>	

<p>SB9. What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Boyfriend' then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND 1</p> <p>COHABITING PARTNER 2</p> <p>BOYFRIEND..... 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER (specify) 6</p>	<p>3 ⇒ SB12</p> <p>4 ⇒ SB12</p> <p>5 ⇒ SB12</p> <p>6 ⇒ SB12</p>
<p>SB10. Check MA1: Currently married, living with a partner or in a visiting relationship?</p>	<p>YES, MA1= 0, 1 OR 2 1</p> <p>NO, MA1=3 2</p>	<p>2 ⇒ SB12</p>
<p>SB11. Check MA7: Married, living with a partner or in a visiting relationship only once?</p>	<p>YES, MA7=1 1</p> <p>NO, MA7≠1 2</p>	<p>1 ⇒ End</p>
<p>SB12. How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER _ _</p> <p>DK 98</p>	

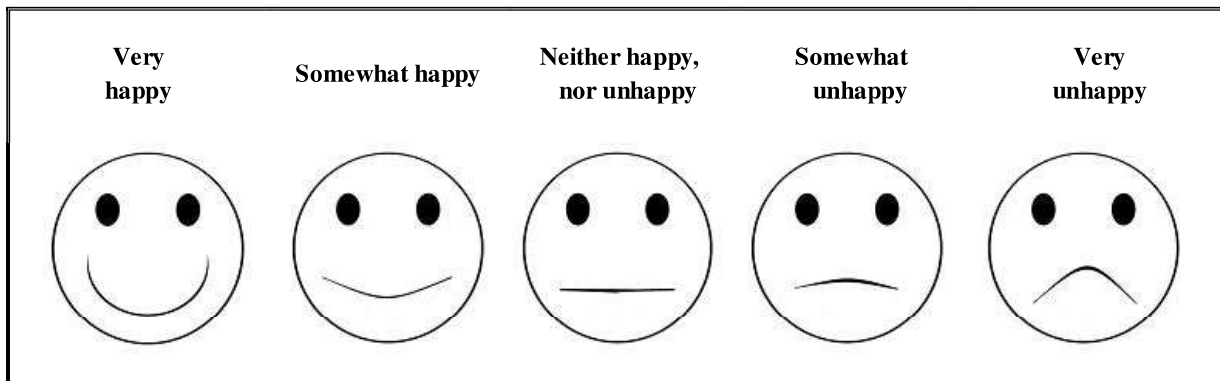
HIV/AIDS		HA																
HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES.....1 NO.....2 DK.....8	2⇒End																
HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES.....1 NO.....2 DK.....8																	
HA3. Can people get HIV from mosquito bites?	YES.....1 NO.....2 DK.....8																	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES.....1 NO.....2 DK.....8																	
HA5. Can people get HIV by sharing food with a person who has HIV?	YES.....1 NO.....2 DK.....8																	
HA6. Can people get HIV because of witchcraft (e.g. ‘bonoe’) or other supernatural means?	YES.....1 NO.....2 DK.....8																	
HA7. Is it possible for a healthy-looking person to have HIV?	YES.....1 NO.....2 DK.....8																	
HA8. Can HIV 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															
HA9. Check HA8 [A], [B] and [C]: At least one ‘Yes’ recorded?	YES.....1 NO.....2	2⇒HA11																
HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES.....1 NO.....2 DK.....8																	
HA11. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1.....1 NO, CM17=0 OR BLANK2	2⇒HA24																
HA12. Check MN2: Was antenatal care received?	YES, MN2=11 NO, MN2=22	2⇒HA17																

<p>HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about:</p> <p>[A] Babies getting HIV from their mother?</p> <p>[B] Things that you can do to prevent getting HIV?</p> <p>[C] Getting tested for HIV?</p> <p>Were you:</p> <p>[D] Offered a test for HIV?</p>	<p style="text-align: right;">YES NO DK</p> <p>HIV FROM MOTHER..... 1 2 8</p> <p>THINGS TO DO..... 1 2 8</p> <p>TESTED FOR HIV 1 2 8</p> <p>OFFERED A TEST FOR HIV 1 2 8</p>	
<p>HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>2 ⇨ HA17</p> <p>8 ⇨ HA17</p>
<p>HA15. 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>2 ⇨ HA17</p> <p>8 ⇨ HA17</p>
<p>HA16. After you received the result, were you given any health information or counselling related to HIV?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	
<p>HA17. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76.....1</p> <p>NO, MN20=11-12 OR 962</p>	<p>2 ⇨ HA21</p>
<p>HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?</p>	<p>YES.....1</p> <p>NO.....2</p>	
<p>HA19. I don't want to know the results, but were you tested for HIV at that time?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>2 ⇨ HA21</p>
<p>HA20. 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>1 ⇨ HA22</p> <p>2 ⇨ HA22</p>
<p>HA21. Check HA14: Was the respondent tested for HIV as part of antenatal care?</p>	<p>YES, HA14=11</p> <p>NO OR NO ANSWER, HA14≠12</p>	<p>2 ⇨ HA24</p>
<p>HA22. Have you been tested for HIV since that time you were tested during your pregnancy?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>1 ⇨ HA25</p>
<p>HA23. How many months ago was your most recent HIV test?</p>	<p>LESS THAN 12 MONTHS AGO1</p> <p>12-23 MONTHS AGO2</p> <p>2 OR MORE YEARS AGO3</p>	<p>1 ⇨ HA28</p> <p>2 ⇨ HA28</p> <p>3 ⇨ HA28</p>
<p>HA24. I don't want to know the results, but have you ever been tested for HIV?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>2 ⇨ HA27</p>

HA25. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO1 12-23 MONTHS AGO2 2 OR MORE YEARS AGO3	
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 ⇒HA28 2 ⇒HA28 8 ⇒HA28
HA27. Do you know of a place where people can go to get an HIV test?	YES.....1 NO.....2	
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES.....1 NO.....2	2 ⇒HA30
HA29. Have you ever tested yourself for HIV using a self-test kit?	YES.....1 NO.....2	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
HA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV.	AGREE.....1 DISAGREE.....2 DK / NOT SURE / DEPENDS8	
HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES.....1 NO.....2 SAYS SHE HAS HIV7 DK / NOT SURE / DEPENDS8	

ALCOHOL USE		TA
TA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES1 NO2	2⇒End
TA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips?	NEVER HAD ONE DRINK OF ALCOHOL..... 00 AGE..... ____ ____	00⇒End
TA16. During the last one month, on how many days did you have at least one drink of alcohol? <i>If respondent did not drink, record '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, record '10'.</i> <i>If 'Every day' or 'Almost every day', record '30'.</i>	DID NOT HAVE ONE DRINK IN LAST ONE MONTH 00 NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH 10 EVERY DAY / ALMOST EVERY DAY 30	00⇒End
TA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS ____ ____	

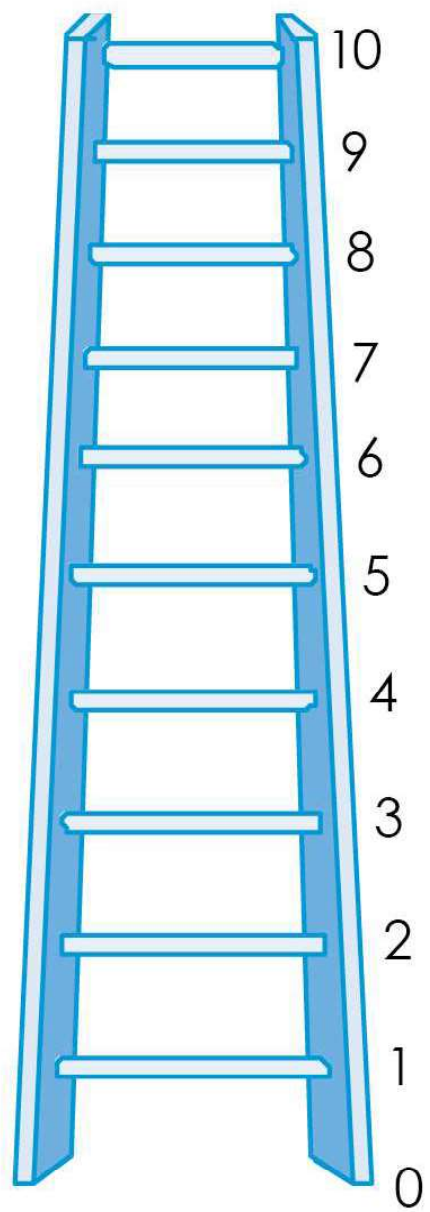
LIFE SATISFACTION		LS
<p>LS1. I would like to ask you some simple questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>I am now going to show you pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i></p>	<p>VERY HAPPY1</p> <p>SOMEWHAT HAPPY2</p> <p>NEITHER HAPPY NOR UNHAPPY3</p> <p>SOMEWHAT UNHAPPY4</p> <p>VERY UNHAPPY5</p>	
<p>LS2. <i>Show the picture of the ladder.</i></p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary: Which step comes closest to the way you feel?</i></p>	<p>LADDER STEP..... ____ ____</p>	
<p>LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p>	<p>IMPROVED1</p> <p>MORE OR LESS THE SAME.....2</p> <p>WORSENERD3</p>	
<p>LS4. 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?</p>	<p>BETTER1</p> <p>MORE OR LESS THE SAME.....2</p> <p>WORSE.....3</p>	



READING CARD FOR LITERACY

1. The child is reading a book.
2. The rainy season started late this year.
3. Parents must take care of their children.
4. Agricultural work is heavy work.

Best Possible Life



Worst Possible Life

WM10. <i>Record the end time.</i>	HOURS AND MINUTES.....__ __ : __ __	
WM11. <i>Was the entire interview completed in private or was there anyone else during the entire interview or part of it?</i>	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE..... 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM13. <i>Language of the Interview.</i>	DUTCH1 SRANAN TONGO2 OTHER LANGUAGE (specify) 6	
WM14. <i>Native language of the Respondent.</i>	DUTCH01 SRANAN TONGO02 JAVANESE.....03 SARNAMI HINDI.....04 SARAMACCAANS.....05 AUCAANS06 PARAMACAANS.....07 AROWAK.....08 CARAIB09 CHINESE10 PORTUGUESE.....11 ENGLISH.....12 OTHER LANGUAGE (SPECIFY) 96 _____	
WM15. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE1 YES, PARTS OF THE QUESTIONNAIRE.....2 NO, NOT USED3	

WM16. Check columns HL10 and HL20 in *LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE*:

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

☐ Yes ⇒ Go to WM17 in *WOMAN'S INFORMATION PANEL* and record '01'. Then go to the *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.

☐ No ⇒ Check HH26-HH27 in *HOUSEHOLD QUESTIONNAIRE*: Is there a child age 5-17 selected for *QUESTIONNAIRE FOR CHILDREN AGE 5-17*?

☐ Yes ⇒ Check column HL20 in *LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE*: Is the respondent the mother or caretaker of the child selected for *QUESTIONNAIRE FOR CHILDREN AGE 5-17* in this household?

☐ Yes ⇒ Go to WM17 in *WOMAN'S INFORMATION PANEL* and record '01'.

Then go to the *QUESTIONNAIRE FOR CHILDREN AGE 5-17* for that child and start the interview with this respondent.

☐ No ⇒ Go to WM17 in *WOMAN'S INFORMATION PANEL* and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

☐ No ⇒ Go to WM17 in *WOMAN'S INFORMATION PANEL* and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS



MAN'S INFORMATION PANEL		MWM
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name and line number: NAME _____	MWM4. Supervisor's name and number: NAME _____	
MWM5. Interviewer's name and number: NAME _____	MWM6. Day / Month / Year of interview: _____ / _____ / <u>2</u> <u>0</u> <u>1</u> _____	

<p><i>Check man's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH39 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in MWM17.</i></p>		<p>MWM7. Record the start time:</p> <p>HOURS : MINUTES _____ : _____</p>
<p>MWM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<p>YES, INTERVIEWED ALREADY...1 NO, FIRST INTERVIEW.....2</p>	<p>1 ⇨ MWM9B 2 ⇨ MWM9A</p>
<p>MWM9A. We are from the General Bureau of Statistics and we are conducting a survey for the Ministry of Social Affairs and Housing about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 20 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>		<p>MWM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>
<p>YES.....1 NO / NOT ASKED.....2</p>		<p>1 ⇨ MAN'S BACKGROUND Module 2 ⇨ MWM17</p>

<p>MWM17. Result of man's interview. Discuss any result not completed with Supervisor.</p>	<p>COMPLETED.....01 NOT AT HOME.....02 REFUSED.....03 PARTLY COMPLETED.....04 INCAPACITATED(specify).....05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17.....06 OTHER (specify).....96</p>
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MAN'S BACKGROUND		MWB
MWB1. Check the respondent's line number (MWM3) in MAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	MWM3=HH47.....1 MWM3≠HH47.....2	2 ⇨ MWB3
MWB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5= 3, 4 OR 51 ED5= 0, 1, 2, 8 OR BLANK.....2	1 ⇨ MWB15 2 ⇨ MWB14
MWB3. In what month and year were you born?	DATE OF BIRTH MONTH.....__ __ DK MONTH 98 YEAR__ __ __ __ DK YEAR9998	
MWB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to MWB3 and MWB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS)__ __	
MWB5. Have you ever attended school or any early childhood education programme?	YES..... 1 NO..... 2	2 ⇨ MWB14
MWB6. What is the highest level and grade or year of school you have attended?	EARLY CHILDHOOD EDUCATION.....000 PRE-PRIMARY.....1 __ __ PRIMARY.....2 __ __ LOWER SECONDARY.....3 __ __ UPPER SECONDARY.....4 __ __ HIGHER5 __ __	000 ⇨ MWB14 1 ⇨ MWB14
MWB7. Did you complete that (grade/year)?	YES..... 1 NO..... 2	
MWB8. Check MWB4: Age of respondent:	AGE 15-24 1 AGE 25-49 2	2 ⇨ MWB13
MWB9. At any time during the school year 2017/2018 did you attend school?	YES..... 1 NO..... 2	2 ⇨ MWB11
MWB10. During this school year 2017/2018, which level and grade or year are you <u>attending</u> ?	PRIMARY2 __ __ LOWER SECONDARY3 __ __ UPPER SECONDARY4 __ __ HIGHER5 __ __	
MWB11. At any time during the school year 2016/2017 did you attend school?	YES..... 1 NO..... 2	2 ⇨ MWB13
MWB12. During school year 2016/2017, which level and grade or year did you <u>attend</u> ?	PRIMARY2 __ __ LOWER SECONDARY3 __ __ UPPER SECONDARY4 __ __ HIGHER5 __ __	
MWB13. Check MWB6: Highest level of school attended:	MWB6= 3, 4 OR 5..... 1 MWB6= 2..... 2	1 ⇨ MWB15

MWB14. Now I would like you to read this sentence to me. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i>	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE..... 3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language)..... 4	
MWB15. How long have you been continuously living in (name of the place where the household is located) <i>If less than one year, record '00' years.</i>	YEARS ____ ALWAYS / SINCE BIRTH 95	95 ⇒ MWB18
MWB16. Just before you moved here, did you live in an urban, rural coastal or a rural interior area? <i>Probe to identify the type of place.</i> <u><i>If unable to determine whether the place is a urban, rural coastal or a rural interior area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i></u> _____ (Name of place)	URBAN 1 RURAL COASTAL 2 RURAL INTERIOR 3	
MWB17. Before you moved here, in which district did you live in?	PARAMARIBO.....01 WANICA.....02 NICKERIE.....03 CORONIE.....04 SARAMACCA.....05 COMMEWIJNE.....06 MAROWIJNE.....07 PARA.....08 BROKOPONDO.....09 SIPALIWINI.....10 OUTSIDE OF SURINAME (specify)96	
MWB18. Are you covered by any health insurance?	YES.....1 NO.....2	2 ⇒ End
MWB19. What type of health insurance are you covered by? <i>Record all mentioned.</i>	HEALTH INSURANCE THROUGH EMPLOYER.....B SOCIAL SECURITY (BAZO&SOZAVO).....C OTHER PRIVATELY PURCHASED COMMERCIALHEALTH INSURANCE.....D OTHER (specify)X	

MASS MEDIA AND ICT		MMT
MMT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3	
MMT2. Do you listen to the radio at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3	
MMT3. Do you watch television at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3	
MMT4. Have you ever used a computer, laptop, or a tablet from any location?	YES 1 NO..... 2	2 ⇨ MMT9
MMT5. During the last 3 months, did you use a computer, laptop or a tablet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK..... 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3	0 ⇨ MMT9

MMT6. During the last 3 months, did you:	YES NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE 1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT..... 1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT..... 1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA. 1 2	
[E] Connect and install a new device such as a modem, camera or printer?	CONNECT DEVICE..... 1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE..... 1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION..... 1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE..... 1 2	
[I] Write a computer program in any programming language?	PROGRAMMING 1 2	
MMT7. Check MMT6[C]: Is 'Yes' recorded?	YES, MMT6[C]=1 1 NO, MMT6[C]=2 2	1 ⇔ MMT10
MMT8. Check MMT6[F]: Is 'Yes' recorded?	YES, MMT6[F]=1 1 NO, MMT6[F]=2 2	1 ⇔ MMT10
MMT9. Have you ever used the internet from any location and any device?	YES 1 NO 2	2 ⇔ MMT11
MMT10. During the last 3 months did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MMT11. Do you own a mobile phone?	YES 1 NO 2	

<p>MMT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?</p> <p><i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone.</p> <p><i>If 'At least once a week', probe:</i> Would you say this happens almost every day?</p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL 0</p> <p>LESS THAN ONCE A WEEK..... 1</p> <p>AT LEAST ONCE A WEEK..... 2</p> <p>ALMOST EVERY DAY..... 3</p>	
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FERTILITY		MCM
MCM1. Now I would like to ask about all the children you have had during 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? <i>This module should only include children born alive. Any stillbirths should not be included in response to any question.</i>	YES 1 NO 2 DK 8	2 ⇨ MCM8 8 ⇨ MCM8
MCM2. Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	2 ⇨ MCM5
MCM3. How many sons live with you? <i>If none, record '00'.</i>	SONS AT HOME _ _	
MCM4. How many daughters live with you? <i>If none, record '00'.</i>	DAUGHTERS AT HOME _ _	
MCM5. 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
MCM6. How many sons are alive but do not live with you? <i>If none, record '00'.</i>	SONS ELSEWHERE _ _	
MCM7. How many daughters are alive but do not live with you? <i>If none, record '00'.</i>	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> I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	2 ⇨ MCM11
MCM9. How many boys have died? <i>If none, record '00'.</i>	BOYS DEAD _ _	
MCM10. How many girls have died? <i>If none, record '00'.</i>	GIRLS DEAD _ _	
MCM11. Sum answers to MCM3, MCM4, MCM6, MCM7, MCM9 and MCM10.	SUM _ _	
MCM12. Just to make sure that I have this right, you have fathered (total number in MCM11) live births during your life. Is this correct?	YES NO	1 ⇨ MCM14
MCM13. Check responses to MCM1-MCM10 and make corrections as necessary until response in MCM12 is 'Yes'.		

MCM14. Check <i>MCM11</i> : How many live births fathered?	NO LIVE BIRTHS, MCM11=00.....0 ONE LIVE BIRTH ONLY, MCM11=01.....1 TWO OR MORE LIVE BIRTHS, MCM11=02 OR MORE2	0⇒End 1⇒MCM18A
MCM15. Did all the children you have fathered have the same biological mother?	YES 1 NO 2	1⇒MCM17
MCM16. In all, how many women have you fathered children with?	NUMBER OF WOMEN.....__ __	
MCM17. How old were you when your first child was born?	AGE IN YEARS__ __	⇒MCM18B
MCM18A. In what month and year was the child you have fathered born? MCM18B. In what month and year was the last of these (<i>total number in MCM11</i>) children you have fathered born even if he or she has died? <i>Month and year must be recorded.</i>	DATE OF LAST BIRTH MONTH..... __ __ YEAR __ __ __ __	

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:				
		YES	NO	DK
[A]	If she goes out without telling him?	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

VICTIMISATION		MVT
<p>MVT1. Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) 2015, has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ MVT9B</p> <p>8 ⇒ MVT9B</p>
<p>MVT2. Did this happen during the last 12 months, that is, since (<i>month of interview</i>) 2017?</p>	<p>YES, DURING THE LAST 12 MONTHS 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK/DON'T REMEMBER 8</p>	<p>2 ⇒ MVT5B</p> <p>8 ⇒ MVT5B</p>
<p>MVT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK/DON'T REMEMBER 8</p>	
<p>MVT4. Check MVT3: One or more times?</p>	<p>ONE TIME, MVT3=1 1</p> <p>MORE THAN ONCE OR DK, MVT3=2, 3 OR 8 2</p>	<p>1 ⇒ MVT5A</p> <p>2 ⇒ MVT5B</p>
<p>MVT5A. When this happened, was anything stolen from you?</p> <p>MVT5B. The last time this happened, was anything stolen from you?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE 8</p>	
<p>MVT6. Did the person(s) have a weapon?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE 8</p>	<p>2 ⇒ MVT8</p> <p>8 ⇒ MVT8</p>
<p>MVT7. Was a knife, a gun or something else used as a weapon?</p> <p>Record <i>all that apply</i>.</p>	<p>YES, A KNIFE A</p> <p>YES, A GUN B</p> <p>YES, SOMETHING ELSE X</p>	

<p>MVT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe:</i> Was the incident reported by you or someone else?</p>	<p>YES, RESPONDENT REPORTED 1</p> <p>YES, SOMEONE ELSE REPORTED 2</p> <p>NO, NOT REPORTED..... 3</p> <p>DK/NOT SURE..... 8</p>	<p>1 ⇒MVT9A</p> <p>2 ⇒MVT9A</p> <p>3 ⇒MVT9A</p> <p>8 ⇒MVT9A</p>
<p>MVT9A Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) 2015, been physically attacked?</p> <p>MVT9B. In the same period of the last three years, that is since (<i>month of interview</i>) 2015, have you been physically attacked?</p> <p><i>If no, probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under MVT1.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒MVT20</p> <p>8 ⇒MVT20</p>
<p>MVT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) 2017?</p>	<p>YES, DURING THE LAST 12 MONTHS 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK/DON'T REMEMBER 8</p>	<p>2 ⇒MVT12B</p> <p>8 ⇒MVT12B</p>
<p>MVT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p>	<p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK/DON'T REMEMBER 8</p>	<p>1 ⇒MVT12A</p> <p>2 ⇒MVT12B</p> <p>3 ⇒MVT12B</p> <p>8 ⇒MVT12B</p>
<p>MVT12A. Where did this happen?</p> <p>MVT12B. Where did this happen the last time?</p>	<p>AT HOME 11</p> <p>IN ANOTHER HOME 12</p> <p>IN THE STREET 21</p> <p>ON PUBLIC TRANSPORT 22</p> <p>PUBLIC RESTAURANT/CAFÉ/BAR 23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>AT SCHOOL 31</p> <p>AT WORKPLACE 32</p> <p>OTHER PLACE (<i>specify</i>) 96</p>	
<p>MVT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?</p>	<p>ONE PERSON 1</p> <p>TWO PEOPLE 2</p> <p>THREE OR MORE PEOPLE 3</p> <p>DK/DON'T REMEMBER 8</p>	<p>1 ⇒MVT14A</p> <p>2 ⇒MVT14B</p> <p>3 ⇒MVT14B</p> <p>8 ⇒MVT14B</p>

MVT14A. At the time of the incident, did you recognize the person?	YES 1 NO 2	
MVT14B. At the time of the incident, did you recognize at least one of the persons?	DK/DON'T REMEMBER 8	
MVT17. Did the person(s) have a weapon?	YES 1 NO 2 DK/NOT SURE..... 8	2 ⇒MVT19 8 ⇒MVT19
MVT18. Was a knife, a gun or something else used as a weapon? Record <i>all that apply</i> .	YES, A KNIFE..... A YES, A GUNB YES, SOMETHING ELSE..... X	
MVT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe:</i> Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED..... 3 DK/NOT SURE..... 8	
MVT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE 1 SAFE..... 2 UNSAFE..... 3 VERY UNSAFE 4 NEVER WALK ALONE AFTER DARK 7	
MVT21. How safe do you feel when you are at home alone after dark?	VERY SAFE 1 SAFE..... 2 UNSAFE..... 3 VERY UNSAFE 4 NEVER ALONE AFTER DARK 7	
MVT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?		
	YES NO DK	
[H] Ethnicity?	ETHNICITY1 2 8	
[B] Sex?	SEX1 2 8	
[C] Sexual orientation?	SEXUAL ORIENTATION1 2 8	
[D] Age?	AGE1 2 8	
[E] Religion or belief?	RELIGION/BELIEF1 2 8	
[F] Disability?	DISABILITY1 2 8	
[G] Immigration status?	IMMIGRATION1 2 8	
[X] For any other reason?	OTHER REASON1 2 8	

MARRIAGE/UNION		MMA
MMA1. Are you currently married, living together with someone as if married or in a visiting relationship?	YES, CURRENTLY MARRIED1 YES, LIVING WITH A PARTNER2 YES, HAVE A VISITING PARTNER.....0 NO, NOT IN UNION3	3 ⇒MMA5
MMA3. Do you have other wives, do you live with other partners as if married or do you have (a) visiting relationship(s)?	YES.....1 NO.....2	2 ⇒MMA7
MMA4. How many other wives, live-in partners or visiting relationship(s) do you have?	NUMBER..... __ __ DK.....98	⇒MMA7 98 ⇒MMA7
MMA5. Have you ever been married, lived together with someone as if married or been in a visiting relationship?	YES, FORMERLY MARRIED1 YES, FORMERLY LIVED WITH A PARTNER ..2 YES, FORMERLY HAD A VISITING PARTNER0 NO.....3	3 ⇒End
MMA6. What is your marital status now: are you widowed, divorced or separated or are you no longer in a visiting relationship?	WIDOWED1 DIVORCED2 SEPARATED.....3 NO LONGER IN A VISITING RELATIONSHIP..0	
MMA7. Have you been married, lived with someone or been in a visiting relationship 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 start living with your (wife/partner) or did you start the visiting relationship? MMA8B. In what month and year did you start living with your <u>first</u> (wife/partner) or did you start your first visiting relationship?	DATE OF (FIRST) UNION MONTH __ __ DK MONTH98 YEAR __ __ __ __ DK YEAR 9998	
MMA9. Check MMA8A/B: Is 'DK YEAR' recorded?	YES, MMA8A/B=9998.....1 NO, MMA8A/B≠99982	2 ⇒End
MMA10. Check MMA7: In union only once?	YES, MMA7=1.....1 NO, MMA7=2.....2	1 ⇒MMA11A 2 ⇒MMA11B
MMA11A. How old were you when you started living with your (wife/partner) or when you started your visiting relationship? MMA11B. How old were you when you started living with your <u>first</u> (wife/partner) or when you started your <u>first</u> visiting relationship?	AGE IN YEARS..... __ __	

ADULT FUNCTIONING		MAF
MAF1. Check MWB4: Age of respondent?	AGE 15-17 YEARS..... 1 AGE 18-49 YEARS..... 2	1 ⇒ End
MAF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES..... 1 NO..... 2	
MAF3. Do you use a hearing aid?	YES..... 1 NO..... 2	
MAF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
MAF5. Check MAF2: Respondent uses glasses or contact lenses?	YES, MAF2=1 1 NO, MAF2=2 2	1 ⇒ MAF6A 2 ⇒ MAF6B
MAF6A. When using your glasses or contact lenses, do you have difficulty seeing? MAF6B. Do you have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
MAF7. Check MAF3: Respondent uses a hearing aid?	YES, MAF3=1 1 NO, MAF3=2 2	1 ⇒ MAF8A 2 ⇒ MAF8B
MAF8A. When using your hearing aid(s), do you have difficulty hearing? MAF8B. Do you have difficulty hearing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
MAF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
MAF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
MAF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4	
MAF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	

SEXUAL BEHAVIOR		MSB
<p>MSB1. Check for the presence of others. Before continuing, make every effort to ensure privacy. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD INTERCOURSE.....00</p> <p>AGE IN YEARS.....__ __</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER95</p>	00⇒End
<p>MSB2. I would like to ask you about your recent sexual activity.</p> <p>When was the last time you had sexual intercourse?</p> <p><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></p>	<p>DAYS AGO 1 __ __</p> <p>WEEKS AGO 2 __ __</p> <p>MONTHS AGO 3 __ __</p> <p>YEARS AGO..... 4 __ __</p>	4⇒End
<p>MSB3. The last time you had sexual intercourse, was a condom used?</p>	<p>YES..... 1</p> <p>NO 2</p>	
<p>MSB4. What was your relationship to this person with whom you last had sexual intercourse?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'Girlfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>WIFE 1</p> <p>COHABITING PARTNER 2</p> <p>GIRLFRIEND..... 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER (specify) _____ 6</p>	<p>3⇒MSB6</p> <p>4⇒MSB6</p> <p>5⇒MSB6</p> <p>6⇒MSB6</p>
<p>MSB5. Check MMA1: Currently married, living with a partner or in a visiting relationship?</p>	<p>YES, MMA1=1 OR 2..... 1</p> <p>NO, MMA1=3 2</p>	1⇒MSB7
<p>MSB6. How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER __ __</p> <p>DK 98</p>	
<p>MSB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES..... 1</p> <p>NO 2</p>	2⇒End
<p>MSB8. The last time you had sexual intercourse with another person, was a condom used?</p>	<p>YES..... 1</p> <p>NO 2</p>	

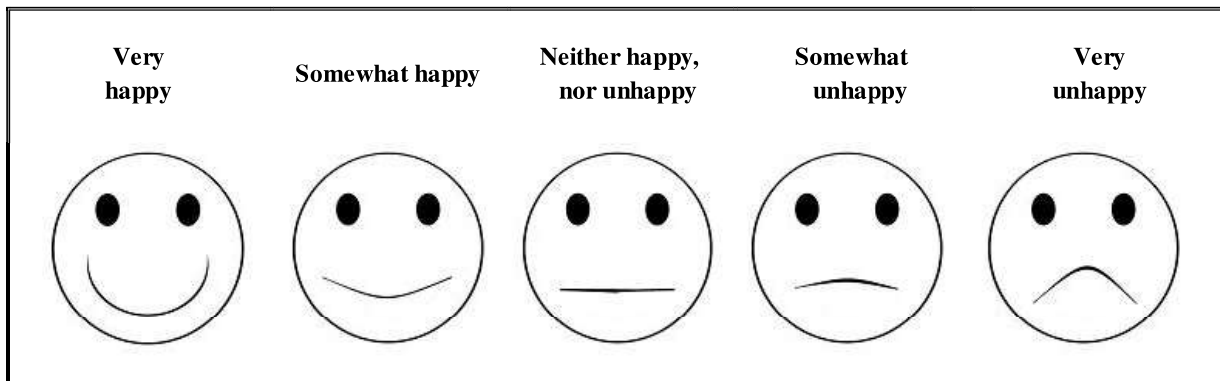
<p>MSB9. What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If ‘Girlfriend’ then ask: Were you living together as if married? If ‘Yes’, record ‘2’. If ‘No’, record ‘3’.</i></p>	<p>WIFE 1</p> <p>COHABITING PARTNER 2</p> <p>GIRLFRIEND..... 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER (specify) _____ 6</p>	<p>3 ⇨ MSB12</p> <p>4 ⇨ MSB12</p> <p>5 ⇨ MSB12</p> <p>6 ⇨ MSB12</p>
<p>MSB10. Check MMA1: Currently married, living with a partner or in a visiting relationship?</p>	<p>YES, MMA1=1 OR 2..... 1</p> <p>NO, MMA1=3 2</p>	<p>2 ⇨ MSB12</p>
<p>MSB11. Check MMA7: Married, living with a partner or in a visiting relationship only once?</p>	<p>YES, MMA7=1..... 1</p> <p>NO, MMA7≠1 2</p>	<p>1 ⇨ End</p>
<p>MSB12. How old is this person?</p> <p><i>If response is ‘DK’, probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER _ _</p> <p>DK 98</p>	

HIV/AIDS		MHA																
MHA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES.....1 NO.....2 DK.....8	2 ⇒ End																
MHA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES.....1 NO.....2 DK.....8																	
MHA3. Can people get HIV from mosquito bites?	YES.....1 NO.....2 DK.....8																	
MHA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES.....1 NO.....2 DK.....8																	
MHA5. Can people get HIV by sharing food with a person who has HIV?	YES.....1 NO.....2 DK.....8																	
MHA6. Can people get HIV because of witchcraft (e.g. ‘bonoe’) or other supernatural means?	YES.....1 NO.....2 DK.....8																	
MHA7. Is it possible for a healthy-looking person to have HIV?	YES.....1 NO.....2 DK.....8																	
MHA8. Can HIV 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															
MHA9. Check MHA8[A], [B] and [C]: At least one ‘Yes’ recorded?	YES.....1 NO.....2	2 ⇒ MHA24																
MHA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES.....1 NO.....2 DK.....8																	
MHA24. I don’t want to know the results, but have you ever been tested for HIV?	YES.....1 NO.....2	2 ⇒ MHA27																

MHA25. How many months ago was your most recent HIV test?	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?	YES.....1 NO.....2 DK.....8	1 ⇒MHA28 2 ⇒MHA28 8 ⇒MHA28
MHA27. Do you know of a place where people can go to get an HIV test?	YES.....1 NO.....2	
MHA28. Have you heard of test kits people can use to test themselves for HIV?	YES.....1 NO.....2	2 ⇒MHA30
MHA29. Have you ever tested yourself for HIV using a self-testkit?	YES.....1 NO.....2	
MHA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
MHA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
MHA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
MHA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
MHA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS8	
MHA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV.	AGREE.....1 DISAGREE.....2 DK / NOT SURE / DEPENDS8	
MHA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES.....1 NO.....2 SAYS HE HAS HIV7 DK / NOT SURE / DEPENDS8	

ALCOHOL USE		TA
MTA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES1 NO2	2⇒End
MTA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips?	NEVER HAD ONE DRINK OF ALCOHOL..... 00 AGE..... ____ ____	00⇒End
MTA16. During the last one month, on how many days did you have at least one drink of alcohol? <i>If respondent did not drink, record '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, record '10'.</i> <i>If 'Every day' or 'Almost every day', record '30'.</i>	DID NOT HAVE ONE DRINK IN LAST ONE MONTH 00 NUMBER OF DAYS..... 0 ____ 10 DAYS OR MORE BUT LESS THAN A MONTH 10 EVERY DAY / ALMOST EVERY DAY 30	00⇒End
MTA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS ____ ____	

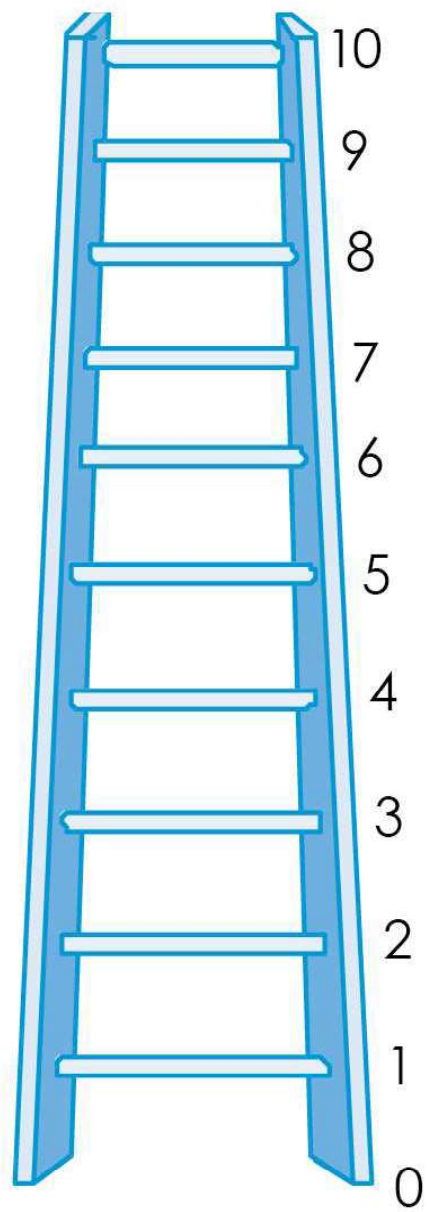
LIFE SATISFACTION		MLS
<p>MLS1. I would like to ask you some simple questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>I am now going to show you pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i></p>	<p>VERY HAPPY1</p> <p>SOMEWHAT HAPPY2</p> <p>NEITHER HAPPY NOR UNHAPPY3</p> <p>SOMEWHAT UNHAPPY4</p> <p>VERY UNHAPPY5</p>	
<p>MLS2. Now, think of a ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p><i>Show the picture of the Ladder.</i></p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary: Which step comes closest to the way you feel?</i></p>	<p>LADDER STEP..... ____ ____</p>	
<p>MLS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p>	<p>IMPROVED1</p> <p>MORE OR LESS THE SAME.....2</p> <p>WORSENERD3</p>	
<p>MLS4. 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?</p>	<p>BETTER1</p> <p>MORE OR LESS THE SAME.....2</p> <p>WORSE.....3</p>	



READING CARD FOR LITERACY

1. The child is reading a book.
2. The rainy season started late this year.
3. Parents must take care of their children.
4. Agricultural work is heavy work.

Best Possible Life



Worst Possible Life

MWM10. <i>Record the end time.</i>	HOURS AND MINUTES__ __ : __ __	
MWM11. <i>Was the entire interview completed in private or was there anyone else during the entire interview or part of it?</i>	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE..... 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify)..... 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify)..... 3	
MWM13. <i>Language of the Interview.</i>	DUTCH 1 SRANAN TONGO 2 OTHER LANGUAGE (specify)..... 6	
MWM14. <i>Native language of the Respondent.</i>	DUTCH..... 01 SRANAN TONGO 02 JAVANESE 03 SARNAMI HINDI..... 04 SARAMACCAANS 05 AUCAANS..... 06 PARAMACAANS 07 AROWAK 08 CARAIB 09 CHINESE 10 PORTUGUESE..... 11 ENGLISH 12 OTHER LANGUAGE (SPECIFY) 96	
MWM15. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3	

MWM16. Check columns HL 10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

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

☐ Yes ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

☐ No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?

☐ Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?

☐ Yes ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'.

Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.

☐ No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household.

☐ No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS



UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____	UF8. Record the time:	HOURS : MINUTES _____ : _____

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.

UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY.....1 NO, FIRST INTERVIEW.....2	1 ⇨ UF10B 2 ⇨ UF10A
UF10A. Hello, my name is (your name). We are from the General Bureau of Statistics and we are conducting a survey for the Ministry of Social Affairs and Housing about the situation of children, families and households. I would like to talk to you about (child's name from UF3)'s health and well-being. This interview will take about 30 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	UF10B. Now I would like to talk to you about (child's name from UF3)'s health and well-being in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES.....1 NO / NOT ASKED.....2	1 ⇨ UNDER FIVE'S BACKGROUND Module 2 ⇨ UF17	

UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i> <i>Discuss any result not completed with Supervisor.</i>	COMPLETED01 NOT AT HOME02 REFUSED03 PARTLY COMPLETED.....04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-1706 OTHER (specify) _____ 96
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UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (name) 's declaration of birth registration or Family book, Immunization booklet, and any immunization record from a private health provider? We will need to refer to those documents.		
UB1. On what day, month and year was (name) born? <i>Probe:</i> What is (his/her) birthday? <i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i> <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH DAY__ __ DK DAY98 MONTH.....__ __ YEAR2 0 1 __	
UB2. How old is (name) ? <i>Probe:</i> How old was (name) at (his/her) last birthday? <i>Record age in completed years.</i> <i>Record '0' if less than 1 year.</i> <i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS)__	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	1 ⇒ UB9
UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	RESPONDENT IS THE SAME, UF4=HH47 1 RESPONDENT IS NOT THE SAME, UF4≠HH47 2	2 ⇒ UB6
UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE or pre-primary in the current school year?	YES, ED10= 0 OR 1 1 NO, ED10≠0 OR 1 OR BLANK 2	1 ⇒ UB8B 2 ⇒ UB9
UB6. Has (name) ever attended any early childhood education programme?	YES 1 NO 2	
UB6A. Has (name) ever attended pre-primary school?	YES 1 NO 2	
UB6B. Check UB6 and UB6A: Has the child attended ECE and/or pre-primary?	ATTENDED BOTH 1 ATTENDED ECE ONLY 2 ATTENDED PRE-PRIMARY ONLY 3 NONE 4	4 ⇒ UB9
UB7. At any time since October 2017, did (he/she) attend (programmes mentioned in UB6B)?	YES 1 NO 2	1 ⇒ UB8A 2 ⇒ UB9

<p>UB8A. Does (he/she) currently attend (<i>programmes mentioned in UB6B</i>)?</p> <p>UB8B. You have mentioned that (<i>name</i>) has attended (<i>programmes mentioned in UB6B</i>) this school year. Is (he/she) currently attending?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>UB9. Is (<i>name</i>) covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ <i>End</i></p>
<p>UB10. What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p>	<p>HEALTH INSURANCE THROUGH</p> <p>EMPLOYER B</p> <p>SOCIAL SECURITY (BAZO&SOZAVO) C</p> <p>OTHER PRIVATELY PURCHASED</p> <p>COMMERCIAL HEALTHINSURANCE D</p> <p>OTHER (<i>specify</i>) X</p>	

BIRTH REGISTRATION		BR
BR1. Does (<i>name</i>) have a declaration of birth registration or family book? <i>If yes, ask:</i> May I see it?	YES, SEEN 1 YES, NOT SEEN 2 NO 3 DK 8	1 ⇨ <i>End</i> 2 ⇨ <i>End</i>
BR2. Has (<i>name</i>)'s birth been registered with the Civil Registry office?	YES 1 NO 2 DK 8	1 ⇨ <i>End</i>
BR3. Do you know how to register (<i>name</i>)'s birth?	YES 1 NO 2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for <i>(name)</i> ?	NONE00 NUMBER OF CHILDREN'S BOOKS <u>0</u> ____ TEN OR MORE BOOKS10	
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:	<div style="text-align: right;">Y N DK</div> [A] Homemade toys, such as dolls, cars, or other toys made at home? HOMEMADE TOYS 1 2 8 [B] Toys from a shop or manufactured toys? TOYS FROM A SHOP 1 2 8 [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves? HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 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? NUMBER OF DAYS 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? NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR ____ <i>If 'None' record '0'. If 'Don't know' record '8'.</i>	
EC4. Check UB2: Child's age?	AGE 0 OR 11 AGE 2, 3 OR 42	1 ⇒ End

<p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (name):</p> <p><i>If 'Yes', ask:</i> Who engaged in this activity with (name)?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p>Record <i>all that apply</i>.</p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with (name)?</p> <p>[B] Told stories to (name)?</p> <p>[C] Sang songs to or with (name), including lullabies?</p> <p>[D] Took (name) outside the home?</p> <p>[E] Played with (name)?</p> <p>[F] Named, counted, or drew things for or with (name)?</p>	<table border="1"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>NAMED</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		MOTHER	FATHER	OTHER	NO ONE	READ BOOKS	A	B	X	Y	TOLD STORIES	A	B	X	Y	SANG SONGS	A	B	X	Y	TOOK OUTSIDE	A	B	X	Y	PLAYED WITH	A	B	X	Y	NAMED	A	B	X	Y	
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PLAYED WITH	A	B	X	Y																																	
NAMED	A	B	X	Y																																	
<p>EC5G. Check UB2: Child's age?</p>	<p>AGE 21</p> <p>AGE 3 OR 42</p>	<p>1 ⇒ End</p>																																			
<p>EC6. I would like to ask you some questions about the health and development of (name). 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 (name)'s development.</p> <p>Can (name) identify or name at least ten letters of the alphabet?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>																																				
<p>EC7. Can (name) read at least four simple, popular words?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>																																				
<p>EC8. Does (name) know the name and recognize the symbol of all numbers from 1 to 10?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>																																				

EC9. 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	
EC10. Is (<i>name</i>) sometimes too sick to play?	YES 1 NO 2 DK 8	
EC11. Does (<i>name</i>) follow simple directions on how to do something correctly?	YES 1 NO 2 DK 8	
EC12. When given something to do, is (<i>name</i>) able to do it independently?	YES 1 NO 2 DK 8	
EC13. Does (<i>name</i>) get along well with other children?	YES 1 NO 2 DK 8	
EC14. Does (<i>name</i>) kick, bite, or hit other children or adults?	YES 1 NO 2 DK 8	
EC15. Does (<i>name</i>) get distracted easily?	YES 1 NO 2 DK 8	

CHILD DISCIPLINE		UCD
UCD1. Check UB2: Child's age?	AGE 0.....1 AGE 1, 2, 3 OR 4.....2	1 ⇒ End
UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you</u> or <u>any other adult in your household</u> has used this method with <i>(name)</i> in the past <u>month</u> . [A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house. [B] Explained why <i>(name)</i> 's behavior 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>YES NO</div> TOOK AWAY PRIVILEGES.....1 2 EXPLAINED WRONG BEHAVIOR.....1 2 SHOOK HIM/HER1 2 SHOUTED, YELLED, SCREAMED1 2 GAVE SOMETHING ELSE TO DO1 2 SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND1 2 HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT1 2 CALLED DUMB, LAZY OR ANOTHER NAME1 2 HIT / SLAPPED ON THE FACE, HEAD OR EARS1 2 HIT / SLAPPED ON HAND, ARM OR LEG1 2 BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD.....1 2	
UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?	YES.....1 NO.....2	2 ⇒ UCD5
UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?	YES.....1 NO.....2	1 ⇒ End
UCD5. 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 OPINION8	



CHILD FUNCTIONING		UCF
UCF1. Check UB2: Child's age?	AGE 0 OR 1 1 AGE 2, 3 OR 4 2	1 ⇨ End
UCF2. I would like to ask you some questions about difficulties (name) may have. Does (name) wear glasses?	YES 1 NO 2	
UCF3. Does (name) use a hearing aid?	YES 1 NO 2	
UCF4. Does (name) use any equipment or receive assistance for walking?	YES 1 NO 2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6. Check UCF2: Child wears glasses?	YES, UCF2=1 1 NO, UCF2=2 2	1 ⇨ UCF7A 2 ⇨ UCF7B
UCF7A. When wearing (his/her) glasses, does (name) have difficulty seeing? UCF7B. Does (name) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
UCF8. Check UCF3: Child uses a hearing aid?	YES, UCF3=1 1 NO, UCF3=2 2	1 ⇨ UCF9A 2 ⇨ UCF9B
UCF9A. When using (his/her) hearing aid(s), does (name) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (name) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
UCF10. Check UCF4: Child uses equipment or receives assistance for walking?	YES, UCF4=1 1 NO, UCF4=2 2	1 ⇨ UCF11 2 ⇨ UCF13
UCF11. Without (his/her) equipment or assistance, does (name) have difficulty walking?	SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (name) have difficulty walking?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4	1 ⇨ UCF14 2 ⇨ UCF14 3 ⇨ UCF14 4 ⇨ UCF14

UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK AT ALL.....4	
UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT PICK UP AT ALL4	
UCF15. Does (<i>name</i>) have difficulty understanding you?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT UNDERSTAND AT ALL.....4	
UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT BE UNDERSTOOD AT ALL.....4	
UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT LEARN THINGS AT ALL4	
UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT PLAY AT ALL4	
UCF19. The next question has five different options for answers. I am going to read these to you after the question. Compared with children of the same age, how much does (<i>name</i>) kick, bite or hit other children or adults? Would you say: not at all, less, the same, more or a lot more?	NOT AT ALL1 LESS.....2 THE SAME.....3 MORE4 A LOT MORE5	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check UB2: Child's age?	AGE 0, 1, OR 2.....1 AGE 3 OR 4.....2	2 ⇒ End
BD2. Has (<i>name</i>) ever been breastfed?	YES.....1 NO.....2 DK.....8	2 ⇒ BD3A 8 ⇒ BD3A
BD3. Is (<i>name</i>) still being breastfed?	YES.....1 NO.....2 DK.....8	
BD3A. Check UB2: Child's age?	AGE 0 OR 1.....1 AGE 2.....2	2 ⇒ End
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 Oral Rehydration Salt Solution (ORS/Diosol)</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	

<p>BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night.</p> <p>Please include liquids consumed outside of your home.</p> <p>Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night:</p>				
<p>[A] Plain water?</p>	PLAIN WATER	1	2	8
<p>[B1] 100% real juice from mango, papaya or carrots?</p>	VITAMIN A-RICH 100% REAL JUICE	1	2	8
<p>[B2] 100% real juice made from any other fruits such as oranges, mope, markoesa, kers, meloen?</p>	OTHER 100% REAL JUICE	1	2	8
<p>[B3] Any packaged sweet-tasting drink such as Kool Aid, Tang, or any similar packaged sweet tasting juice drink e.g. More, Fruta?</p>	NON-NUTRITIOS DRINKS/ BEVERAGES	1	2	8
<p>[C] Clear broth or clear soup such as bouillon soup of andere heldere soepen?</p>	CLEAR BROTH/CLEAR SOUP	1	2	8
<p>[D] Infant formula, such as Nutrilon, Lactogeen, Enfamil?</p>	INFANT FORMULA	1	2 ∇ BD7[E]	8 ∇ BD7[E]
<p>[D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i></p>	NUMBER OF TIMES DRANK INFANT FORMULA..... ____			
<p>[E] Milk from animals, such as fresh, tinned, or powdered milk?</p>	MILK	1	2 ∇ BD7[X]	8 ∇ BD7[X]
<p>[E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i></p>	NUMBER OF TIMES DRANK MILK..... ____			
<p>[X] Any other liquids?</p>	OTHER LIQUIDS	1	2 ∇ BD8	8 ∇ BD8
<p>[X1] <i>Record all other liquids mentioned.</i></p>	<i>(Specify)</i> _____			

<p>BD8. Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <p>- Think about when (name) woke up yesterday. Did (he/she) eat anything at that time? <i>If 'Yes' ask: Please tell me everything (name) ate at that time. Probe: Anything else?</i> <i>Record answers using the food groups below.</i></p> <p>- What did (name) do after that? Did (he/she) eat anything at that time? <i>Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.</i></p>					
<p>For each food group not mentioned after completing the above ask:</p> <p>Just to make sure, did (name) eat (food group items) yesterday during the day or the night</p>		YES	NO	DK	
<p>[A] Yogurt made from animal milk? <i>Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content.</i></p>		YOGURT	1	2 ⇄ BD8[B]	8 ⇄ BD8[B]
<p>[A1] How many times did (name) eat yogurt? <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i></p>		<p>NUMBER OF TIMES ATE YOGURT —</p>			
<p>[B] Any baby food, such as Alpina, Milo, Nestle, Nutricia, Frisio?</p>		FORTIFIED BABY FOOD	1	2	8
<p>[C] Bread, rice, noodles, porridge, or other foods made from grains?</p>		FOODS MADE FROM GRAINS	1	2	8
<p>[D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?</p>		PUMPKIN, CARROTS, SQUASH, ETC.	1	2	8
<p>[E] White potatoes, white yams, cassava, 'chinese tayer', 'kwak', 'kokorie' or any other foods made from roots?</p>		FOODS MADE FROM ROOTS	1	2	8
<p>[F] Any dark green, leafy vegetables, such as 'tayerblad, spinazie, klaroen, goma wiri, bita wiri'?</p>		DARK GREEN, LEAFY VEGETABLES	1	2	8
<p>[G] Ripe mangos or ripe papayas?</p>		RIPE MANGO, RIPE PAPAYA	1	2	8
<p>[H] Any other fruits or vegetables, such as oranges, banana (bacove), markoesa, kers, meloen, kouseband, boulanger, kool, antroewa?</p>		OTHER FRUITS OR VEGETABLES	1	2	8
<p>[I] Liver, kidney, heart or other organ meats?</p>		ORGAN MEATS	1	2	8
<p>[J] Any other meat, such as beef, pork, lamb, goat, chicken, duck or sausages made from these meats?</p>		OTHER MEATS	1	2	8
<p>[K] Eggs?</p>		EGGS	1	2	8
<p>[L] Fish or shellfish, either fresh or dried?</p>		FRESH OR DRIED FISH	1	2	8
<p>[M] Beans, peas, lentils or nuts, including any foods made from these?</p>		FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8

[N] Cheese or other food made from animal milk?	CHEESE OR OTHER FOOD MADE FROM MILK	1	2	8	
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2  BD9	8  BD9	
[X1] Record all other solid, semi-solid, or soft food that do not fit food groups above.	(Specify) _____				
BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night? <i>If BD8 [A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8 [A1].</i> <i>If 7 or more times, record '7'.</i>	NUMBER OF TIMES.....__ DK8				

IMMUNIZATION										IM
IM1. Check UB2: Child's age?		AGE 0, 1, OR 2 1 AGE 3 OR 4 2								2 ⇒ End
IM2. Do you have the Immunization booklet, immunization records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down?		YES, HAS ONLY BOOKLET(S) 1 YES, HAS ONLY OTHER DOCUMENT 2 YES, HAS BOOKLET(S) AND OTHER DOCUMENT 3 NO, HAS NO BOOKLETS AND NO OTHER DOCUMENT 4								1 ⇒ IM5 3 ⇒ IM5
IM3. Did you ever have the Immunization booklet or immunization records from a private health provider for (<i>name</i>)?		YES 1 NO 2								
IM4. Check IM2:		HAS ONLY OTHER DOCUMENT, IM2=2 1 HAS NO BOOKLETS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 2								2 ⇒ IM11
IM5. May I see the booklet (and/or) other document?		YES, ONLY BOOKLET(S) SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, BOOKLET(S) AND OTHER DOCUMENT SEEN 3 NO BOOKLETS AND NO OTHER DOCUMENT SEEN 4								4 ⇒ IM11
IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded.		DATE OF IMMUNIZATION								
		DAY		MONTH		YEAR				
Hep B (at birth)	HepB0					2	0	1		
Polio (IPV 1)	IPV1					2	0	1		
Polio (OPV 2)	OPV2					2	0	1		
Polio (OPV 3)	OPV3					2	0	1		
Polio (OPV 4)	OPV4					2	0	1		
BMR 1 (MMR 1)	MMR1					2	0	1		
BMR 2 (MMR 2)	MMR2					2	0	1		
DKT 4	DKT4					2	0	1		
Pentavalent 1 (DPThibHepB)	Penta1					2	0	1		
Pentavalent 2 (DPThibHepB)	Penta2					2	0	1		
Pentavalent 3 (DPThibHepB)	Penta3					2	0	1		
Yellow Fever	YF					2	0	1		
IM7. Check IM6: Are all vaccines (HepB at birth to YF) recorded?		YES 1 NO 2								1 ⇒ End

<p>IM8. Did (<i>name</i>) participate in any of the following campaigns:</p> <p>[A] April 2017 Vaccination campaign (vaccination week of the Americas)</p> <p>[B] April 2016 Vaccination campaign (vaccination week of the Americas)</p>	<p style="text-align: right;">Y N DK</p> <p>APRIL 2017 1 2 8</p> <p>APRIL 2016 1 2 8</p>	
<p>IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the campaigns just mentioned?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ End</p> <p>8 ⇒ End</p>
<p>IM10. Go back to IM6 and probe for these vaccinations.</p> <p>Record '66' in the corresponding day column for each vaccine received.</p> <p>For vaccinations <u>not</u> received record '00'.</p> <p>When <u>finished</u>, go to End of module.</p>		<p>⇒ End</p>
<p>IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a vaccination campaign?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>IM12. Did (<i>name</i>) participate in any of the following campaigns:</p> <p>[A] April 2017 Vaccination campaign (vaccination week of the Americas)</p> <p>[B] April 2016 Vaccination campaign (vaccination week of the Americas)</p>	<p style="text-align: right;">Y N DK</p> <p>APRIL 2017 1 2 8</p> <p>APRIL 2016 1 2 8</p>	
<p>IM13. Check IM11 and IM12:</p>	<p>ALL NO OR DK..... 1</p> <p>AT LEAST ONE YES..... 2</p>	<p>1 ⇒ End</p>
<p>IM15. Did (<i>name</i>) receive a Hepatitis B vaccination – that is an injection on the outside of the 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>IM16A. Has (<i>name</i>) ever received any vaccination injection and/or drops in the mouth to protect (him/her) from polio?</p> <p>Probe by indicating that the first polio vaccination is usually given at 2 months and later at the same time as injections to prevent other diseases.</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ IM17B</p> <p>8 ⇒ IM17B</p>

IM17A. Was the polio injection received when (<i>name</i>) was about two months old?	YES..... 1 NO..... 2 DK..... 8	
IM17B. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the polio drops are usually given at the same time as injections to prevent other diseases.</i>	YES..... 1 NO..... 2 DK..... 8	2 ⇒ IM20 8 ⇒ IM20
IM18A. How many times were the polio drops or a combination of polio injection and drops received?	NUMBER OF TIMES DK..... 8	
IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b? <i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the Polio drops or injection.</i>	YES..... 1 NO..... 2 DK..... 8	2 ⇒ IM26 8 ⇒ IM26
IM21. How many times was the Pentavalent vaccine received?	NUMBER OF TIMES DK..... 8	
IM26. Has (<i>name</i>) ever received a MMR vaccine – that is, a shot in the arm at the age of 12 months or older - to prevent (him/her) from getting measles, mumps and rubella?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ IM27 8 ⇒ IM27
IM26A. How many times was the MMR vaccine received?	NUMBER OF TIMES DK..... 8	
IM27. Has (<i>name</i>) ever received the Yellow Fever vaccination – that is, a shot in the arm at the age of 12 months or older - to prevent (him/her) from getting Yellow Fever? <i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the MMR1 vaccine.</i>	YES..... 1 NO..... 2 DK..... 8	
IM29. Has (<i>name</i>) ever received a DPT4 vaccine – that is, a shot in the arm at the age of 18 months or older - to prevent (him/her) from getting diphtheria, pertussis and tetanus?	YES..... 1 NO..... 2 DK..... 8	

CARE OF ILLNESS		CA
CA1. In the last two weeks, has (<i>name</i>) had diarrhoea?	YES..... 1	2 ⇒ CA14
	NO 2	
	DK 8	
CA2. Check BD3: Is child still breastfeeding?	YES OR BLANK, BD3=1 OR BLANK..... 1	1 ⇒ CA3A
	NO OR DK, BD3=2 OR 8..... 2	2 ⇒ CA3B
CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt Solution (ORS/Diosol) and other liquids given with medicine. 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? CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt Solution (ORS/Diosol) and other liquids given with medicine. 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	
CA4. 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..... 7 DK 8	
CA5. Did you seek any advice or treatment for the diarrhoea from any source?	YES..... 1 NO 2 DK 8	2 ⇒ CA7 8 ⇒ CA7

<p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>COMMUNITY HEALTH WORKER (GZA) .D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL</p> <p>(specify) _____H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIANJ</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT).....L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL</p> <p>(specify) _____O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIENDP</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) _____X</p>	
<p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called ORS/Diosol?</p> <p>[B] A pre-packaged ORS/Diosol fluid?</p>	<p>Y N DK</p> <p>FLUID FROM ORS PACKET 1 2 8</p> <p>PRE-PACKAGED ORS FLUID 1 2 8</p>	
<p>CA8. Check CA7[A] and CA7[B]: Was child given any ORS?</p>	<p>YES, YES IN CA7[A] OR CA7[B] 1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B] 2</p>	<p>2 ⇒CA12</p>

<p>CA9. Where did you get the (ORS/Diosol mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>COMMUNITY HEALTH WORKER (GZA) .D</p> <p>MOBILE / OUTREACH CLINIC.....E</p> <p>OTHER PUBLIC MEDICAL (specify) _____H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN.....J</p> <p>PRIVATE PHARMACYK</p> <p>COMMUNITY HEALTH WORKER (NON-GOVERNMENT).....L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL (specify) _____O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND.....P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (specify) _____X</p> <p>DK/DON'T REMEMBER.....Z</p>	
<p>CA12. Was anything else given to treat the diarrhoea?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒CA14</p> <p>8 ⇒CA14</p>
<p>CA13. What else was given to treat the diarrhoea?</p> <p><i>Probe:</i></p> <p><i>Anything else?</i></p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name of brand)</p> <p>_____</p> <p>(Name of brand)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC..... A</p> <p>ANTIMOTILITY(ANTI-DIARRHOEA)..... B</p> <p>OTHER PILL OR SYRUP 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 (IV)..... O</p> <p>HOME REMEDY / HERBAL MEDICINE Q</p> <p>OTHER (specify) _____X</p>	
<p>CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	

CA16. At any time in the last two weeks, has <i>(name)</i> had an illness with a cough?	YES..... 1 NO 2 DK 8	
CA17. At any time in the last two weeks, has <i>(name)</i> had fast, short, rapid breaths or difficulty breathing?	YES..... 1 NO 2 DK 8	2 ⇒ CA19 8 ⇒ CA19
CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY 1 BLOCKED OR RUNNY NOSE ONLY 2 BOTH 3 OTHER (<i>specify</i>) 6 DK 8	1 ⇒ CA20 2 ⇒ CA20 3 ⇒ CA20 6 ⇒ CA20 8 ⇒ CA20
CA19. Check CA14: Did child have fever?	YES, CA14=1 1 NO OR DK, CA14=2 OR 8 2	2 ⇒ CA30
CA20. Did you seek any advice or treatment for the illness from any source?	YES..... 1 NO 2 DK 8	2 ⇒ CA22 8 ⇒ CA22
CA21. From where did you seek advice or treatment? <i>Probe: Anywhere else?</i> <i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i> <i>Probe to identify each type of provider.</i> <i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i> <hr/> <div style="text-align: center;">(Name of place)</div>	PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTRE B COMMUNITY HEALTH WORKER (GZA) .D MOBILE / OUTREACH CLINICE OTHER PUBLIC MEDICAL (<i>specify</i>)H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINICI PRIVATE PHYSICIANJ PRIVATE PHARMACY K COMMUNITY HEALTH WORKER (NON- GOVERNMENT).....L MOBILE CLINIC M OTHER PRIVATE MEDICAL (<i>specify</i>)O DK PUBLIC OR PRIVATE W OTHER SOURCE RELATIVE / FRIENDP SHOP / MARKET / STREET Q TRADITIONAL PRACTITIONER R OTHER (<i>specify</i>)X	
CA22. At any time during the illness, was <i>(name)</i> given any medicine for the illness?	YES..... 1 NO 2 DK 8	2 ⇒ CA30 8 ⇒ CA30

<p>CA23. What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine?</p> <p>Record all medicines given.</p> <p><i>If unable to determine type of medicine, write the brand name and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p> <p>_____</p> <p style="text-align: center;">(Name of brand)</p>	<p>ANTIBIOTICS</p> <p>AMOXICILLIN.....L</p> <p>COTRIMOXAZOLE..... M</p> <p>OTHER ANTIBIOTIC</p> <p>PILL/SYRUP N</p> <p>OTHER ANTIBIOTIC</p> <p>INJECTION/IV O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/CALPOL</p> <p>ACETAMINOPHEN..... R</p> <p>ASPIRINS</p> <p>IBUPROFEN/BRUFEN.....T</p> <p>ONLY BRAND NAME RECORDED W</p> <p>OTHER (<i>specify</i>)X</p> <p>DKZ</p>	
<p>CA24. Check CA23: Antibiotics mentioned?</p>	<p>YES, ANTIBIOTICS MENTIONED,</p> <p>CA23=L-O 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED..... 2</p>	<p>2 ⇒ CA30</p>
<p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'W' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>COMMUNITY HEALTH WORKER (GZA) .D</p> <p>MOBILE / OUTREACH CLINICE</p> <p>OTHER PUBLIC MEDICAL</p> <p>(<i>specify</i>)H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINICI</p> <p>PRIVATE PHYSICIAN.....J</p> <p>PRIVATE PHARMACY K</p> <p>COMMUNITY HEALTH WORKER (NON- GOVERNMENT).....L</p> <p>MOBILE CLINIC M</p> <p>OTHER PRIVATE MEDICAL</p> <p>(<i>specify</i>) O</p> <p>DK PUBLIC OR PRIVATE W</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND.....P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>OTHER (<i>specify</i>)X</p> <p>DK/DON'T REMEMBERZ</p>	
<p>CA30. Check UB2: Child's age?</p>	<p>AGE 0, 1 OR 2..... 1</p> <p>AGE 3 OR 4..... 2</p>	<p>2 ⇒ End</p>

<p>CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET / LATRINE01</p> <p>PUT / RINSED INTO TOILET</p> <p>OR LATRINE.....02</p> <p>PUT / RINSED INTO DRAINOR DITCH03</p> <p>THROWN INTO GARBAGE</p> <p>(SOLID WASTE).....04</p> <p>BURIED05</p> <p>LEFT IN THE OPEN06</p> <p>OTHER (<i>specify</i>) _____ 96</p> <p>DK98</p>	
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UF11. <i>Record the time.</i>	HOURS AND MINUTES.....__ : __	
UF13. <i>Language of the Interview.</i>	DUTCH1 SRANAN TONGO2 OTHER LANGUAGE (specify) 6	
UF14. <i>Native language of the Respondent.</i>	DUTCH 01 SRANAN TONGO 02 JAVANESE..... 03 SARNAMI HINDI..... 04 SARAMACCAANS..... 05 AUCAANS 06 PARAMACAANS..... 07 AROWAK..... 08 CARAIB..... 09 CHINESE 10 PORTUGUESE..... 11 ENGLISH..... 12 OTHER LANGUAGE (specify)96	
UF15. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE.....2 NO, NOT USED3	
<p>UF16. <i>Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.</i></p> <p><i>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.</i></p>		

INTERVIEWER'S OBSERVATIONS

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS	

ANTHROPOMETRY MODULE INFORMATION PANEL		AN
AN1. Cluster number: _____	AN2. Household number: _____	
AN3. Child's name and line number: NAME _____	AN4. Child's age from UB2: AGE (IN COMPLETED YEARS)..... _____	
AN5. Mother's / Caretaker's name and line number: NAME _____	AN6. Interviewer's name and number: NAME _____	
ANTHROPOMETRY		
AN7. Measurer's name and number:	NAME _____	
AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	KILOGRAMS (KG)..... _____ CHILD NOT PRESENT 99.3 99.3 ⇨ AN13 CHILD REFUSED 99.4 99.4 ⇨ AN10 RESPONDENT REFUSED..... 99.5 99.5 ⇨ AN10 OTHER (specify) 99.6 99.6 ⇨ AN10	
AN9. Was the child undressed to the minimum?	YES 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2	
AN10. Check AN4: Child's age?	AGE 0 OR 1 1 1 ⇨ AN11A AGE 2, 3 OR 4 2 2 ⇨ AN11B	
AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>	LENGTH / HEIGHT (CM) _____ CHILD REFUSED 999.4 999.4 ⇨ AN13 RESPONDENT REFUSED..... 999.5 999.5 ⇨ AN13 OTHER (specify) 999.6 999.6 ⇨ AN13	
AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i>		
AN12. How was the child actually measured? Lying down or standing up?	LYING DOWN 1 STANDING UP..... 2	
AN13. Today's date: Day / Month / Year: _____ / _____ / <u>201</u> _____		
AN14. Is there another child under age 5 in the household who has not yet been measured?	YES 1 1 ⇨ Next Child NO 2	
AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE



5-17 CHILD INFORMATION PANEL		FS
FS1. Cluster number: ____ _ ____ _	FS2. Household number: ____ _	
FS3. Child's name and line number: NAME ____ _ ____ _	FS4. Mother's / Caretaker's name and line number: NAME ____ _ ____ _	
FS5. Interviewer's name and number: NAME ____ _ ____ _	FS6. Supervisor's name and number: NAME ____ _ ____ _	
FS7. Day / Month / Year of interview: ____ _ / ____ _ / <u>2 0 1</u> ____ _	FS8. Record the start time:	HOURS : MINUT : ____ _
<p><i>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: :</i> <i>If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in FS17. The respondent must be at least 15 years old. In the very few cases where a child age 15-17 has no mother or caretaker identified in the household (HL20=90), the respondent will be the child him/herself.</i></p>		
FS9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY.....1 NO, FIRST INTERVIEW.....2	1 ⇒FS 10B 2 ⇒FS 10A
FS10A. Hello, my name is (<i>your name</i>). We are from the General Bureau of Statistics and we are conducting a survey for the Ministry of Social Affairs and Housing about the situation of children, families and households. I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being. This interview will take about 20 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	FS10B. Now I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES.....1 NO / NOT ASKED.....2	1 ⇒CHILD'S BACKGROUND Module 2 ⇒FS17	
FS17. Result of interview for child age 5-17 years <i>Codes refer to the respondent.</i> <i>Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>) 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (<i>specify</i>) 96	

CHILD'S BACKGROUND		CB
CB1. Check the respondent's line number (FS4) in 5-17 CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	FS4=HH47.....1 FS4≠HH47.....2	1 ⇒ CB11
CB2. In what month and year was (<i>name</i>) born? <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH MONTH.....__ __ YEAR.....__ __ __ __	
CB3. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) at (his/her) last birthday? <i>Record age in completed years.</i> <i>If responses to CB2 and CB3 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS).....__ __	
CB4. Has (<i>name</i>) ever attended school or any early childhood education programme?	YES.....1 NO.....2	2 ⇒ CB11
CB5. What is the highest level and grade or year of school (<i>name</i>) has ever attended?	EARLY CHILDHOOD EDUCATION.....000 PRE- PRIMARY.....1 __ __ PRIMARY.....2 __ __ LOWER SECONDARY3 __ __ UPPER SECONDARY.....4 __ __ HIGHER.....5 __ __	000 ⇒ CB7 1 ⇒ CB7
CB6. Did (he/she) ever complete that (grade/ year)?	YES.....1 NO.....2	
CB7. At any time during the school year 2017/ 2018 did (<i>name</i>) attend school or any early childhood education programme?	YES.....1 NO.....2	2 ⇒ CB9
CB8. During this school year 2017/2018, which level and grade or year is (<i>name</i>) <u>attending</u> ?	EARLY CHILDHOOD EDUCATION....000 PRE-PRIMARY.....1 __ __ PRIMARY.....2 __ __ LOWER SECONDARY.....3 __ __ UPPER SECONDARY.....4 __ __ HIGHER.....5 __ __	
CB9. At any time during the school year 2016/ 2017 did (<i>name</i>) attend school or any early childhood education programme?	YES.....1 NO.....2	2 ⇒ CB11
CB10. During that school year 2016/2017, which level and grade or year did (<i>name</i>) <u>attend</u> ?	EARLY CHILDHOOD EDUCATION.....000 PRE-PRIMARY.....1 __ __ PRIMARY.....2 __ __ LOWER SECONDARY.....3 __ __ UPPER SECONDARY.....4 __ __ HIGHER.....5 __ __	
CB11. Is (<i>name</i>) covered by any health insurance?	YES.....1 NO.....2	2 ⇒ End

CB12. What type of health insurance is (<i>name</i>) covered by? <i>Record all mentioned.</i>	HEALTH INSURANCE THROUGH EMPLOYER.....B SOCIAL SECURITY (BAZO&SOZAVO).....C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE.....D OTHER (<i>specify</i>)_____X	
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CHILD LABOUR		CL
<p>CL1. Now I would like to ask about any work (<i>name</i>) may do.</p> <p>Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following activities, even for only one hour?</p> <p>[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 or milking animals?</p> <p>[B] Did (<i>name</i>) help in a family business or a relative's business with or without pay, or run (his/her) own business?</p> <p>[C] Did (<i>name</i>) produce or sell articles, handicrafts, clothes, food or agricultural products?</p> <p>[X] Since last (<i>day of the week</i>), did (<i>name</i>) engage in any <u>other</u> activity in return for income in cash or in kind, even for only one hour?</p>	<p style="text-align: right;">YES NO</p> <p>WORKED ON PLOT, FARM, FOOD GARDEN, LOOKED AFTER ANIMALS1 2</p> <p>HELPED IN FAMILY / RELATIVE'S BUSINESS/RAN OWN BUSINESS.....1 2</p> <p>PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS.....1 2</p> <p>ANY OTHER ACTIVITY.....1 2</p>	
<p>CL2. Check CL1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES'1</p> <p>ALL ANSWERS ARE 'NO'2</p>	<p>2 ⇒ CL7</p>
<p>CL3. Since last (<i>day of the week</i>) about how many hours did (<i>name</i>) engage in (this activity/these activities), in total?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS.....__ __</p>	
<p>CL4. (Does the activity/Do these activities) require carrying heavy loads?</p>	<p>YES.....1</p> <p>NO.....2</p>	
<p>CL5. (Does the activity/Do these activities) require working with dangerous tools such as knives and similar or operating heavy machinery?</p>	<p>YES.....1</p> <p>NO.....2</p>	

<p>CL6. How would you describe the work environment of (<i>name</i>)?</p> <p>[A] Is (he/she) exposed to dust, fumes or gas?</p> <p>[B] Is (he/she) exposed to extreme cold, heat or humidity?</p> <p>[C] Is (he/she) exposed to loud noise or vibration?</p> <p>[D] Is (he/she) required to work at heights?</p> <p>[E] Is (he/she) required to work with chemicals, such as pesticides, glues and similar, or explosives?</p> <p>[X] Is (<i>name</i>) exposed to other things, processes or conditions bad for (his/her) health or safety?</p>	<p>YES.....1 NO.....2</p> <p>YES.....1 NO.....2</p> <p>YES.....1 NO.....2</p> <p>YES.....1 NO.....2</p> <p>YES.....1 NO.....2</p> <p>YES.....1 NO.....2</p>																									
<p>CL7. Since last (<i>day of the week</i>), did (<i>name</i>) fetch water for household use?</p>	<p>YES.....1 NO.....2</p>	<p>2 ⇒CL9</p>																								
<p>CL8. In total, how many hours did (<i>name</i>) spend on fetching water for household use, since last (<i>day of the week</i>)? <i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS.....__ __</p>																									
<p>CL9. Since last (<i>day of the week</i>), did (<i>name</i>) collect firewood for household use?</p>	<p>YES.....1 NO.....2</p>	<p>2 ⇒CL11</p>																								
<p>CL10. In total, how many hours did (<i>name</i>) spend on collecting firewood for household use, since last (<i>day of the week</i>)? <i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS.....__ __</p>																									
<p>CL11. Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following for this household?</p> <p>[A] Shopping for the household?</p> <p>[B] Cooking?</p> <p>[C] Washing dishes or cleaning around the house?</p> <p>[D] Washing clothes?</p> <p>[E] Caring for children?</p> <p>[F] Caring for someone old or sick?</p> <p>[X] Other household tasks?</p>	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>SHOPPING FOR HOUSEHOLD.....</td><td>1</td><td>2</td></tr> <tr> <td>COOKING.....</td><td>1</td><td>2</td></tr> <tr> <td>WASHING DISHES / CLEANING 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> </table>		YES	NO	SHOPPING FOR HOUSEHOLD.....	1	2	COOKING.....	1	2	WASHING DISHES / CLEANING HOUSE.....	1	2	WASHING CLOTHES	1	2	CARING FOR CHILDREN	1	2	CARING FOR OLD / SICK	1	2	OTHER HOUSEHOLD TASKS	1	2	
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<p>CL12.Check CL11, [A]-[X]:</p>	<p>AT LEAST ONE 'YES'.....1 ALL ANSWERS ARE 'NO'.....2</p>	<p>2 ⇒End</p>																								
<p>CL13. 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></p>	<p>NUMBER OF HOURS.....__ __</p>																									

CHILD DISCIPLINE		FCD
FCD1. Check CB3: Child's age?	AGE 5-14 YEARS.....1 AGE 15-17 YEARS.....2	2 ⇒ End
FCD2. Now I'd like to talk to you about something else. 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 any other adult in your household</u> has used this method with (name) <u>in the past month</u> . [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 style="text-align: right;">YES NO</div> TOOK AWAY PRIVILEGES1 2 EXPLAINED WRONG BEHAVIOR1 2 SHOOK HIM/HER1 2 SHOUTED, YELLED, SCREAMED1 2 GAVE SOMETHING ELSE TO DO1 2 SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND1 2 HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT1 2 CALLED DUMB, LAZY OR ANOTHER NAME1 2 HIT / SLAPPED ON THE FACE, HEAD OR EARS1 2 HIT / SLAPPED ON HAND, ARM OR LEG1 2 BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD1 2	
FCD3. Check FS4: Is this respondent the mother or caretaker of any other children under age 5?	YES.....1 NO.....2	2 ⇒ FCD5
FCD4. Check FS4: Has this respondent already responded to the following question (FCD5) for another child?	YES.....1 NO.....2	1 ⇒ End
FCD5. 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 OPINION8	

CHILD FUNCTIONING		FCF
FCF1. I would like to ask you some questions about difficulties <i>(name)</i> may have. Does <i>(name)</i> wear glasses or contact lenses?	YES..... 1 NO..... 2	
FCF2. Does <i>(name)</i> use a hearing aid?	YES..... 1 NO..... 2	
FCF3. Does <i>(name)</i> use any equipment or receive assistance for walking?	YES..... 1 NO..... 2	
FCF4. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that <i>(name)</i> has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that <i>(name)</i> has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
FCF5. Check FCF1: Child wears glasses or contact lenses?	YES, FCF1=1..... 1 NO, FCF1=2..... 2	1 ⇒ FCF6A 2 ⇒ FCF6B
FCF6A. When wearing (his/her) glasses or contact lenses, does <i>(name)</i> have difficulty seeing? FCF6B. Does <i>(name)</i> have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
FCF7. Check FCF2: Child uses a hearing aid?	YES, FCF2=1..... 1 NO, FCF2=2..... 2	1 ⇒ FCF8A 2 ⇒ FCF8B
FCF8A. When using (his/her) hearing aid(s), does <i>(name)</i> have difficulty hearing sounds like peoples' voices or music? FCF8B. Does <i>(name)</i> have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
FCF9. Check FCF3: Child uses equipment or receives assistance for walking?	YES, FCF3=1..... 1 NO, FCF3=2..... 2	2 ⇒ FCF14

<p>FCF10. Without (his/her) equipment or assistance, does (name) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p>	<p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 100 M AT ALL.....4</p>	<p>3⇒FCF12</p> <p>4⇒FCF12</p>
<p>FCF11. Without (his/her) equipment or assistance, does (name) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p>	<p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 500 M AT ALL.....4</p>	
<p>FCF12. With (his/her) equipment or assistance, does (name) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 100 M AT ALL.....4</p>	<p>3⇒FCF16</p> <p>4⇒FCF16</p>
<p>FCF13. With (his/her) equipment or assistance, does (name) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 500 M AT ALL.....4</p>	<p>1⇒FCF16</p>
<p>FCF14. Compared with children of the same age, does (name) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 100 M AT ALL.....4</p>	<p>3⇒FCF16</p> <p>4⇒FCF16</p>
<p>FCF15. Compared with children of the same age, does (name) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 500 M AT ALL.....4</p>	
<p>FCF16. Does (name) have difficulty with self-care such as feeding or dressing (himself/herself)?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT CARE FOR SELF AT ALL.....4</p>	

FCF17. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people inside of this household?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4	
FCF18. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people outside of this household?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4	
FCF19. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4	
FCF20. Compared with children of the same age, does (<i>name</i>) have difficulty remembering things?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER THINGS AT ALL 4	
FCF21. Does (<i>name</i>) have difficulty concentrating on an activity that (he/she) enjoys doing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CONCENTRATE AT ALL 4	
FCF22. Does (<i>name</i>) have difficulty accepting changes in (his/her) routine?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT ACCEPT CHANGES AT ALL 4	
FCF23. Compared with children of the same age, does (<i>name</i>) have difficulty controlling (his/her) behaviour?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CONTROL BEHAVIOUR AT ALL 4	
FCF24. Does (<i>name</i>) have difficulty making friends?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT MAKE FRIENDS AT ALL 4	
FCF25. The next questions have different options for answers. I am going to read these to you after each question. I would like to know how often (<i>name</i>) seems very anxious, nervous or worried. Would you say: daily, weekly, monthly, a few times a year or never?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5	

FCF26. I would also like to know how often (<i>name</i>) seems very sad or depressed. Would you say: daily, weekly, monthly, a few times a year or never?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5	
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PARENTAL INVOLVEMENT		PR
PR1. Check CB3: Child's age?	AGE 5-6 YEARS 1 AGE 7-14 YEARS 2 AGE 15-17 YEARS 3	1 ⇨ End 3 ⇨ End
PR2. At the end of this interview I will ask you if I can talk to <i>(name)</i> . If (he/she) is close, can you please ask (him/her) to stay here. If <i>(name)</i> is not with you at the moment could I ask that you now arrange for (him/her) to return? If that is not possible, we will later discuss a convenient time for me to call back.		
PR3. Excluding school text books and holy books, how many books do you have for <i>(name)</i> to read at home?	NONE.....00 NUMBER OF BOOKS <u>0</u> ____ TEN OR MORE BOOKS 10	
PR4. Check CB7: Did the child attend any school? <i>Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked.</i>	YES, CB7/ED9=1 1 NO, CB7/ED9=2 OR BLANK 2	2 ⇨ End
PR5. Does <i>(name)</i> ever have homework?	YES 1 NO 2 DK 8	2 ⇨ PR7 8 ⇨ PR7
PR6. Does anyone help <i>(name)</i> with homework?	YES 1 NO 2 DK 8	
PR7. Does <i>(name)</i> 's school have a school governing body in which parents can participate such as an 'oudercommissie' (parent commission)?	YES 1 NO 2 DK 8	2 ⇨ PR10 8 ⇨ PR10
PR8. In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body?	YES 1 NO 2 DK 8	2 ⇨ PR10 8 ⇨ PR10
PR9. During any of these meetings, was any of the following discussed: [A] A plan for addressing key education issues faced by <i>(name)</i> 's school? [B] School budget or use of funds received by <i>(name)</i> 's school?	<div style="text-align: right; margin-bottom: 10px;">YES NO DK</div> PLAN FOR ADDRESSING SCHOOL'S ISSUES..... 1 2 8 SCHOOL BUDGET..... 1 2 8	
PR10. In the last 12 months, have you or any other adult from your household received a student report card (school rapport) for <i>(name)</i> ?	YES 1 NO 2 DK 8	

<p>PR11. In the last 12 months, have you or any adult from your household gone to (name)'s school for any of the following reasons?</p> <p>[A] A school celebration or a sport event?</p> <p>[B] To discuss (name)'s progress with (his/her) teachers?</p>	<p>YES NO DK</p> <p>CELEBRATION OR SPORT EVENT.....1 2 8</p> <p>TO DISCUSS PROGRESS WITH TEACHERS.....1 2 8</p>	
<p>PR12. In the last 12 months, has (name)'s school been closed on a school day due to any of the following reasons:</p> <p>[A] Natural disasters, such as flood, cyclone, epidemics or similar?</p> <p>[B] Man-made disasters, such as fire, building collapse, riots or similar?</p> <p>[C] Teacher strike?</p> <p>[X] Other?</p>	<p>YES NO DK</p> <p>NATURAL DISASTERS 1 2 8</p> <p>MAN-MADE DISASTERS..... 1 2 8</p> <p>TEACHER STRIKE 1 2 8</p> <p>OTHER 1 2 8</p>	
<p>PR13. In the last 12 months, was (name) unable to attend class due to (his/her) teacher being absent?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>PR14. Check PR12[C] and PR13: Any 'Yes' recorded?</p>	<p>YES, PR12[C]=1 OR PR13=1 1</p> <p>NO 2</p>	<p>2 ⇔ End</p>
<p>PR15. When (teacher strike / teacher absence) happened did you or any other adult member of your household contact any school officials or school governing body representatives ('oudercommissie')?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	

FOUNDATIONAL LEARNING SKILLS		FL
FL0. Check CB3: Child's age?	AGE 5-6 YEARS.....1	1 ⇒End
	AGE 7-14 YEARS.....2	
	AGE 15-17 YEARS.....3	3 ⇒End
<p>FL1. Now I would like to talk to (<i>name</i>). I will ask (him/her) a few questions about (himself/herself) and about reading, and then ask (him/her) to complete a few reading and number activities.</p> <p>These are not school tests and the results will not be shared with anyone, including other parents or the school.</p> <p>You will not benefit directly from participating and I am not trained to tell you how well (<i>name</i>) has performed.</p> <p>The activities are to help us find out how well children in this country are learning to read and to use numbers so that improvements can be made.</p> <p>This will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous.</p>		
May I talk to (<i>name</i>)?	YES, PERMISSION IS GIVEN.....1 NO, PERMISSION IS NOT GIVEN.....2	2 ⇒FL28

FL2. Record the time.	HOURS AND MINUTES.....__ __ : __ __	
<p>FL3. My name is (<i>your name</i>). I would like to tell you a bit about myself.</p> <p>Could you tell me a little bit about yourself?</p> <p><i>When the child is comfortable, continue with the verbal consent:</i></p> <p>Let me tell you why I am here today. I am from General Bureau of Statistics. I am part of a team trying to find out how children are learning to read and to use numbers. We are also talking to some of the children about this and asking them to do some reading and number activities. (Your mother/<i>Name of caretaker</i>) has said that you can decide if you want to help us. If you wish to help us, I will ask you some questions and give you some activities to do. I will explain each activity, and you can ask me questions any time. You do not have to do anything that you do not want to do. After we begin, if you do not want to answer a question or you do not want to continue that is alright.</p>		
Are you ready to get started?	YES.....1 NO / NOT ASKED.....2	2 ⇒FL28

<p>FL4. Before you start with the reading and number activities, tick each box to show that:</p> <p><input type="checkbox"/> You are not alone with the child unless they are at least visible to an adult known to the child.</p> <p><input type="checkbox"/> You have engaged the child in conversation and built rapport, e.g. using an Icebreaker.</p> <p><input type="checkbox"/> The child is sat comfortably, able to use the READING & NUMBERS Book without difficulty while you can see which page is open.</p>		
FL5. Remember you can ask me a question at any time if there is something you do not understand. You can ask me to stop at any time.		
FL6. First we are going to talk about reading.	YES NO	
[A] Do you read books at home?	READS BOOKS AT HOME..... 1 2	
[B] Does someone read to you at home?	READ TO AT HOME..... 1 2	

<p>FL7. Which language do you speak most of the time at home?</p> <p><i>Probe if necessary and read the listed languages.</i></p>	DUTCH01 SRANAN TONGO.....02 JAVANESE03 SARNAMI HINDI04 SARAMACCAANS.....05 AUC AANS06 PARAMACAANS07 AROWAK.....08 CARAIB.....09 CHINESE.....10 PORTUGUESE11 ENGLISH.....12 OTHER (specify)96 DK98	
<p>FL8. Check CB7: In the current school year, did the child attend school or any early childhood education programme?</p> <p><i>Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked.</i></p>	YES, CB7/ED9=1.....1 NO, CB7/ED9=2 OR BLANK2	1 ⇒FL9A
<p>FL8A. Check CB4: Did the child ever attend school or any early childhood education programmes?</p> <p><i>Check ED4 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB4 was not asked.</i></p>	YES, CB4/ED4=1.....1 NO, CB4/ED4=2 OR BLANK2	1 ⇒FL9B
<p>FL8B. Check FL7: Is READING & NUMBERS BOOK available in the language spoken at home?</p>	YES, FL7= 011 NO, FL7=02-12, 96, 98.....2	1 ⇒FL10 A 2 ⇒FL23
<p>FL9A. What language do your teachers use most of the time when teaching you in class?</p> <p>FL9B. When you were in school, what language did your teachers use most of the time when teaching you in class?</p> <p><i>Probe if necessary and name the listed languages.</i></p>	DUTCH1 OTHER (specify).....6 DK8	1 ⇒FL10 A 6 ⇒FL23 8 ⇒FL23
<p>FL10A. Now I am going to give you a short story to read in (<i>Language recorded in FL9A/B</i>). Would you like to start reading the story?</p>	YES1 NO2	2 ⇒FL23
<p>FL11. Check CB3: Child's age?</p>	AGE 7-9 YEARS.....1 AGE 10-14 YEARS2	1 ⇒FL13
<p>FL12. Check CB7: In the current school year, did the child attend school or any early childhood education programme?</p> <p><i>Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked.</i></p>	YES, CB7/ED9=1.....1 NO, CB7/ED9=2 OR BLANK2	1 ⇒FL19

FL13. Give the child the *READING & NUMBERS BOOK*.

Open the page showing the reading practice item and say:

Now we are going to do some reading. *Point to the sentence.* I would like you to read this aloud. Then I may ask you a question.

Sam is een poes; Tina is een hond. Sam is 5 jaar oud. Tina is 6 jaar oud.

FL14. Did the child read every word in the practice correctly?	YES.....1 NO.....2	2 ⇒FL23
FL15. Once the reading is done, ask: How old is Sam?	SAM IS 5 YEARS OLD1 OTHER ANSWERS2 NO ANSWER AFTER 5 SECONDS.....3	1 ⇒FL17
FL16. Say: Sam is 5 jaar oud. and go to FL23.		⇒FL23
FL17. Here is another question: Who is older: Sam or Tina?	TINA IS OLDER (THAN SAM)1 OTHER ANSWERS2 NO ANSWER AFTER 5 SECONDS.....3	1 ⇒FL19
FL18. Say: Tina is older than Sam. Tina is 6 and Sam is 5. and go to FL23.		⇒FL23

FL19. Turn the page to reveal the reading passage. Thank you. Now I want you to try this. Here is a story. I want you to read it aloud as carefully as you can. You will start here (<i>point to the first word on the first line</i>) and you will read line by line (<i>point to the direction for reading each line</i>). When you finish I will ask you some questions about what you have read. If you come to a word you do not know, go onto the next word. Put your finger on the first word. Ready? Begin.	paul	zit	in	de	tweede	klas.	op
	1	2	3	4	5	6	7
	een	dag	was	paul	op	weg	van
	8	9	10	11	12	13	14
	school	naar	huis.	hij	zag	enkele	rode
	15	16	17	18	19	20	21
	bloemen	onderweg.	de	bloemen	waren	in	de
	22	23	24	25	26	27	28
	buurt	van	een	tomaten veld.	paul	wilde	bloemen
	29	30	31	32	33	34	35
	voor	zijn	moeder	hebben.	paul	rende	snel
	36	37	38	39	40	41	42
	naar	het	tomaten veld	om	de	bloemen	te
	43	44	45	46	47	48	49
	plukken.	hij	viel	toen	naast	een	bananen
	50	51	52	53	54	55	56
	boom.	paul	begon	te	huilen.	juf	els
	57	58	59	60	61	62	63
	zag	hem	en	kwam	naar	hem	toe.
	64	65	66	67	68	69	70
zij	gaf	paul	veel	bloemen.	paul	was	
71	72	73	74	75	76	77	
erg	blij.						
78	79						
FL20. Results of the child's reading.	LAST WORD ATTEMPTED.....NUMBER __ __						
	TOTAL NUMBER OF WORDS INCORRECT OR MISSED.....NUMBER __ __						
FL21. How well did the child read the story?	THE CHILD READ AT LEAST ONE WORD CORRECTLY1						2 ⇨FL23 3 ⇨FL23
	THE CHILD DID NOT READ ANY WORD CORRECTLY2						
	THE CHILD DID NOT TRY TO READ THE STORY3						

FL22. Now I am going to ask you a few questions about what you have read.

If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark 'No response' and say: Thank you. That is ok. We will move on.

Make sure the child can still see the passage and ask:

[A] What class is Paul in?

CORRECT ((PAUL IS) IN CLASS TWO).....1

INCORRECT

.....2

NO RESPONSE / SAYS 'I DON'T KNOW'

.....3

[B] What did Paul see on the way home?

CORRECT (HE SAW SOME FLOWERS)

.....1

INCORRECT

.....2

NO RESPONSE / SAYS 'I DON'T KNOW'

.....3

[C] Why did Paul start crying?

CORRECT(BECAUSE HE FELL)

.....1

INCORRECT

.....2

NO RESPONSE / SAYS 'I DON'T KNOW'

.....3

[D] Where did Paul fall (down)?

CORRECT ((PAUL FELL DOWN) NEAR A BANANA TREE)

.....1

INCORRECT

.....2

NO RESPONSE / SAYS 'I DON'T KNOW'

.....3

[E] Why was Paul happy?

CORRECT (BECAUSE JUF ELS GAVE HIM MANY FLOWERS / BECAUSE HE HAD FLOWERS TO GIVE TO HIS

MOTHER).....1

INCORRECT.....

2

NO RESPONSE / SAYS 'I DON'T KNOW'.....3

<p>FL23. Turn the page in the <i>READING & NUMBERS Book</i> so the child is looking at the list of numbers. Make sure the child is looking at this page.</p> <p>Now here are some numbers. I want you to point to each number and tell me what the number is.</p> <p><i>Point to the first number and say:</i></p> <p>Start here.</p> <p><i>If the child stops on a number for a while, tell the child what the number is, mark the number as ‘No Attempt’, point to the next number and say:</i></p> <p>What is this number?</p> <p>STOP RULE <i>If the child does not attempt to read 2 consecutive numbers, say:</i></p> <p>Thank you. That is ok..</p>	<p>9 CORRECT.....1 INCORRECT.....2 NO ATTEMPT.....3</p> <p>12 CORRECT.....1 INCORRECT.....2 NO ATTEMPT.....3</p> <p>30 CORRECT.....1 INCORRECT.....2 NO ATTEMPT.....3</p> <p>48 CORRECT.....1 INCORRECT.....2 NO ATTEMPT.....3</p> <p>74 CORRECT.....1 INCORRECT.....2 NO ATTEMPT.....3</p> <p>731 CORRECT.....1 INCORRECT.....2 NO ATTEMPT.....3</p>																
<p>FL23A. Check FL23: Did the child correctly identify two of the first three numbers (9, 12 and 30)?</p>	<p>YES, AT LEAST TWO CORRECT.....1 NO, AT LEAST 2 INCORRECT OR WITH NO ATTEMPT.....2</p>	<p>2 ⇨ FL28</p>															
<p>FL24. Turn the page so the child is looking at the first pair of numbers. Make sure the child is looking at this page. Say:</p> <p>Look at these numbers. Tell me which one is bigger.</p> <p><i>Record the child’s answer before turning the page in the book and repeating the question for the next pair of numbers.</i></p> <p><i>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark a ‘Z’ for the answer on the appropriate row on the questionnaire, turn the booklet page and show the child the next pair of numbers.</i></p> <p><i>If the child does not attempt 2 consecutive pairs, say:</i></p> <p>Thank you. That is ok. We will go to the next activity.</p>	<table> <tr> <td>7</td> <td>5</td> <td>_____</td> </tr> <tr> <td>11</td> <td>24</td> <td>_____</td> </tr> <tr> <td>58</td> <td>49</td> <td>_____</td> </tr> <tr> <td>65</td> <td>67</td> <td>_____</td> </tr> <tr> <td>146</td> <td>154</td> <td>_____</td> </tr> </table>	7	5	_____	11	24	_____	58	49	_____	65	67	_____	146	154	_____	
7	5	_____															
11	24	_____															
58	49	_____															
65	67	_____															
146	154	_____															

FL25. Give the child a pencil and paper. Turn the page so the child is looking at the first addition. Make sure the child is looking at this page. Say:

Look at this sum. How much is (**number plus number**)? Tell me the answer. You can use the pencil and paper if it helps you.

Record the child's answer before turning the page in the book and repeating the question for the next sum.

If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark a 'Z' for the answer on the appropriate row on the questionnaire, turn the booklet page and show the child the next addition.

If the child does not attempt 2 consecutive pairs, say:

Thank you. That is ok. We will go to the next activity.

$$3 + 2 = \underline{\quad}$$

$$8 + 6 = \underline{\quad}$$

$$7 + 3 = \underline{\quad}$$

$$13 + 6 = \underline{\quad}$$

$$12 + 24 = \underline{\quad}$$

FL26. Turn the page to the practice sheet for missing numbers. Say

Here are some numbers. 1, 2, and 4. What number goes here?

If the child answers **correctly** say:

That's correct, 3. Let's do another one.

If the child answers **incorrectly**, do not explain the child how to get the correct answer. Just say:

The number 3 goes here. Say the numbers with me. (Point to each number) 1, 2, 3, 4.
3 goes here. Let's do another one.

Now turn the page to the next practice sheet. Say:

Here are some more numbers. 5, 10, 15 and _____. What number goes here?

If the child answers **correctly** say:

That's correct, 20. Now I want you to try this on your own

If the child answers **incorrectly** say:

The number 20 goes here. Say the numbers with me. (Point to each number) 5, 10, 15, 20.
20 goes here. Now I want you to try this on your own.

<p>FL27. Now turn the page in the <i>READING & NUMBERS Book</i> with the first missing number activity. Say:</p> <p>Here are some more numbers. Tell me what number goes here (pointing to the missing number).</p> <p><i>Record the child's answer before turning the page in the book and repeating the question.</i></p> <p><i>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark a 'Z' for the answer on the appropriate row on the questionnaire.</i></p> <p><i>If the child does not attempt 2 consecutive activities, say:</i></p> <p>Thank you. That is ok.</p>	<table><tr><td>5</td><td>6</td><td>7</td><td>___</td></tr><tr><td>14</td><td>15</td><td>___</td><td>17</td></tr><tr><td>20</td><td>___</td><td>40</td><td>50</td></tr><tr><td>2</td><td>4</td><td>6</td><td>___</td></tr><tr><td>5</td><td>8</td><td>11</td><td>___</td></tr></table>	5	6	7	___	14	15	___	17	20	___	40	50	2	4	6	___	5	8	11	___	
5	6	7	___																			
14	15	___	17																			
20	___	40	50																			
2	4	6	___																			
5	8	11	___																			

FL28. <i>Result of interview with child.</i>	COMPLETED.....01	
	NOT AT HOME.....02	
<i>Discuss any result not completed with Supervisor.</i>	MOTHER / CARETAKER REFUSED.....03	
	CHILD REFUSED.....04	
	PARTLY COMPLETED.....05	
	INCAPACITATED.....06	
	OTHER (<i>specify</i>)_____ 96	

FS11. <i>Record the time.</i>	HOURS AND MINUTES.....__ __ : __ __	
FS13. <i>Language of the Interview.</i>	DUTCH1 SRANAN TONGO2 OTHER LANGUAGE (specify)6	
FS14. <i>Native language of the Respondent.</i>	DUTCH 01 SRANAN TONGO 02 JAVANESE..... 03 SARNAMI HINDI..... 04 SARAMACCAANS..... 05 AUCAANS 06 PARAMACAANS..... 07 AROWAK..... 08 CARAIB 09 CHINESE 10 PORTUGUESE..... 11 ENGLISH..... 12 OTHER LANGUAGE (specify)96	
FS15. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE..... 2 NO, NOT USED3	
FS16. <i>Thank the respondent and the child for her/his cooperation.</i> <i>Proceed to complete the result in FS17 in the 5-17 CHILD INFORMATION PANEL and then go to the HOUSEHOLD QUESTIONNAIRE and complete HH56.</i> <i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

Suriname
Multiple Indicator Cluster Survey
2018