

## Appendix H. Swaziland MICS Questionnaires



### HOUSEHOLD QUESTIONNAIRE

Swaziland

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: ____ / ____ / 2014	HH7. Region: Hhohho ..... 1 Manzini ..... 2 Shiselweni ..... 3 Lubombo..... 4	
HH6. Area: Urban ..... 1 Rural ..... 2		
HH8. Is the household selected for Questionnaire for men? Yes ..... 1 No ..... 2		

WE ARE FROM **CENTRAL STATISTICAL OFFICE**. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?

- ☐ Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.  
☐ No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.

HH9. Result of household interview:	
Completed.....	01
No household member or no competent respondent at home at time of visit .....	02
Entire household absent for extended period of time .....	03
Refused.....	04
Dwelling vacant / Address not a dwelling .....	05
Dwelling destroyed.....	06
Dwelling not found .....	07
Other (specify)_____	96

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

HH10. Respondent to Household Questionnaire: Name _____
HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____
HH13A. Number of men age 15-59 years: _____

*After all questionnaires for the household have been completed, fill in the following information:*

HH13. Number of women's questionnaires completed: _____
HH13B. Number of men's questionnaires completed: _____

<b>HH14.</b> Number of children under age 5:                      __ __	<b>HH15.</b> Number of under-5 questionnaires completed:                      __ __
<b>HH16.</b> Field editor's name and number: Name _____ __ __	<b>HH17.</b> Main data entry clerk's name and number: Name _____ __ __

**HH18. Record the time.**

Hour ..... \_ \_

Minutes.... \_ \_

## LIST OF HOUSEHOLD MEMBERS

**HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.  
*List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)*  
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?  
*If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the List of Household Members have been used.*

						For women age 15-49	For men age 15-59	For children age 0-4	For household members age 18-59		
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?  1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH?  98 DK 9998 DK		HL6. HOW OLD IS (name)?  Record in completed years. If age is 95 or above, record '95'.	HL7.  Circle line no. if woman age 15-49.	HL7A.  Circle line no. if man age 15-59 and the household is selected for Questionnaire for Men.	HL7B.  Circle line no. if age 0-4.	HL9A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?  1 Yes 2 No 8 DK	
Line	Name	Relation*	M	F	Month	Year	Age	15-49	15-59	0-4	Y N DK
01		0 1	1	2				01	01	01	1 2 8
02			1	2				02	02	02	1 2 8
03			1	2				03	03	03	1 2 8
04			1	2				04	04	04	1 2 8
05			1	2				05	05	05	1 2 8
06			1	2				06	06	06	1 2 8
07			1	2				07	07	07	1 2 8
08			1	2				08	08	08	1 2 8
09			1	2				09	09	09	1 2 8
10			1	2				10	10	10	1 2 8
11			1	2				11	11	11	1 2 8
12			1	2				12	12	12	1 2 8
13			1	2				13	13	13	1 2 8
14			1	2				14	14	14	1 2 8
15			1	2				15	15	15	1 2 8

Tick here if additional questionnaire used ☐

Probe for additional household members.

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

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

*For each man age 15-59 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.*

*For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.*

*You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.*

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

			For children age 0-17 years								For children age 0-14 years	
HL1. Line no.	HL2. Name and age  Copy from HL2 and HL6.		HL11. Is (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No HL 13 8 DK HL 13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  If "Yes", record line no. of mother and go to HL12B. If "No", record 00.	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?  1 In another household in this country 2 Institution in this country 3 Outside the country 8 DK	HL12B. HAS (name)'S MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL13. Is (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No HL 13 8 DK HL 13	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?  If "Yes", record line no. of father and go to HL14B. If "No", record 00.	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?  1 In another household in this country 2 Institution in this country 3 Outside the country 8 DK	HL14B. HAS (name)'S FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL15. Record line no. of mother from HL12 if indicated.  If HL12 is blank or '00' ask: WHO IS THE PRIMARY CARE-TAKER OF (name)?	
Line	Name	Age	Y N DK	Mother		Y N DK	Y N DK	Father		Y N DK	Mother	
01			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
02			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
03			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
04			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
05			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
06			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
07			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
08			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
09			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
10			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
11			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
12			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
13			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
14			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	
15			1 2 8	---	1 2 3 8	1 2 8	1 2 8	---	1 2 3 8	1 2 8	---	

CHILDREN ORPHANED & MADE VULNERABLE		OV
<b>OV1. Check HL6: any children 0-17?</b> <input type="checkbox"/> Yes ⇒ Continue to OV2  <input type="checkbox"/> No ⇒ Next Module		
<b>OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF THIS HOUSEHOLD DIED IN THE LAST 12 MONTHS?</b>	Yes ..... 1 No ..... 2  Other ( <i>specify</i> ) ..... 6	2⇒Next Module  6⇒Next Module
<b>OV3. OF THOSE WHO DIED IN THE PAST 12 MONTHS, WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?</b>	Yes ..... 1 No ..... 2	2⇒ Next Module
<b>OV4. OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59, WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE THEY DIED?</b>	Yes ..... 1 No ..... 2	

EDUCATION AND BASIC NEEDS										ED & BN									
For household members age 5 and above										For household members age 5-24 years									
For household members age 5 and above										For household members age 5-17 years									
ED1. Line number	ED2. Name and age Copy from HL2 and HL6.	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETE D AT THIS LEVEL?	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	BN1. DOES (name) HAVE AT LEAST ONE MEAL PER DAY?	BN2. DOES (name) HAVE A PAIR OF SHOES?	BN3. DOES (name) HAVE AT LEAST TWO SETS OF CLOTHING?								
Line	Name	Age	Yes	No	Grade	Level	Yes	No	Grade	Level	Yes	No	DK	Yes	No	DK	Yes	No	DK
01			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
02			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
03			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
04			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
05			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
06			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
07			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
08			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
09			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
10			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
11			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
12			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
13			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
14			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8
15			1	2		0 1 2 3 4 8				1 2 8	0 1 2 3 4 8			1	2	8	1	2	8

# SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

SL

**SL1.** Check HL6 in the List of Household Members and write the total number of children age 1-14 years.

Total number ..... —

**SL2.** Check the number of children age 1-14 years in SL1:

- ☐ Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.
- ☐ One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.
- ☐ Two or more ⇒ Continue with SL2A.

**SL2A.** List each of the children age 1-14 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-14 years. Record the line number, name, sex, and age for each child.

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

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

Check the total number of children age 1-14 years in SL1 above. This is the number of the column you should go to in the table below.

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

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

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

Rank number ..... —

Line number ..... — —

Name .....

Age ..... — —

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

HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A.</b> WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christianity ..... 01 Islam..... 02 Judaism..... 03 Hinduism ..... 04 Buddhism ..... 05 Traditionalist..... 06 No religion..... 07  Other religion ( <i>specify</i> ) ..... 96	
	<b>HC2.</b> HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?  Number of rooms ..... _ _	
<b>HC3.</b> <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>	Natural floor Earth / Sand ..... 11 Dung..... 12 Rudimentary floor Wood planks ..... 21 Palm / Bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement..... 34 Carpet ..... 35  Other ( <i>specify</i> ) ..... 96	
<b>HC4.</b> <i>Main material of the roof.</i>  <i>Record observation.</i>	Natural roofing No Roof..... 11 Thatch / Palm leaf ..... 12 Rudimentary roofing Rustic mat ..... 21 Palm / Bamboo ..... 22 Wood planks ..... 23 Cardboard ..... 24 Finished roofing Metal / Tin (Corrugated iron) ..... 31 Wood..... 32 Calamine / Cement fibre ..... 33 Ceramic tiles ..... 34 Cement/ Concrete ..... 35 Roofing shingles ..... 36 Asbestos ..... 37  Other ( <i>specify</i> ) ..... 96	

<p><b>HC5. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p><b>Natural walls</b></p> <p>No walls..... 11</p> <p>Cane / Palm / Trunks ..... 12</p> <p>Dirt..... 13</p> <p><b>Rudimentary walls</b></p> <p>Bamboo/ Stick 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><b>Finished walls</b></p> <p>Cement..... 31</p> <p>Stone with lime / cement..... 32</p> <p>Bricks ..... 33</p> <p>Cement blocks ..... 34</p> <p>Wood planks / shingles ..... 36</p> <p>Mud blocks ..... 37</p> <p><b>Other (specify) _____ 96</b></p>	
<p><b>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</b></p>	<p>Electricity..... 01</p> <p>Liquefied Petroleum Gas (LPG)..... 02</p> <p>Natural gas..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene/Paraffin ..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal..... 07</p> <p>Wood..... 08</p> <p>Straw / Shrubs / Grass..... 09</p> <p>Animal dung (Bulongo) ..... 10</p> <p>Agricultural crop residue ..... 11</p> <p>No food cooked in household ..... 95</p> <p><b>Other (specify) _____ 96</b></p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>
<p><b>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</b></p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p><b>In the house</b></p> <p>In a separate room used as kitchen..... 1</p> <p>Elsewhere in the house..... 2</p> <p>In a separate building (Lidladla)..... 3</p> <p>Outdoors ..... 4</p> <p><b>Other (specify) _____ 6</b></p>	

<b>HC8. DOES YOUR HOUSEHOLD HAVE:</b>  [A] ELECTRICITY?  [B] A RADIO?  [C] A TELEVISION?  [D] A NON-MOBILE TELEPHONE?  [E] A REFRIGERATOR?  [F] A BED?  [G] A STOVE?  [H] A TABLE?  [I] A CHAIR?  [J] A CUPBOARD?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bed.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Stove .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Table .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Chair.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cupboard .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator .....	1	2	Bed.....	1	2	Stove .....	1	2	Table .....	1	2	Chair.....	1	2	Cupboard .....	1	2				
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Table .....	1	2																																				
Chair.....	1	2																																				
Cupboard .....	1	2																																				
<b>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</b>  [A] A WATCH?  [B] A MOBILE TELEPHONE?  [C] A BICYCLE?  [D] A MOTORCYCLE OR SCOOTER?  [E] AN ANIMAL-DRAWN CART?  [F] A CAR OR TRUCK?  [G] A BOAT WITH A MOTOR?  [H] A POT?  [I] A HOE?  [J] A SLEEPING MAT?  [K] A TRACTOR?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal-drawn cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Pot.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hoe.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sleeping mat.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tractor.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone.....	1	2	Bicycle.....	1	2	Motorcycle / Scooter .....	1	2	Animal-drawn cart.....	1	2	Car / Truck .....	1	2	Boat with motor .....	1	2	Pot.....	1	2	Hoe.....	1	2	Sleeping mat.....	1	2	Tractor.....	1	2	
	Yes	No																																				
Watch.....	1	2																																				
Mobile telephone.....	1	2																																				
Bicycle.....	1	2																																				
Motorcycle / Scooter .....	1	2																																				
Animal-drawn cart.....	1	2																																				
Car / Truck .....	1	2																																				
Boat with motor .....	1	2																																				
Pot.....	1	2																																				
Hoe.....	1	2																																				
Sleeping mat.....	1	2																																				
Tractor.....	1	2																																				
<b>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</b>  <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>  <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	<table border="1"> <tbody> <tr> <td>Own.....</td> <td>1</td> </tr> <tr> <td>Rent.....</td> <td>2</td> </tr> <tr> <td>Other (specify) _____</td> <td>6</td> </tr> </tbody> </table>	Own.....	1	Rent.....	2	Other (specify) _____	6																															
Own.....	1																																					
Rent.....	2																																					
Other (specify) _____	6																																					
<b>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</b>	<table border="1"> <tbody> <tr> <td>Yes.....</td> <td>1</td> </tr> <tr> <td>No.....</td> <td>2</td> </tr> </tbody> </table>	Yes.....	1	No.....	2	2⇒HC13																																
Yes.....	1																																					
No.....	2																																					

<b>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</b>  <i>If less than 1, record "00". If 95 or more, record "95". If unknown, record "98".</i>	Hectares..... ____ ____	
<b>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</b>	Yes..... 1 No..... 2	2⇒HC15
<b>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</b>  [A] CATTLE, MILK COWS, OR BULLS?  [B] HORSES, DONKEYS, OR MULES?  [C] GOATS?  [D] SHEEP?  [E] POULTRY?  [F] PIGS?   <i>If none, record "00". If 95 or more, record "95".  If unknown, record "98".</i>	Cattle, milk cows, or bulls ..... ____ ____  Horses, donkeys, or mules ..... ____ ____  Goats..... ____ ____  Sheep..... ____ ____  Poultry (chickens, ducks)..... ____ ____  Pigs ..... ____ ____	
<b>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</b>	Yes..... 1 No..... 2	

WATER AND SANITATION		WS
<b>WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</b>	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other ( <i>specify</i> ) ..... 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
<b>WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</b>	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Other ( <i>specify</i> ) ..... 96	11⇒WS6 12⇒WS6 13⇒WS6
<b>WS3. WHERE IS THAT WATER SOURCE LOCATED?</b>	In own dwelling ..... 1 In own yard / plot ..... 2 Elsewhere ..... 3	1⇒WS6 2⇒WS6
<b>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</b>	Number of minutes ..... _ _ _ DK ..... 998	000⇒WS6
<b>WS4A. HOW FAR IS THAT WATER SOURCE LOCATED FROM YOUR HOUSEHOLD?</b>	Less than 200m ..... 1 200m – 500m ..... 2 Above 500m ..... 3 DK ..... 8	

<b>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</b>  <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) ..... 1 Adult man (age 15+ years)..... 2 Female child (under 15) ..... 3 Male child (under 15) ..... 4  DK ..... 8	
<b>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</b>	Yes ..... 1 No ..... 2  DK ..... 8	2⇒WS8  8⇒WS8
<b>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</b>  <i>Probe:</i> ANYTHING ELSE?  <i>Record all items mentioned.</i>	Boil ..... A Add bleach / chlorine/ chlorine-based tablets ( water guard, aqua tab)/ Jik..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F  Other ( <i>specify</i> ) ..... X DK ..... Z	
<b>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</b>  <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?  <i>If not possible to determine, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system..... 11 Flush to septic tank ..... 12 Flush to pit (latrine)..... 13 Flush to somewhere else ..... 14 Flush to unknown place / Not sure / DK where..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) .... 21 Pit latrine with slab ..... 22 Pit latrine without slab/ Open pit/ Incomplete latrine ..... 23  Composting toilet..... 31 Bucket ..... 41  No facility, Bush, Field, Flying toilet (plastic) ..... 95 Other ( <i>specify</i> ) ..... 96	95⇒Next Module
<b>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</b>	Yes ..... 1 No ..... 2	2⇒Next Module
<b>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</b>	Other households only (not public) ..... 1 Public facility..... 2	2⇒Next Module
<b>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</b>	Number of households (if less than 10) 0 ____  Ten or more households ..... 10  DK ..... 98	

HANDWASHING		HW
<b>HW1.</b> WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.  CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST</u> <u>OFTEN</u> WASH THEIR HANDS?	Observed ..... 1  Not observed Not in dwelling / plot / yard ..... 2 No permission to see ..... 3 Other reason (specify) ..... 6	  2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
<b>HW2.</b> Observe presence of water at the place for handwashing.  <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available ..... 1  Water is not available ..... 2	
<b>HW3A.</b> Is soap, detergent or ash/mud/sand present at the place for handwashing?	Yes, present ..... 1  No, not present ..... 2	2⇨HW4
<b>HW3B.</b> Record your observation.  <i>Circle all that apply.</i>	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
<b>HW4.</b> DO YOU HAVE ANY SOAP OR DETERGENT SUCH AS BLUE SOAP (LUGONGOLO) OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes ..... 1  No ..... 2	2⇨HH19
<b>HW5A.</b> CAN YOU PLEASE SHOW IT TO ME?	Yes, shown ..... 1  No, not shown ..... 2	2⇨HH19
<b>HW5B.</b> Record your observation.  <i>Circle all that apply.</i>	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	
<b>HH19.</b> Record the time.	Hour and minutes ____ : ____	

SALT IODIZATION		SI
<p><b>SI1.</b> WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized - 0 PPM ..... 1</p> <p>More than 0 PPM &amp; less than 15 PPM..... 2</p> <p>15 PPM or more ..... 3</p> <p>No salt in the house..... 4</p> <p>Salt not tested (specify reason) ..... 5</p>	
<p><b>SI2.</b> I WOULD LIKE TO KNOW HOW THE SALT USED <u>TO COOK MEALS</u> IN THE HOUSEHOLD IS STORED</p>	<p>In a container with lid..... 1</p> <p>In a container without lid..... 2</p> <p>In the packet it was bought..... 3</p> <p>Other (specify) ..... 6</p>	

**HH20.** Thank the respondent for his/her cooperation and check the List of Household Members:

☐ A separate *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* has been issued for each woman age 15-49 years in the List of Household Members (HL7).

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

☐ A separate *Questionnaire for Individual Men* has been issued for each man age 15-59 years in the List of Household Members (HL7A).

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

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

Make arrangements for the administration of the remaining questionnaire(s) in this household.

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.</i></p>		
<b>WM1. Cluster number:</b> <div>_____</div>	<b>WM2. Household number:</b> <div>_____</div>	
<b>WM3. Woman's name:</b> Name _____	<b>WM4. Woman's line number:</b> <div>_____</div>	
<b>WM5. Interviewer's name and number:</b> Name _____	<b>WM6. Day / Month / Year of interview:</b> <div>_____ / _____ / 2014</div>	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM <b>CENTRAL STATISTICAL OFFICE</b>. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT <b>50 MINUTES</b>. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT <b>50 MINUTES</b>. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p><b>MAY I START NOW?</b></p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in WM7. Discuss this result with your supervisor.</p>	

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

<b>WM8.</b> Field editor's name and number: Name _____ _ _	<b>WM9.</b> Main data entry clerk's name and number: Name _____ _ _
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<b>WM10.</b> <i>Record the time.</i>	Hour and minutes ..... : ..	
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<b>WOMAN'S BACKGROUND</b>		<b>WB</b>
<b>WB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month.....98  Year ..... DK year.....9998	
<b>WB2.</b> HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent.</i>	Age (in completed years) .....	
<b>WB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒WB7
<b>WB4.</b> WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Secondary ..... 2 High ..... 3 Tertiary ..... 4	0⇒WB7
<b>WB5.</b> WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If the first grade at this level is not completed, enter "00".</i>	Grade .....	
<b>WB6.</b> <i>Check WB4:</i>  <input type="checkbox"/> <i>Secondary or high or tertiary (WB4=2 or 3 or 4) ⇒ WB8.</i>  <input type="checkbox"/> <i>Primary (WB4=1) ⇒ Continue with WB7.</i>		

<p><b>WB7.</b> 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:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</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 _____ 4 <i>(specify language)</i></p> <p>Blind / visually impaired ..... 5</p>	
<p><b>WB8.</b> WHAT IS YOUR RELIGION?</p>	<p>Christianity..... 01</p> <p>Islam ..... 02</p> <p>Judaism ..... 03</p> <p>Hinduism ..... 04</p> <p>Buddhism ..... 05</p> <p>Traditionalist..... 06</p> <p>No religion ..... 07</p> <p>Other religion (<i>specify</i>) _____ 96</p>	

<b>ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY</b>	<b>MT</b>
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**MT1.** Check WB7:

- ☐ Question left blank (Respondent has secondary or high or tertiary education) ⇒ Continue with MT2.
- ☐ Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2.
- ☐ Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3.

<b>MT2.</b> HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
<b>MT3.</b> DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
<b>MT4.</b> HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	

**MT5.** Check WB2: Age of respondent?

- ☐ Age 15-24 ⇒ Continue with MT6.
- ☐ Age 25-49 ⇒ Go to Next Module.

<b>MT6.</b> HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No ..... 2	2⇒MT9
<b>MT7.</b> HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒MT9
<b>MT8.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK AT LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week..... 3 Not at all ..... 4	
<b>MT9.</b> HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No ..... 2	2⇒Next Module

<b>MT10.</b> IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?  <i>If necessary, probe for use from any location, with any device.</i>	Yes ..... 1 No ..... 2	2⇒ Next Module
<b>MT11.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	4⇒ Next Module
<b>MT12.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE SOCIAL NETWORKS: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	4⇒ Next Module
<b>MT13.</b> DURING THE LAST ONE MONTH, WHAT TYPE OF SOCIAL NETWORK DID YOU USE?  <i>Circle all mentioned.</i>	Facebook ..... A Twitter ..... B WhatsApp ..... C Twoo ..... D Mixit ..... E  Other ( <i>specify</i> ) ..... X	

FERTILITY		CM
<b>CM1.</b> NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2⇒CM8
<b>CM4.</b> DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM6
<b>CM5.</b> HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?  <i>If none, record "00".</i>	Sons at home ..... __ __  Daughters at home ..... __ __	
<b>CM6.</b> 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
<b>CM7.</b> HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?  <i>If none, record "00".</i>	Sons elsewhere ..... __ __  Daughters elsewhere ..... __ __	
<b>CM8.</b> 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 A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 No ..... 2	2⇒CM10
<b>CM9.</b> HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?  <i>If none, record "00".</i>	Boys dead ..... __ __  Girls dead ..... __ __	

<b>CM10.</b> Sum answers to CM5, CM7, and CM9.	Sum ..... _ _	
<p><b>CM11.</b> JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>No live births ⇒ Go to ILLNESS SYMPTOMS Module.</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>One or more live births ⇒ Continue.</i></p> <p><input type="checkbox"/> <i>No. ⇒ Check responses to CMI-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module.</i></p>		

# BIRTH HISTORY

BH

Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

	S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ Next Line	—		
02	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ BH10	—	1	2
03	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ BH10	—	1	2
04	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ BH10	—	1	2
05	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ BH10	—	1	2
06	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ BH10	—	1	2
07	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ BH10	—	1	2
08	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ BH10	—	1	2
09	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ BH10	—	1	2
10	1	2	1	2	—	—	1	2	—	1	2	—	Days ..... 1 Months ..... 2 Years ..... 3 ⇒ BH10	—	1	2



**CM12A.** Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:

- ☐ Numbers are same ⇒ Continue with CM13.
- ☐ Numbers are different ⇒ Probe and reconcile.

**CM13.** Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2012** (if the month of interview and the month of birth are the same, and the year of birth is **2012**, consider this as a birth within the last 2 years)

- ☐ No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.
- ☐ One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module.

Name of last-born child \_\_\_\_\_

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

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

MATERNAL AND NEWBORN HEALTH		MN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<b>MN1.</b> DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH ( <i>name</i> )?	Yes ..... 1 No ..... 2	2⇒MN5
<b>MN2.</b> WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Traditional birth attendant ..... F Community health worker/ RHM ..... G Other ( <i>specify</i> ) ..... X	
<b>MN2A.</b> HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?  <i>Record the answer as stated by respondent.</i>	Weeks ..... 1 ____  Months ..... 2 0 ____  DK ..... 998	
<b>MN3.</b> 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	

<p><b>MN4.</b> AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p> <p>[D] WAS YOUR WEIGHT MEASURED?</p> <p>[E] WAS YOUR HEIGHT MEASURED?</p>	<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> <tr> <td>Weight measured .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Height measured.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	Weight measured .....	1	2	Height measured.....	1	2	
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Weight measured .....	1	2																		
Height measured.....	1	2																		
<p><b>MN4A.</b> AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE GIVEN IRON SUPPLEMENTS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>																			
<p><b>MN5.</b> DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen)..... 1</p> <p>Yes (card not seen)..... 2</p> <p>No..... 3</p> <p>DK ..... 8</p>																			
<p><b>MN6.</b> WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	<p>2⇒ MN9</p> <p>8⇒ MN9</p>																		
<p><b>MN7.</b> HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p>	<p>Number of times..... —</p> <p>DK ..... 8</p>	<p>8⇒ MN9</p>																		

<b>MN8.</b> How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12.  <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9.		
<b>MN9.</b> DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1  No..... 2  DK ..... 8	2⇒MN12  8⇒MN12
<b>MN10.</b> HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times .....  DK ..... 8	8⇒MN12
<b>MN11.</b> HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?  <i>If less than 1 year, record '00'.</i>	Years ago .....	
<b>MN12.</b> Check MN1 for presence of antenatal care during this pregnancy:  <input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13.  <input type="checkbox"/> No antenatal care received ⇒ Go to MN17.		
<b>MN13.</b> DURING (ANY OF) YOUR ANTENATAL VISIT(S) FOR THE PREGNANCY WITH (name), DID YOU TAKE ANY MEDICINE IN ORDER TO <u>PREVENT</u> YOU FROM GETTING MALARIA?	Yes ..... 1 No..... 2  DK ..... 8	2⇒MN17  8⇒MN17
<b>MN14.</b> WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?  <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i>	SP / Fansidar ..... A Chloroquine ..... B Mefloquine..... C Coartem ..... D Quinine..... E  Other (specify) ..... X DK ..... Z	

<b>MN15.</b> Check MN14 for medicine taken:		
<input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16.		
<input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN17.		
<b>MN16.</b> DURING YOUR PREGNANCY WITH ( <i>name</i> ), HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR IN TOTAL?  PLEASE INCLUDE ALL THAT YOU OBTAINED EITHER DURING AN ANTENATAL CARE VISIT, DURING A VISIT TO A HEALTH FACILITY OR FROM ANOTHER SOURCE?	Number of times ..... ____  DK ..... 98	

<p><b>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</b></p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:</p> <p>Doctor .....A</p> <p>Nurse / Midwife .....B</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Community health worker/RHM ..... G</p> <p>Relative / Friend .....H</p> <p>Other (<i>specify</i>) ..... X</p> <p>No one..... Y</p>	
<p><b>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</b></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.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. health centre..... 22</p> <p>Govt. Clinic/PHU ..... 23</p> <p>Govt. outreach site ..... 24</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>Other private medical (<i>specify</i>) ..... 36</p> <p>On the way ..... 41</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>41⇒MN20</p> <p>96⇒MN20</p>
<p><b>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</b></p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒MN20</p>

<b>MN19A.</b> WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?  WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before..... 1  After..... 2	
<b>MN19B.</b> WHAT WERE THE REASONS FOR HAVING A CAESAREAN SECTION?  <i>Probe and circle all mentioned.</i>	Breach ..... A Overdue ..... B Intensive labour ..... C Complications with delivery ..... D Very large ..... E Elective ..... F  Other ( <i>specify</i> ) ..... X	
<b>MN20.</b> WHEN ( <i>name</i> ) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5  DK ..... 8	
<b>MN21.</b> WAS ( <i>name</i> ) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN23 8⇒MN23
<b>MN22.</b> HOW MUCH DID ( <i>name</i> ) WEIGH?  <i>If a card is available, record weight from card.</i>	From card ..... 1 (kg) ____ . ____  From recall ..... 2 (kg) ____ . ____  DK ..... 99998	
<b>MN23.</b> HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF ( <i>name</i> )?	Yes ..... 1  No ..... 2	
<b>MN24.</b> DID YOU EVER BREASTFEED ( <i>name</i> )?	Yes ..... 1 No ..... 2	2⇒Next Module

<p><b>MN25.</b> HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record "00" hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately ..... 000</p> <p>Hours ..... 1   __ __</p> <p>Days ..... 2   __ __</p> <p>DK / Don't remember ..... 998</p>	
<p><b>MN26.</b> IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒Next Module</p>
<p><b>MN27.</b> WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p>	<p>Milk (other than breast milk) ..... A</p> <p>Plain water ..... B</p> <p>Sugar or glucose water ..... C</p> <p>Gripe water ..... D</p> <p>Sugar-salt-water solution ..... E</p> <p>Fruit juice ..... F</p> <p>Infant formula ..... G</p> <p>Tea / Infusions ..... H</p> <p>Honey ..... I</p> <p>Other (<i>specify</i>) ..... X</p>	

POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p><b>PN1.</b> Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2.</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 41-96) ⇒ Go to PN6.</p>		
<p><b>PN2.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><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><b>PN3.</b> I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	

<p><b>PN4.</b> 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?</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (<i>name or type or facility in MN18</i>)?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p><b>PN5.</b> NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name or type of facility in MN18</i>).</p> <p>DID ANYONE CHECK ON (<i>name</i>)’S HEALTH AFTER YOU LEFT (<i>name or type of facility in MN18</i>)?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>1⇒PN11 2⇒PN16</p>
<p><b>PN6.</b> Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker/RHM (MN17=A-G) ⇒ Continue with PN7.</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker/RHM (A-G not circled in MN17) ⇒ Go to PN10.</p>		
<p><b>PN7.</b> YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	

<p><b>PN8.</b> AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p><b>PN9.</b> AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN18</p>
<p><b>PN10.</b> 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⇒PN19</p>
<p><b>PN11.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1</p> <p>More than once ..... 2</p>	<p>1⇒PN12A</p> <p>2⇒PN12B</p>
<p><b>PN12A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p><b>PN12B.</b> 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><b>PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?</b></p>	<p>Health professional</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Community health worker/RHM ..... G</p> <p>Relative / Friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p>	
<p><b>PN14. WHERE DID THIS CHECK TAKE PLACE?</b></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.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home ..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. health centre ..... 22</p> <p>Govt. Clinic/PHU ..... 23</p> <p>Govt. outreach site ..... 24</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>Other private medical (<i>specify</i>) ..... 36</p> <p>On the way ..... 41</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p><b>PN15. Check MN18: Was the child delivered in a health facility?</b></p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16.</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 41-96) ⇒ Go to PN17.</p>		

<b>PN16.</b> AFTER YOU LEFT ( <i>name or type of facility in MN18</i> ), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes ..... 1 No ..... 2	1⇒PN20 2⇒Next Module
<b>PN17.</b> Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?  <input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker/RHM (MN17=A-G) ⇒ Continue with PN18  <input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker/RHM (A-G not circled in MN17) ⇒ Go to PN19		
<b>PN18.</b> AFTER THE DELIVERY WAS OVER AND ( <i>person or persons in MN17</i> ) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes ..... 1 No ..... 2	1⇒PN20 2⇒Next Module
<b>PN19.</b> AFTER THE BIRTH OF ( <i>name</i> ), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?  I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No ..... 2	2⇒Next Module
<b>PN20.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once ..... 2	1⇒PN21A 2⇒PN21B
<b>PN21A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?  <b>PN21B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?  <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	

<p><b>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</b></p>	<p>Health professional</p> <p>Doctor ..... A</p> <p>Nurse / Midwife ..... B</p> <p>Other person</p> <p>Traditional birth attendant ..... F</p> <p>Community health worker/RHM ..... G</p> <p>Relative / Friend ..... H</p> <p>Other (<i>specify</i>) _____ X</p>	
<p><b>PN23. WHERE DID THIS CHECK TAKE PLACE?</b></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.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Your home ..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. health centre ..... 22</p> <p>Govt. Clinic/PHU ..... 23</p> <p>Govt. outreach site ..... 24</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>Other private medical (<i>specify</i>) _____ 36</p> <p>On the way ..... 41</p> <p>Other (<i>specify</i>) _____ 96</p>	

**ILLNESS SYMPTOMS**
**IS**

**IS1.** Check List of Household Members, columns HL7B and HL15:

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

☐ Yes ⇒ Continue with IS2.

☐ No ⇒ Go to Next Module.

**IS2.** SOMETIMES CHILDREN HAVE SEVERE

ILLNESSES AND SHOULD BE TAKEN

IMMEDIATELY TO A HEALTH FACILITY.

WHAT TYPES OF SYMPTOMS WOULD CAUSE

YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO

A HEALTH FACILITY RIGHT AWAY?

*Probe:*

ANY OTHER SYMPTOMS?

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

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

Child not able to drink or breastfeed ..... A

Child becomes sicker ..... B

Child develops a fever..... C

Child has fast breathing ..... D

Child has difficulty breathing ..... E

Child has blood in stool ..... F

Child is drinking/ feeding poorly ..... G

Child has diarrhoea ..... H

Child vomiting excessively ..... I

Child convulsing ..... J

Child lethargic/unconsciously ..... K

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

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

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

CONTRACEPTION		CP
<p><b>CP1.</b> I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No ..... 2</p> <p>Unsure or DK ..... 8</p>	1⇒CP2A
<p><b>CP2.</b> COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	1⇒CP3
<p><b>CP2A.</b> HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	1⇒Next Module
<p><b>CP2B.</b> WHAT IS THE <u>MAIN</u> REASON THAT YOU HAVE <u>NEVER</u> USED ANY METHOD TO DELAY OR AVOID PREGNANCY?</p>	<p>Religious beliefs..... 01</p> <p>Partner refuses ..... 02</p> <p>Can't afford/expensive ..... 03</p> <p>Side effects ..... 04</p> <p>Not sexually active/Abstinence ..... 05</p> <p>Do not wish to avoid pregnancy..... 06</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒Next Module</p> <p>02⇒Next Module</p> <p>03⇒Next Module</p> <p>04⇒Next Module</p> <p>05⇒Next Module</p> <p>06⇒Next Module</p> <p>96⇒Next Module</p>

<p><b>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</b></p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization ..... A</p> <p>Male sterilization ..... B</p> <p>IUD ..... C</p> <p>Injectables ..... D</p> <p>Implants ..... E</p> <p>Pill ..... F</p> <p>Male condom ..... G</p> <p>Female condom ..... H</p> <p>Diaphragm ..... I</p> <p>Foam / Jelly ..... J</p> <p>Periodic abstinence / Rhythm ..... L</p> <p>Withdrawal ..... M</p> <p>Other (<i>specify</i>) ..... X</p>	
<p><b>CP3A. Check CP3: Is <u>only</u> “periodic abstinence, withdrawal and/or male sterilization” mentioned?</b></p> <p><input type="checkbox"/> Yes, <u>only</u> periodic abstinence, withdrawal and/ or male sterilization mentioned (CP3 = B, L or M) ⇒ Go to CP6.</p> <p><input type="checkbox"/> No, other options selected ⇒ Continue with CP4.</p>		
<p><b>CP4. Check CP3: Is “male condom or female condom” mentioned?</b></p> <p><input type="checkbox"/> Yes, male or female condom mentioned (CP3 = G or H) ⇒ Go to CP6.</p> <p><input type="checkbox"/> No, male or female condom not mentioned (CP3 not equal to G or H) ⇒ Continue with CP5.</p>		
<p><b>CP5. IS YOUR HUSBAND/ PARTNER AWARE YOU ARE CURRENTLY USING A CONTRACEPTIVE METHOD?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>CP6. Check CP3: Is “Withdrawal and/or Periodic abstinence” mentioned?</b></p> <p><input type="checkbox"/> Yes, withdrawal and/or Periodic abstinence mentioned (CP3 = L-M) ⇒ Go to CP8.</p> <p><input type="checkbox"/> No, withdrawal and Periodic abstinence not mentioned (CP3 =A-J, X) ⇒ Continue with CP7.</p>		

<p><b>CP7. WHERE DID YOU OBTAIN</b> (<i>the current method</i>) <b>THE LAST TIME?</b></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<table border="0"> <tr> <td colspan="2"><b>Home</b></td> </tr> <tr> <td>Respondent's home .....</td> <td>11</td> </tr> <tr> <td>Other home .....</td> <td>12</td> </tr> <tr> <td colspan="2"><b>Public sector</b></td> </tr> <tr> <td>Govt. hospital .....</td> <td>21</td> </tr> <tr> <td>Govt. health centre .....</td> <td>22</td> </tr> <tr> <td>Govt. clinic / PHU .....</td> <td>23</td> </tr> <tr> <td>Govt. outreach sites .....</td> <td>24</td> </tr> <tr> <td>Other public (<i>specify</i>) .....</td> <td>26</td> </tr> <tr> <td colspan="2"><b>Private medical sector</b></td> </tr> <tr> <td>Private hospital .....</td> <td>31</td> </tr> <tr> <td>Private clinic .....</td> <td>32</td> </tr> <tr> <td>Private maternity home .....</td> <td>33</td> </tr> <tr> <td>Private physician .....</td> <td>34</td> </tr> <tr> <td>Other private medical (<i>specify</i>) .....</td> <td>36</td> </tr> <tr> <td colspan="2"><b>Other sources</b></td> </tr> <tr> <td>Shop .....</td> <td>44</td> </tr> <tr> <td>Pharmacy .....</td> <td>45</td> </tr> <tr> <td>Market .....</td> <td>46</td> </tr> <tr> <td>Relative / Friend .....</td> <td>47</td> </tr> <tr> <td>Traditional practitioner .....</td> <td>48</td> </tr> <tr> <td>Spiritual healer .....</td> <td>49</td> </tr> <tr> <td>Other (<i>specify</i>) .....</td> <td>96</td> </tr> <tr> <td>DK .....</td> <td>98</td> </tr> </table>	<b>Home</b>		Respondent's home .....	11	Other home .....	12	<b>Public sector</b>		Govt. hospital .....	21	Govt. health centre .....	22	Govt. clinic / PHU .....	23	Govt. outreach sites .....	24	Other public ( <i>specify</i> ) .....	26	<b>Private medical sector</b>		Private hospital .....	31	Private clinic .....	32	Private maternity home .....	33	Private physician .....	34	Other private medical ( <i>specify</i> ) .....	36	<b>Other sources</b>		Shop .....	44	Pharmacy .....	45	Market .....	46	Relative / Friend .....	47	Traditional practitioner .....	48	Spiritual healer .....	49	Other ( <i>specify</i> ) .....	96	DK .....	98
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<p><b>CP8. Check CP3: Is Pills or Condoms mentioned?</b></p> <p><input type="checkbox"/> <i>Yes, pills or condoms mentioned (CP3=F or G or H) ⇒ Continue with CP9.</i></p> <p><input type="checkbox"/> <i>No, pills or condoms not mentioned (CP3=A-E or I-X) ⇒ Next Module.</i></p>																																																	

<b>CP9. MAY I SEE THE PACKAGE OF PILLS?</b>	Package seen ..... 1  Package not seen ..... 2  No pills ..... 3	  2 ⇒ CP10A  3 ⇒ CP10A
<b>CP10. Circle name on the package for the pills given.</b>	Lo-femenal ..... 1 Ovral ..... 2  Other pills (specify) _____ 6	
<b>CP10A. MAY I SEE THE CONDOMS YOU ARE CURRENTLY USING?</b>	Package seen ..... 1  Package not seen ..... 2  No condoms..... 3	  2 ⇒ CP12  3 ⇒ CP12
<b>CP11. Circle name on the package for the condoms given .</b>  <i>If more than one package type shown, probe for the last used.</i>	Trust..... 1 Government ..... 2 Lovers ..... 3  Other condoms (specify) _____ 6	
<b>CP12. Check CP3: Is "Pills" mentioned?</b>  <input type="checkbox"/> Yes, pills mentioned (CP3=F) ⇒ Continue with CP13.  <input type="checkbox"/> No, pills not mentioned (CP3=A-E or G-X) ⇒ Go to CP14.		
<b>CP13. HOW MANY PILL CYCLES DID YOU GET THE LAST TIME?</b>	Number of pill cycles..... _ _  DK..... 98	
<b>CP14. Check CP3: Is "Condoms" mentioned?</b>  <input type="checkbox"/> Yes, condoms mentioned (CP3=G or H) ⇒ Continue with CP15.  <input type="checkbox"/> No, condoms not mentioned (CP3=A-F or I-X) ⇒ Next module.		
<b>CP15. HOW MANY CONDOMS DID YOU GET THE LAST TIME?</b>	Number of condoms..... _ _  DK..... 98	

UNMET NEED		UN
<b>UN1. Check CP1: Currently pregnant?</b>  <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2.  <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5.		
<b>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?</b>	Yes ..... 1  No ..... 2	1⇒UN4
<b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</b>	Later ..... 1  No more ..... 2	
<b>UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?</b>	Have another child ..... 1  No more / None ..... 2  Undecided / DK ..... 8	1⇒UN7  2⇒UN13  8⇒UN13
<b>UN5. Check CP3: Currently using "Female sterilization"?</b>  <input type="checkbox"/> Yes ⇒ Go to UN13.  <input type="checkbox"/> No ⇒ Continue with UN6.		
<b>UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</b>	Have (a/ another) child ..... 1  No more / None ..... 2  Says she cannot get pregnant ..... 3 Undecided / DK ..... 8	2⇒UN9  3⇒UN11 8⇒UN9

<p><b>UN7.</b> HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Months ..... 1   __ __</p> <p>Years..... 2   __ __</p> <p>Does not want to wait (soon/now)..... 993</p> <p>Says she cannot get pregnant ..... 994</p> <p>After marriage ..... 995</p> <p>Other ..... 996</p> <p>DK ..... 998</p>	<p>994⇒UN11</p>
<p><b>UN8.</b> Check CP1: Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13.</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9.</p>		

<b>UN9. Check CP2: Currently using a method?</b>  <input type="checkbox"/> Yes ⇒ Go to UN13.  <input type="checkbox"/> No ⇒ Continue with UN10.		
<b>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</b>	Yes ..... 1  No ..... 2  DK ..... 8	1 ⇒ UN13  8 ⇒ UN13
<b>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</b>  <i>Probe and circle all mentioned.</i>	Infrequent sex / No sex ..... A Menopausal ..... B Never menstruated ..... C Hysterectomy (surgical removal of uterus) ..... D Has been trying to get pregnant for 2 years or more without result ..... E Postpartum amenorrheic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I  Other ( <i>specify</i> ) ..... X  DK ..... Z	
<b>UN12. Check UN11: "Never menstruated" mentioned?</b>  <input type="checkbox"/> Mentioned ⇒ Go to Next Module.  <input type="checkbox"/> Not mentioned ⇒ Continue with UN13.		

<p><b>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</b></p> <p>Record the answer using the same unit stated by the respondent.</p>	<p>Days ago..... 1 __ __</p> <p>Weeks ago ..... 2 __ __</p> <p>Months ago ..... 3 __ __</p> <p>Years ago..... 4 __ __</p> <p>In menopause /</p> <p>    Has had hysterectomy ..... 994</p> <p>    Before last birth ..... 995</p> <p>    Never menstruated ..... 996</p>	
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ATTITUDES TOWARD DOMESTIC VIOLENCE		DV
<p><b>DV1.</b> 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:</p> <p>[A] IF SHE GOES OUT WITHOUT TELLING HIM?</p> <p>[B] IF SHE NEGLECTS THE CHILDREN?</p> <p>[C] IF SHE ARGUES WITH HIM?</p> <p>[D] IF SHE REFUSES TO HAVE SEX WITH HIM?</p> <p>[E] IF SHE BURNS THE FOOD?</p> <p>[F] IF SHE REFUSES TO ACCEPT STEP CHILDREN?</p> <p>[G] IF SHE SLEEPS WITH ANOTHER MAN?</p> <p>[H] IF SHE INITIATES SEX?</p> <p>[I] IF SHE REFUSES TO GIVE FOOD?</p>		
	Yes No DK	
	Goes out without telling ..... 1 2 8	
	Neglects children ..... 1 2 8	
	Argues with him ..... 1 2 8	
	Refuses sex ..... 1 2 8	
	Burns food ..... 1 2 8	
	Refuses step children ..... 1 2 8	
	Sleeps with another man ..... 1 2 8	
	Initiates sex ..... 1 2 8	
	Refuses to give food ..... 1 2 8	

MARRIAGE/UNION		MA
<b>MA1.</b> ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man ..... 2 No, not in union ..... 3	3⇒MA5
<b>MA2.</b> HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years ..... __ __  DK ..... 98	
<b>MA3.</b> BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MA7 8⇒MA7
<b>MA4.</b> HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ..... __ __  DK ..... 98	⇒MA7 98⇒MA7
<b>MA5.</b> HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No ..... 3	3⇒Next Module
<b>MA6.</b> WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
<b>MA7.</b> HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	1⇒MA8A 2⇒MA8B
<b>MA8A.</b> IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED?  <b>MA8B.</b> IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __  DK year ..... 9998	⇒Next Module
<b>MA9.</b> HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR ( <u>FIRST</u> ) HUSBAND/PARTNER?	Age in years ..... __ __	

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
<b>SB1. NOW I WOULD LIKE TO ASK YOU SOME</b> QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse ..... 00  Age in years ..... __ __  First time when started living with (first) husband/partner ..... 95  DK/ Can't recall ..... 98	00⇒Next Module
<b>SB2. THE FIRST TIME YOU HAD SEXUAL</b> INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2  DK / Don't remember ..... 8	
<b>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL</b> INTERCOURSE?  <i>Record answers in days, weeks or months if less            than 12 months (one year).            If 12 months (one year) or more, answer must be            recorded in years.</i>	Days ago ..... 1 __ __  Weeks ago ..... 2 __ __  Months ago ..... 3 __ __  Years ago ..... 4 __ __	4⇒SB15
<b>SB4. THE LAST TIME YOU HAD SEXUAL</b> INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
<b>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS</b> PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?  <i>Probe to ensure that the response refers to the            relationship at the time of sexual intercourse</i>  <i>If "boyfriend", then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If "yes", circle "2". If "no", circle "3".</i>	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4  Other (specify) ..... 6	3⇒SB7 4⇒SB7 6⇒SB7

<b>SB6. Check MA1:</b>  <input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8.</i>  <input type="checkbox"/> <i>Not married / Not in union (MA1 = 3) ⇒ Continue with SB7.</i>		
<b>SB7. HOW OLD IS THIS PERSON?</b>  <i>If response is "DK", probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... _ _  DK..... 98	
<b>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</b>	Yes..... 1 No ..... 2	2⇒SB15
<b>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</b>	Yes..... 1 No ..... 2	

<p><b>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</b></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:</i></p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If "yes", circle "2". If "no", circle "3".</i></p>	<p>Husband ..... 1</p> <p>Cohabiting partner ..... 2</p> <p>Boyfriend ..... 3</p> <p>Casual acquaintance ..... 4</p> <p>Other (specify) ..... 6</p>	<p>3⇒SB12</p> <p>4⇒SB12</p> <p>6⇒SB12</p>
<p><b>SB11. Check MA1 and MA7:</b></p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2)</p> <p>AND</p> <p>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13.</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12.</p>		
<p><b>SB12. HOW OLD IS THIS PERSON?</b></p> <p><i>If response is DK, probe:</i></p> <p>ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner..... _ _</p> <p>DK ..... 98</p>	
<p><b>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒SB15</p>
<p><b>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</b></p>	<p>Number of partners ..... _ _</p>	
<p><b>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</b></p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write "95".</i></p>	<p>Number of lifetime partners ..... _ _</p> <p>DK ..... 98</p>	

HIV/AIDS		HA																
<b>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</b>  <b>HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?</b>	Yes ..... 1  No ..... 2  DK ..... 8	2⇒Next Module																
<b>HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</b>	Yes ..... 1 No ..... 2  DK ..... 8																	
<b>HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</b>	Yes ..... 1 No ..... 2  DK ..... 8																	
<b>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?</b>	Yes ..... 1 No ..... 2  DK ..... 8																	
<b>HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?</b>	Yes ..... 1 No ..... 2  DK ..... 8																	
<b>HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?</b>	Yes ..... 1 No ..... 2  DK ..... 8																	
<b>HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</b>	Yes ..... 1 No ..... 2  DK ..... 8																	
<b>HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</b>  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><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></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															

<b>HA8A.</b> Check HA8[A], [B], and [C]:		
<input type="checkbox"/> All 'No' or 'DK' ⇒ Go to HA9.		
<input type="checkbox"/> At least one 'yes' ⇒ Continue with HA8B.		
<b>HA8B.</b> ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH THE AIDS VIRUS TO REDUCE THE RISK OF TRANSMISSION TO THE BABY?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>HA9.</b> IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
<b>HA9A.</b> DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
<b>HA10.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
<b>HA11.</b> IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
<b>HA12.</b> IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
<b>HA12A.</b> DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ORAL SEX?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
<b>HA12B.</b> DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ANAL SEX?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	

<b>HA12C.</b> IN YOUR OPINION CAN HIV /AIDS BE CURED?	Yes ..... 1 No ..... 2  DK / Not sure / Depends ..... 8	2⇒HA13																				
<b>HA12D.</b> IN YOUR OPINION CAN A MAN INFECTED WITH THE AIDS VIRUS BE CURED THROUGH HAVING SEX WITH A VIRGIN?	Yes ..... 1 No ..... 2  DK / Not sure / Depends ..... 8																					
<b>HA13.</b> Check CM13: Any live birth in last 2 years?  <input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA24.  <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14.																						
<b>HA14.</b> Check MN1: Received antenatal care?  <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15.  <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24.																						
<b>HA15.</b> DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),  WERE YOU GIVEN ANY INFORMATION ABOUT: <b>[A]</b> BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?  <b>[B]</b> THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?  <b>[C]</b> GETTING TESTED FOR THE AIDS VIRUS?  WERE YOU: <b>[D]</b> OFFERED A TEST FOR THE AIDS VIRUS?	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother .....	1	2	8	Things to do .....	1	2	8	Tested for AIDS .....	1	2	8	Offered a test .....	1	2	8	
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<b>HA16.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes ..... 1 No ..... 2  DK ..... 8	2⇒HA19  8⇒HA19																				

<b>HA17.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No..... 2  DK ..... 8	2⇒HA22  8⇒HA22
<b>HA18.</b> REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.  AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes ..... 1 No..... 2  DK ..... 8	1⇒HA22 2⇒HA22  8⇒HA22
<b>HA19.</b> Check MN17: Birth delivered by health professional (A or B)?  <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A or B) ⇒ Continue with HA20.  <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24.		
<b>HA20.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes ..... 1 No..... 2	2⇒HA24
<b>HA21.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No..... 2	
<b>HA22.</b> HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No..... 2	1⇒HA25
<b>HA23.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..... 1  12-23 months ago ..... 2  2 or more years ago ..... 3	1⇒Next Module 2⇒Next Module 3⇒Next Module
<b>HA24.</b> I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒HA27

<b>HA25.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago..... 3	
<b>HA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK ..... 8	1⇒Next Module 2⇒Next Module 8⇒Next Module
<b>HA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	

NON COMMUNICABLE DISEASES		ND
<p><b>ND1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</b></p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HAVE YOU BEEN TOLD BY A HEALTH PROFESSIONAL THAT YOU ARE SUFFERING FROM ANY OF THE FOLLOWING:</p> <p>[A] DIABETES MELLITUS?</p> <p>[B] HIGH BLOOD PRESSURE?</p> <p>[C] HEART DISEASES?</p> <p>[D] EPILEPSY?</p> <p>[E] CATARACT?</p> <p>[F] BREAST CANCER?</p> <p>[G] CERVICAL CANCER?</p>	<p>Y   N   DK</p> <p>Diabetes ..... 1   2   8</p> <p>High blood pressure..... 1   2   8</p> <p>Heart diseases ..... 1   2   8</p> <p>Epilepsy ..... 1   2   8</p> <p>Cataract ..... 1   2   8</p> <p>Breast cancer ..... 1   2   8</p> <p>Cervical cancer ..... 1   2   8</p>	
<p><b>ND2. DID YOU HAVE AN INJURY IN THE PAST 12 MONTHS?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>ND3. DO YOU HAVE A GREEN CARD FROM THE PSYCHIATRIC UNIT?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

TOBACCO AND ALCOHOL USE		TA
<b>TA1.</b> HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No ..... 2	2⇒TA6
<b>TA2.</b> HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ..... 00  Age ..... ____ ____	00⇒TA6
<b>TA3.</b> DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1  No ..... 2	2⇒TA6
<b>TA4.</b> IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ..... ____ ____	
<b>TA5.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?  <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>If "every day" or "almost every day", circle "30".</i>	Number of days ..... 0 ____  10 days or more but less than a month ..... 10  Every day / Almost every day ..... 30	
<b>TA6.</b> HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ..... 1  No ..... 2	2⇒TA10
<b>TA7.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1  No ..... 2	2⇒TA10

<p><b>TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?</b></p> <p><i>Circle all mentioned.</i></p>	<p>Cigars ..... A</p> <p>Water pipe ..... B</p> <p>Cigarillos ..... C</p> <p>Pipe ..... D</p> <p>Other (<i>specify</i>) ..... X</p>	
<p><b>TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?</b></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "every day" or "almost every day", circle "30".</i></p>	<p>Number of days ..... 0 ____</p> <p>10 days or more but less than a month ..... 10</p> <p>Every day / Almost every day ..... 30</p>	
<p><b>TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒TA14</p>
<p><b>TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒TA14</p>

<p><b>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</b></p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco ..... A</p> <p>Snuff ..... B</p> <p>Dip ..... C</p> <p>Other (specify) _____ X</p>	
<p><b>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</b></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "every day" or "almost every day", circle "30".</i></p>	<p>Number of days ..... 0 ____</p> <p>10 days or more but less than a month ..... 10</p> <p>Every day / Almost every day ..... 30</p>	
<p><b>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</b></p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒Next Module</p>
<p><b>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, RUM OR ONE JAR OF TRADITIONAL BREW (UMCOMBOTSI, BUGANU).</b></p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol ..... 00</p> <p>Age ..... ____</p>	<p>00⇒Next Module</p>
<p><b>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</b></p> <p><i>If respondent did not drink, circle "00".</i></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "every day" or "almost every day", circle "30".</i></p>	<p>Did not have one drink in last one month .. 00</p> <p>Number of days ..... 0 ____</p> <p>10 days or more but less than a month ..... 10</p> <p>Every day / Almost every day ..... 30</p>	<p>00⇒Next Module</p>
<p><b>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</b></p>	<p>Number of drinks ..... ____</p>	

LIFE SATISFACTION		LS
<p><b>LS1.</b> Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to Next Module.</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2.</p>		
<p><b>LS2.</b> 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>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i></p>	<p>Very happy ..... 1</p> <p>Somewhat happy ..... 2</p> <p>Neither happy nor unhappy ..... 3</p> <p>Somewhat unhappy ..... 4</p> <p>Very unhappy ..... 5</p>	

<p><b>LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</b></p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied..... 5</p>	
<p><b>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</b></p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied..... 5</p>	
<p><b>LS5. DURING THE CURRENT (2014) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</b></p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒LS7</p>
<p><b>LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?</b></p>	<p>Very satisfied..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied..... 5</p>	

<p><b>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</b></p> <p><i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i></p>	<p>Does not have a job ..... 0</p> <p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p><b>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</b></p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p><b>LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</b></p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p><b>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</b></p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p><b>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</b></p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p><b>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</b></p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	

<p><b>LS13.</b> HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i></p>	<p>Does not have any income ..... 0</p> <p>Very satisfied..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied..... 5</p>	
<p><b>LS14.</b> COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?</p>	<p>Improved ..... 1</p> <p>More or less the same..... 2</p> <p>Worsened ..... 3</p>	
<p><b>LS15.</b> 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>Better..... 1</p> <p>More or less the same..... 2</p> <p>Worse ..... 3</p>	

SOCIAL PARTICIPATION		SP
<p><b>SP1.</b> I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON YOUR PARTICIPATION IN SOCIAL AND CULTURAL EVENTS.</p> <p>DID YOU GO OUT TO A CINEMA OR TO WATCH A MOVIE IN THE LAST 12 MONTHS (MOVIE ZONE AT GABLES)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>SP2.</b> DID YOU GO TO A THEATRE IN THE LAST 12 MONTHS? (POETRY PERFORMANCES, SIPHILANJE DRAMA SOCIETY SHOWS)</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>SP3.</b> DID YOU PARTICIPATE IN COMMUNITY CELEBRATIONS OF CULTURAL/ HISTORICAL EVENTS OR TRADITIONAL DANCE IN THE LAST 12 MONTHS? (SIBHIMBI, CARNIVAL, REED DANCE, INCWALA, BUGANU FESTIVAL)</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>SP4.</b> DID YOU VISIT A HISTORICAL/ CULTURAL PARK OR HERITAGE SITE (INCLUDING MONUMENTS, HISTORICAL OR ARTISTIC PLACES, ARCHAEOLOGICAL SITES) IN THE LAST 12 MONTHS? (SIBEKE, NGWENYA, MANTENGA CULTURAL VILLAGE)</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>SP5.</b> DID YOU VISIT A MUSEUM, AN ART GALLERY OR A CRAFTS EXPOSITION OR EXHIBITIONS IN THE LAST 12 MONTHS? (EMSAMO, NDINGILIZI/ GUAVA ART GALLERY, ESHOWINI)</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>SP6.</b> DID YOU ATTEND A NATIONAL OR LOCAL FESTIVAL IN THE LAST 12 MONTHS? (SOMHLOLO FESTIVAL OF PRAISE, SCHOOL'S CULTURE DAYS, INDEPENDENCE DAY)</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

<p><b>SP7.</b> DID YOU PARTICIPATE IN COMMUNITY RITES/ EVENTS/ CEREMONIES (SUCH AS WEDDINGS, FUNERALS, BIRTHS, BABY SHOWER, HOUSE-WARMING, KUPHAHLA, KUGEZA EMANTI AND SIMILAR RITES OF PASSAGE) IN THE LAST 12 MONTHS? (KING'S BIRTHDAY)</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>SP8.</b>DID YOU GO TO A CONCERT, A LIVE MUSICAL PERFORMANCE OR MODERN LIVE DANCE SHOW IN THE LAST 12 MONTHS? (BUSH FIRE, SIMUNYE FUN FAIR)</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

<b>WM11.</b> <i>Record the time.</i>	Hour and minutes .....__ : __	
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<p><b>WM12.</b> <i>Check List of Household Members, columns HL7B and HL15:</i></p> <p><i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.</i></p>
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**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

MAN'S INFORMATION PANEL		MWM
<p><i>This questionnaire is to be administered to all men age 15 through 59 (see List of Household Members, column HL7A).</i></p> <p><i>A separate questionnaire should be used for each eligible man.</i></p>		
<b>MWM1. Cluster number:</b> <div>_____</div>	<b>MWM2. Household number:</b> <div>_____</div>	
<b>MWM3. Man's name:</b> Name _____	<b>MWM4. Man's line number:</b> <div>_____</div>	
<b>MWM5. Interviewer's name and number:</b> Name _____	<b>MWM6. Day / Month / Year of interview:</b> <div>_____ / _____ / 2014</div>	

<p><i>Repeat greeting if not already read to this man:</i></p> <p>WE ARE FROM <b>CENTRAL STATISTICAL OFFICE</b>. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p><b>MAY I START NOW?</b></p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in MWM7. Discuss this result with your supervisor.</p>	

<b>MWM7. Result of man's interview</b>	Completed..... 01 Not at home..... 02 Refused..... 03 Partly completed ..... 04 Incapacitated..... 05 Other (specify)_____ 96
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<b>MWM8.</b> Field editor's name and number: Name _____	<b>MWM9.</b> Main data entry clerk's name and number: Name _____
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<b>MWM10.</b> Record the time.	Hour and minutes..... :	
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MAN'S BACKGROUND		MWB
<b>MWB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month ..... DK month ..... 98  Year ..... DK year ..... 9998	
<b>MWB2.</b> HOW OLD ARE YOU?  <i>Probe:</i> HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?  <i>Compare and correct MWB1 and/or MWB2 if inconsistent.</i>	Age (in completed years) .....	
<b>MWB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒MWB7
<b>MWB4.</b> WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Secondary ..... 2 High ..... 3 Tertiary ..... 4	0⇒MWB7
<b>MWB5.</b> WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>If the first grade at this level is not completed, enter "00".</i>	Grade .....	

**MWB6. Check MWB4:**

☐ *Secondary or high or tertiary (MWB4 = 2 or 3 or 4) ⇒ Go to MWB8.*

☐ *Primary (MWB4 = 1) ⇒ Continue with MWB7.*

**MWB7. NOW I WOULD LIKE YOU TO READ THIS**  
SENTENCE TO ME.

*Show sentence on the card to the respondent.*

*If respondent cannot read whole sentence, probe:*

CAN YOU READ PART OF THE SENTENCE TO  
ME?

Cannot read at all..... 1

Able to read only parts of sentence ..... 2

Able to read whole sentence..... 3

No sentence in  
required language \_\_\_\_\_ 4  
(specify language)

Blind / visually impaired..... 5

**MWB8. WHAT IS YOUR RELIGION?**

Christianity ..... 01

Islam..... 02

Judaism ..... 03

Hinduism ..... 04

Buddhism ..... 05

Traditionalist..... 06

No religion ..... 07

Other religion (specify) \_\_\_\_\_ 96

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MMT
<b>MMT1. Check MWB7:</b> <p><input type="checkbox"/> Question left blank (Respondent has secondary or high or tertiary education) ⇒ Continue with MMT2.</p> <p><input type="checkbox"/> Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2.</p> <p><input type="checkbox"/> Cannot read at all or blind/visually impaired (MWB7 = 1 or 5) ⇒ Go to MMT3.</p>		
<b>MMT2.</b> HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
<b>MMT3.</b> DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
<b>MMT4.</b> HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
<b>MMT5. Check MWB2: Age of respondent?</b> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with MMT6.</p> <p><input type="checkbox"/> Age 25-59 ⇒ Go to Next Module.</p>		
<b>MMT6.</b> HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No..... 2	2⇒MMT9
<b>MMT7.</b> HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ..... 1 No..... 2	2⇒MMT9
<b>MMT8.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
<b>MMT9.</b> HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No..... 2	2⇒Next Module

<b>MMT10.</b> IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?  <i>If necessary, probe for use from any location, with any device.</i>	Yes ..... 1 No..... 2	2⇒ Next Module
<b>MMT11.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	4⇒ Next Module
<b>MMT12.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE SOCIAL NETWORKS: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	4⇒ Next Module
<b>MMT13.</b> DURING THE LAST ONE MONTH, WHAT TYPE OF SOCIAL NETWORK DID YOU USE?  <i>Circle all mentioned</i>	Facebook ..... A Twitter..... B WhatsApp..... C Twoo..... D Mixit..... E  Other (specify) _____ X	

FERTILITY		MCM
<b>MCM1.</b> NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFE. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME.  HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MCM8 8⇒MCM8
<b>MCM3.</b> HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?	Age in years ..... __ __	
<b>MCM4.</b> DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No ..... 2	2⇒MCM6
<b>MCM5.</b> HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?  <i>If none, record "00".</i>	Sons at home ..... __ __  Daughters at home..... __ __	
<b>MCM6.</b> 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
<b>MCM7.</b> HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons elsewhere..... __ __  Daughters elsewhere ..... __ __	

<p><b>MCM8.</b> HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If “No” probe by asking:</i></p> <p>I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒MCM10</p>
<p><b>MCM9.</b> HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record ‘00’.</i></p>	<p>Boys dead ..... _ _</p> <p>Girls dead ..... _ _</p>	
<p><b>MCM10.</b> Sum answers to MCM5, MCM7, and MCM9.</p>	<p>Sum ..... _ _</p>	

**MCM11.** JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (*total number in MCM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

☐ *No live births ⇒ Go to Next Module.*

☐ *One or more live births ⇒ Continue with MCM11A.*

☐ *No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary.*

<b>MCM11A.</b> DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes ..... 1 No ..... 2	1⇒MCM12
<b>MCM11B.</b> IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women..... _ _	
<b>MCM12.</b> OF THESE ( <i>total number in MCM10</i> ) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)?  Month and year must be recorded.	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:

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

[B] IF SHE NEGLECTS THE CHILDREN?

[C] IF SHE ARGUES WITH HIM?

[D] IF SHE REFUSES TO HAVE SEX WITH HIM?

[E] IF SHE BURNS THE FOOD?

[F] IF SHE REFUSES TO ACCEPT STEP CHILDREN?

[G] IF SHE SLEEPS WITH ANOTHER MAN?

[H] IF SHE INITIATES SEX?

[I] IF SHE REFUSES TO GIVE FOOD?

Yes No DK

Goes out without telling ..... 1 2 8

Neglects children ..... 1 2 8

Argues with him ..... 1 2 8

Refuses sex ..... 1 2 8

Burns food ..... 1 2 8

Refuses step children ..... 1 2 8

Sleeps with another man ..... 1 2 8

Initiates sex..... 1 2 8

Refuses to give food ..... 1 2 8

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

CONTRACEPTION		CP
<b>MCP2.</b> COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.  ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID YOUR WIFE(S)/ PARTNER(S) GETTING PREGNANT?	Yes.....1  No .....2	1⇒MCP3
<b>MCP2A.</b> HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID YOUR PARTNER(S)/WIFE(S) GETTING PREGNANT?	Yes.....1  No .....2  DK/ not sure ..... 3	1⇒Next Module
<b>MCP2B.</b> WHAT IS THE <u>MAIN</u> REASON THAT YOU HAVE <u>NEVER</u> USED ANY METHOD TO DELAY OR AVOID PREGNANCY?	Religious beliefs .....01  Partner refuses .....02  Can't afford/expensive .....03  Side effects .....04  Not sexually active/Abstinence.....05  Do not wish to avoid pregnancy .....06  Other ( <i>specify</i> ) .....96	01⇒Next Module  02⇒Next Module  03⇒Next Module  04⇒Next Module  05⇒Next Module  06⇒Next Module  96⇒Next Module

<p><b>MCP3.</b> WHAT ARE YOU DOING OR YOUR WIFE(S)/ PARTNER(S) DOING TO DELAY OR AVOID HER GETTING PREGNANT?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization..... A</p> <p>Male sterilization ..... B</p> <p>IUD..... C</p> <p>Injectables..... D</p> <p>Implants ..... E</p> <p>Pill ..... F</p> <p>Male condom ..... G</p> <p>Female condom..... H</p> <p>Diaphragm ..... I</p> <p>Foam / Jelly ..... J</p> <p>Periodic abstinence / Rhythm..... L</p> <p>Withdrawal ..... M</p> <p>Other (<i>specify</i>) _____ X</p>	
<p><b>MCP3A.</b> Check MCP3: Is <u>only</u> “periodic abstinence and/or withdrawal” mentioned?</p> <p><input type="checkbox"/> Yes, <u>only</u> periodic abstinence and/or withdrawal mentioned (MCP3 = L or M) ⇒ Go to MCP12.</p> <p><input type="checkbox"/> No, other options selected ⇒ Continue with MCP5.</p>		

<p><b>MCP5.</b> WHERE DID YOU OBTAIN (<i>the current method</i>) YOU ARE USING OR YOUR WIFE(S)/ PARTNER(S) USING TO DELAY OR AVOID GETTING PREGNANT THE LAST TIME?</p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home..... 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Govt. hospital.....21</p> <p>Govt. health centre .....22</p> <p>Govt. clinic / PHU.....23</p> <p>Govt. outreach sites.....24</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>Private physician.....34</p> <p>Other private medical (<i>specify</i>).....36</p> <p>Other sources</p> <p>Shop .....44</p> <p>Pharmacy.....45</p> <p>Market.....46</p> <p>Relative / Friend.....47</p> <p>Traditional practitioner .....48</p> <p>Spiritual healer.....49</p> <p>Other (<i>specify</i>).....96</p> <p>DK.....98</p>	
<p><b>MCP12.</b> Check MCP3: Is “Condoms” mentioned?</p> <p><input type="checkbox"/> Yes, condoms mentioned (MCP3=G or H) ⇒ Continue with MCP13.</p> <p><input type="checkbox"/> No, condoms not mentioned (MCP3=A-F or I-M, X) ⇒ Next module.</p>		

<b>MCP13.</b> HOW MANY CONDOMS DID YOU GET THE LAST TIME?	Number of condoms ..... _ _  DK.....98	
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SEXUAL BEHAVIOUR		MSB
<b>Check for the presence of others. Before continuing, ensure privacy.</b>		
<b>MSB1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse .....00  Age in years.....__ __  First time when started living with (first) wife/partner .....95  DK/ Can't recall .....98	00⇒Next Module
<b>MSB2.</b> THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2  DK / Don't remember..... 8	
<b>MSB3.</b> WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?  <i>Record answers in days, weeks or months if less than 12 months (one year).            If more than 12 months (one year), answer must be recorded in years.</i>	Days ago ..... 1 __ __  Weeks ago.....2 __ __  Months ago.....3 __ __  Years ago .....4 __ __	4⇒MSB15
<b>MSB4.</b> THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
<b>MSB5.</b> WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?  <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i>  <i>If 'girlfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If "yes", circle "2". If "no", circle "3".</i>	Wife ..... 1 Cohabiting partner .....2 Girlfriend .....3 Casual acquaintance .....4 Prostitute ..... 5  Other (specify) _____ 6	

<b>MSB8.</b> HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes .....1 No .....2	2⇒MSB15
<b>MSB9.</b> THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes .....1 No .....2	

<p><b>MSB10.</b> 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:</i></p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If "yes", circle "2". If "no", circle "3".</i></p>	<p>Wife ..... 1</p> <p>Cohabiting partner ..... 2</p> <p>Girlfriend ..... 3</p> <p>Casual acquaintance ..... 4</p> <p>Prostitute ..... 5</p> <p>Other (specify) ..... 6</p>	
<p><b>MSB13.</b> OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒MSB15
<p><b>MSB14.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners ..... __ __</p>	
<p><b>MSB15.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ..... __ __</p> <p>DK..... 98</p>	

HIV/AIDS		MHA
<b>MHA1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes.....1  No .....2	2⇒ Next Module
<b>MHA2.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes.....1 No .....2  DK.....8	
<b>MHA3.</b> CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No .....2  DK.....8	
<b>MHA4.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No .....2  DK.....8	
<b>MHA5.</b> CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No .....2  DK.....8	
<b>MHA6.</b> CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes.....1 No .....2  DK.....8	
<b>MHA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No .....2  DK.....8	
<b>MHA8.</b> CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:	<div style="text-align: right; margin-bottom: 5px;">Yes   No   DK</div> [A] DURING PREGNANCY?   During pregnancy ..... 1   2   8 [B] DURING DELIVERY?   During delivery ..... 1   2   8 [C] BY BREASTFEEDING?   By breastfeeding ..... 1   2   8	

**MHA8A.** Check MHA8[A], [B], and [C]:

☐ All 'No' or 'DK' ⇒ Go to MHA9.

☐ At least one 'yes' ⇒ Continue with MHA8B.

<b>MHA8B.</b> ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH THE AIDS VIRUS TO REDUCE THE RISK OF TRANSMISSION TO THE BABY?	Yes..... 1 No .....2 DK.....8	
<b>MHA9.</b> IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No .....2 DK / Not sure / Depends.....8	
<b>MHA9A.</b> DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ABLE TO ATTEND SCHOOL WITH CHILDREN WHO ARE HIV NEGATIVE?	Yes..... 1 No .....2 DK / Not sure / Depends.....8	
<b>MHA10.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No .....2 DK / Not sure / Depends.....8	
<b>MHA11.</b> IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No .....2 DK / Not sure / Depends.....8	
<b>MHA12.</b> IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No .....2 DK / Not sure / Depends.....8	
<b>MHA12A.</b> DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ORAL SEX?	Yes..... 1 No .....2 DK / Not sure / Depends.....8	
<b>MHA12B.</b> DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ANAL SEX ?	Yes..... 1 No .....2 DK / Not sure / Depends.....8	

<b>MHA12C.</b> IN YOUR OPINION CAN HIV/ AIDS BE CURED?	Yes.....1 No .....2  DK / Not sure / Depends.....8	2⇒MHA24
<b>MHA12D.</b> IN YOUR OPINION CAN A MAN INFECTED WITH THE AIDS VIRUS BE CURED THROUGH HAVING SEX WITH A VIRGIN?	Yes.....1 No .....2  DK / Not sure / Depends.....8	
<b>MHA24.</b> I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes.....1 No .....2	2⇒MHA27
<b>MHA25.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago .....1 12-23 months ago.....2 2 or more years ago .....3	
<b>MHA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1  No .....2  DK.....8	1⇒Next Module 2⇒Next Module 8⇒Next Module
<b>MHA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes.....1 No .....2	

NON COMMUNICABLE DISEASES		ND
<p><b>MND1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HAVE YOU BEEN TOLD BY A HEALTH PROFESSIONAL THAT YOU ARE SUFFERING FROM ANY OF THE FOLLOWING:</p> <p>[A] DIABETES MELLITUS?</p> <p>[B] HIGH BLOOD PRESSURE?</p> <p>[C] HEART DISEASES?</p> <p>[D] EPILEPSY?</p> <p>[E] CATARACT?</p> <p>[F] BREAST CANCER?</p> <p>[G] IMPOTENCE?</p>	<p style="text-align: right;">Y   N   DK</p> <p>Diabetes .....1   2   8</p> <p>High blood pressure .....1   2   8</p> <p>Heart diseases.....1   2   8</p> <p>Epilepsy .....1   2   8</p> <p>Cataract .....1   2   8</p> <p>Breast cancer .....1   2   8</p> <p>Impotence.....1   2   8</p>	
<p><b>MND2.</b> DID YOU HAVE AN INJURY IN THE PAST 12 MONTHS?</p>	<p>Yes .....1</p> <p>No .....2</p>	
<p><b>MND3.</b> DO YOU HAVE A GREEN CARD FROM THE PSYCHIATRIC UNIT?</p>	<p>Yes .....1</p> <p>No .....2</p>	

CIRCUMCISION		MMC
<b>MMC1.</b> SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED?	Yes ..... 1  No ..... 2	2⇒Next Module
<b>MMC2.</b> HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED?	Age in completed years .....  DK.....98	
<b>MMC3.</b> WHO DID THE CIRCUMCISION?	Traditional practitioner/family/friend ..... 1 Health worker/Professional ..... 2  Other ( <i>specify</i> ) ..... 6  DK.....8	
<b>MMC4.</b> WHERE WAS IT DONE?	Health facility ..... 1 Home of a health worker/professional..... 2 Circumcision done at home ..... 3 Ritual site..... 4  Other home/place ( <i>specify</i> ) ..... 6  DK.....8	

TOBACCO AND ALCOHOL USE		MTA
<b>MTA1.</b> HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No ..... 2	2⇒MTA6
<b>MTA2.</b> HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ..... 00  Age ..... ____	00⇒MTA6
<b>MTA3.</b> DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1  No ..... 2	2⇒MTA6
<b>MTA4.</b> IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ..... ____	
<b>MTA5.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?  <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>If "every day" or "almost every day", circle "30".</i>	Number of days ..... 0 ____  10 days or more but less than a month .... 10  Every day / Almost every day ..... 30	
<b>MTA6.</b> HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ..... 1  No ..... 2	2⇒MTA10
<b>MTA7.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1  No ..... 2	2⇒MTA10

<p><b>MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?</b></p> <p><i>Circle all mentioned.</i></p>	<p>Cigars ..... A</p> <p>Water pipe ..... B</p> <p>Cigarillos ..... C</p> <p>Pipe ..... D</p> <p>Other (<i>specify</i>) _____ X</p>	
<p><b>MTA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?</b></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "every day" or "almost every day", circle "30".</i></p>	<p>Number of days ..... 0 ____</p> <p>10 days or more but less than a month .... 10</p> <p>Every day / Almost every day ..... 30</p>	
<p><b>MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2 ⇒ MTA14</p>
<p><b>MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2 ⇒ MTA14</p>

<p><b>MTA12.</b> WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco.....A</p> <p>Snuff.....B</p> <p>Dip.....C</p> <p>Other (specify) _____ X</p>	
<p><b>MTA13.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "every day" or "almost every day", circle "30".</i></p>	<p>Number of days..... 0 ____</p> <p>10 days or more but less than a month .... 10</p> <p>Every day / Almost every day ..... 30</p>	
<p><b>MTA14.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>
<p><b>MTA15.</b> WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR ONE JAR OF TRADITIONAL BREW (UMCOMBOTSI, BUGANU).</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol ..... 00</p> <p>Age..... ____</p>	<p>00⇒Next Module</p>
<p><b>MTA16.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "every day" or "almost every day", circle "30".</i></p>	<p>Did not have one drink in last one month . 00</p> <p>Number of days..... 0 ____</p> <p>10 days or more but less than a month .... 10</p> <p>Every day / Almost every day ..... 30</p>	<p>00⇒Next Module</p>
<p><b>MTA17.</b> IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks..... ____</p>	

LIFE SATISFACTION		MLS
<b>MLS1.</b> Check MWB2: Age of respondent is between 15 and 24?		
<input type="checkbox"/> Age 25-59 ⇒ Go to next module.		
<input type="checkbox"/> Age 15-24 ⇒ Continue with MLS2.		
<b>MLS2.</b> I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.  FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?  YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.  <i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i>		<div>Very happy.....1</div> <div>Somewhat happy .....2</div> <div>Neither happy nor unhappy .....3</div> <div>Somewhat unhappy .....4</div> <div>Very unhappy.....5</div>

<p><b>MLS3.</b> NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions MLS3 to MLS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied .....1</p> <p>Somewhat satisfied .....2</p> <p>Neither satisfied nor unsatisfied .....3</p> <p>Somewhat unsatisfied .....4</p> <p>Very unsatisfied .....5</p>	
<p><b>MLS4.</b> HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied .....1</p> <p>Somewhat satisfied .....2</p> <p>Neither satisfied nor unsatisfied .....3</p> <p>Somewhat unsatisfied .....4</p> <p>Very unsatisfied .....5</p>	
<p><b>MLS5.</b> DURING THE CURRENT (2014) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes.....1</p> <p>No .....2</p>	<p>2⇒MLS7</p>
<p><b>MLS6.</b> HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied .....1</p> <p>Somewhat satisfied .....2</p> <p>Neither satisfied nor unsatisfied .....3</p> <p>Somewhat unsatisfied .....4</p> <p>Very unsatisfied .....5</p>	

<p><b>MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</b></p> <p><i>If the respondent says that he does not have a job, circle "0" and continue with the next question. Do not probe to find out how he feels about not having a job, unless he tells you himself.</i></p>	<p>Does not have a job.....0</p> <p>Very satisfied .....1</p> <p>Somewhat satisfied .....2</p> <p>Neither satisfied nor unsatisfied .....3</p> <p>Somewhat unsatisfied .....4</p> <p>Very unsatisfied .....5</p>	
<p><b>MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</b></p>	<p>Very satisfied .....1</p> <p>Somewhat satisfied .....2</p> <p>Neither satisfied nor unsatisfied .....3</p> <p>Somewhat unsatisfied .....4</p> <p>Very unsatisfied .....5</p>	
<p><b>MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</b></p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied .....1</p> <p>Somewhat satisfied .....2</p> <p>Neither satisfied nor unsatisfied .....3</p> <p>Somewhat unsatisfied .....4</p> <p>Very unsatisfied .....5</p>	
<p><b>MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</b></p>	<p>Very satisfied .....1</p> <p>Somewhat satisfied .....2</p> <p>Neither satisfied nor unsatisfied .....3</p> <p>Somewhat unsatisfied .....4</p> <p>Very unsatisfied .....5</p>	
<p><b>MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</b></p>	<p>Very satisfied .....1</p> <p>Somewhat satisfied .....2</p> <p>Neither satisfied nor unsatisfied .....3</p> <p>Somewhat unsatisfied .....4</p> <p>Very unsatisfied .....5</p>	
<p><b>MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</b></p>	<p>Very satisfied .....1</p> <p>Somewhat satisfied .....2</p> <p>Neither satisfied nor unsatisfied .....3</p> <p>Somewhat unsatisfied .....4</p> <p>Very unsatisfied .....5</p>	

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

SOCIAL PARTICIPATION		SP
<p><b>MSP1.</b> I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON YOUR PARTICIPATION IN SOCIAL AND CULTURAL EVENTS.</p> <p>DID YOU GO OUT TO A CINEMA OR TO WATCH A MOVIE IN THE LAST 12 MONTHS (MOVIE ZONE AT GABLES)?</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p><b>MSP2.</b> DID YOU GO TO A THEATRE IN THE LAST 12 MONTHS? (POETRY PERFORMANCES, SIPHILA NJE DRAMA SOCIETY SHOWS)</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p><b>MSP3.</b> DID YOU PARTICIPATE IN COMMUNITY CELEBRATIONS OF CULTURAL/ HISTORICAL EVENTS OR TRADITIONAL DANCE IN THE LAST 12 MONTHS? (SIBHIMBI, CARNIVAL, REED DANCE, INCWALA, BUGANU FESTIVAL)</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p><b>MSP4.</b> DID YOU VISIT A HISTORICAL/ CULTURAL PARK OR HERITAGE SITE (INCLUDING MONUMENTS, HISTORICAL OR ARTISTIC PLACES, ARCHAEOLOGICAL SITES) IN THE LAST 12 MONTHS? (SIBEBE, NGWENYA, MANTENGA CULTURAL VILLAGE)</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p><b>MSP5.</b> DID YOU VISIT A MUSEUM, AN ART GALLERY OR A CRAFTS EXPOSITION OR EXHIBITIONS IN THE LAST 12 MONTHS? (EMSAMO, NDINGILIZI/ GUAVA ART GALLERY, ESHOWINI)</p>	<p>Yes.....1</p> <p>No .....2</p>	
<p><b>MSP6.</b> DID YOU ATTEND A NATIONAL OR LOCAL FESTIVAL IN THE LAST 12 MONTHS? (SOMHLOLO FESTIVAL OF PRAISE, SCHOOL'S CULTURE DAYS, INDEPENDENCE DAY)</p>	<p>Yes.....1</p> <p>No .....2</p>	

<b>MSP7.</b> DID YOU PARTICIPATE IN COMMUNITY RITES/ EVENTS/ CEREMONIES (SUCH AS WEDDINGS, FUNERALS, BIRTHS, BABY SHOWER, HOUSE-WARMING, KUPHAHLA, KUGEZA EMANTI AND SIMILAR RITES OF PASSAGE) IN THE LAST 12 MONTHS? (KING'S BIRTHDAY)	Yes.....1  No .....2	
<b>MSP8.</b> DID YOU GO TO A CONCERT, A LIVE MUSICAL PERFORMANCE OR MODERN LIVE DANCE SHOW IN THE LAST 12 MONTHS? (BUSH FIRE, SIMUNYE FUN FAIR)	Yes.....1  No .....2	

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

**Field Editor's Observations**

**Supervisor's Observations**

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B). A separate questionnaire should be used for each eligible child.</p>		
<b>UF1. Cluster number</b> <div>_____</div>	<b>UF2. Household number:</b> <div>_____</div>	
<b>UF3. Child's name:</b> Name _____	<b>UF4. Child's line number:</b> <div>_____</div>	
<b>UF5. Mother's / Caretaker's name:</b> Name _____	<b>UF6. Mother's / Caretaker's line number:</b> <div>_____</div>	
<b>UF7. Interviewer's name and number:</b> Name _____	<b>UF8. Day / Month / Year of interview:</b> <div>_____ / _____ / 2014</div>	

<p>Repeat greeting if not already read to this respondent:</p> <p>WE ARE FROM <b>CENTRAL STATISTICAL OFFICE</b>. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</p>	

<b>UF9.</b> Result of interview for children under 5  Codes refer to mother/caretaker.	Completed .....01
	Not at home .....02
	Refused .....03
	Partly completed.....04
	Incapacitated .....05
	Other ( <i>specify</i> ) _____ 96

<b>UF10.</b> Field editor's name and number: Name _____ _ _	<b>UF11.</b> Main data entry clerk's name and number: Name _____ _ _
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<b>UF12.</b> <i>Record the time.</i>	Hour and minutes..... ____ : ____	
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AGE	AG	
<p><b>AG1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day ..... ____</p> <p>DK day..... 98</p> <p>Month..... ____</p> <p>Year ..... 2 0 ____</p>	
<p><b>AG2.</b> HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) ..... ____</p>	

BIRTH REGISTRATION		BR
<b>BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?</b>  <i>If yes, ask:</i> <b>MAY I SEE IT?</b>	Yes, seen..... 1  Yes, not seen.....2  No .....3  DK.....8	3 ⇒ BR2  8 ⇒ BR2
<b>BR1A. WHOSE PARTICULARS APPEAR ON THE BIRTH CERTIFICATE?</b>	Mothers only ..... 1  Fathers only .....2  Both .....3  None .....7  DK/ Don't remember .....8	1⇒Next Module 2⇒Next Module 3⇒Next Module 7 ⇒Next Module 8 ⇒Next Module
<b>BR2. HAS <i>(name)</i>'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?</b>	Yes ..... 1  No .....2  DK.....8	1⇒Next Module
<b>BR3. DO YOU KNOW HOW TO REGISTER <i>(name)</i>'S BIRTH?</b>	Yes ..... 1 No .....2	2 ⇒Next Module
<b>BR4. WHAT IS THE <u>MAIN</u> REASON FOR NOT REGISTERING <i>(name)</i>'S BIRTH?</b>	Registration costs too much .....01 Offices too far (travel costs) .....02 Did not know child should be registered ...03 Did not want to pay fine .....04 Partner refuses .....05 No need to register child's birth .....06 Father/ Mother does not have a PIN/ID.....07  Other ( <i>specify</i> ) .....96 DK.....98	

EARLY CHILDHOOD DEVELOPMENT		EC
<b>EC1.</b> HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None ..... 00  Number of children's books ..... 0 __  Ten or more books ..... 10	
<b>EC2.</b> I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.  DOES HE/SHE PLAY WITH:  [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?  [B] TOYS FROM A SHOP OR MANUFACTURED TOYS?  [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?  If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.	<div style="text-align: right; margin-bottom: 10px;">Y   N   DK</div> Homemade toys ..... 1   2   8  Toys from a shop ..... 1   2   8  Household objects or outside objects ..... 1   2   8	
<b>EC3.</b> SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.  ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i> :  [A] LEFT ALONE FOR MORE THAN AN HOUR?  [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?  If 'none' enter '0'. If 'don't know' enter '8'.	Number of days left alone for more than an hour..... __  Number of days left with other child for more than an hour..... __	
<b>EC4.</b> Check AG2: Age of child.  <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module.  <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5.		
<b>EC5.</b> DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes..... 1  No ..... 2  DK ..... 8	1⇒EC5B

<b>EC5A. WHAT IS THE MAIN REASON (name) IS NOT ATTENDING ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</b>	Too far ..... 1 Too costly..... 2 Disability ..... 3 Religion ..... 4 Other (specify) ..... 6 DK ..... 8	1⇒EC7 2⇒EC7 3⇒EC7 4⇒EC7 6⇒EC7 8⇒EC7
<b>EC5B. WHAT TYPE OF ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, DOES (name) ATTEND?</b>	NCP/Community ..... 1 Church..... 2 Private..... 3 NGO aided ..... 5 Other (specify) ..... 6	
<b>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?</b>	Number of hours .....	
<b>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</b>  <i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?  <i>Circle all that apply.</i>  <div style="display: flex; justify-content: space-between;"> <div>           [A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?            [B] TOLD STORIES TO (name)?            [C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?            [D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?            [E] PLAYED WITH (name)?            [F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?         </div> <div>           Read books            Told stories            Sang songs            Took outside            Played with            Named/counted         </div> <div> <div style="display: flex; justify-content: space-around; font-weight: bold;"> <div>Mother</div> <div>Father</div> <div>Other</div> <div>No one</div> </div> <div style="display: flex; justify-content: space-around;"> <div>A</div> <div>B</div> <div>X</div> <div>Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div>A</div> <div>B</div> <div>X</div> <div>Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div>A</div> <div>B</div> <div>X</div> <div>Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div>A</div> <div>B</div> <div>X</div> <div>Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div>A</div> <div>B</div> <div>X</div> <div>Y</div> </div> </div> </div>		
<b>EC8. 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.</b>  CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes..... 1 No ..... 2 DK ..... 8	

<b>EC9.</b> CAN ( <i>name</i> ) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes .....1 No .....2 DK.....8	
<b>EC10.</b> DOES ( <i>name</i> ) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes .....1 No .....2 DK.....8	
<b>EC11.</b> 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	
<b>EC12.</b> IS ( <i>name</i> ) SOMETIMES TOO SICK TO PLAY?	Yes .....1 No .....2 DK.....8	
<b>EC13.</b> DOES ( <i>name</i> ) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes .....1 No .....2 DK.....8	
<b>EC14.</b> WHEN GIVEN SOMETHING TO DO, IS ( <i>name</i> ) ABLE TO DO IT INDEPENDENTLY?	Yes .....1 No .....2 DK.....8	
<b>EC15.</b> DOES ( <i>name</i> ) GET ALONG WELL WITH OTHER CHILDREN?	Yes .....1 No .....2 DK.....8	
<b>EC16.</b> DOES ( <i>name</i> ) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .....1 No .....2 DK.....8	
<b>EC17.</b> DOES ( <i>name</i> ) GET DISTRACTED EASILY?	Yes .....1 No .....2 DK.....8	

BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1. Check AG2: Age of child</b>  <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2.  <input type="checkbox"/> Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module.		
<b>BD2. HAS (name) EVER BEEN BREASTFED?</b>	Yes..... 1 No ..... 2  DK..... 8	1⇒BD3  8⇒BD4
<b>BD2A. WHAT IS THE MAIN REASON (name) HAS NEVER BEEN BREASTFED?</b>	No milk..... 1 Child refused breastfeeding.....2 Fear of infecting child ..... 3 Child too-ill to breastfeed..... 4 Mother too-ill to breastfeed..... 5 Other (specify) ..... 6	1⇒BD4 2⇒BD4 3⇒BD4 4⇒BD4 5⇒BD4 6⇒BD4
<b>BD3. IS (name) STILL BEING BREASTFED?</b>	Yes..... 1 No ..... 2  DK..... 8	
<b>BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u></b>	Yes..... 1 No ..... 2  DK..... 8	
<b>BD5. DID (name) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?</b>	Yes..... 1 No ..... 2  DK..... 8	
<b>BD6. DID (name) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?</b>	Yes..... 1 No ..... 2  DK..... 8	

<b>BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER)</b> LIQUIDS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER <i>(name)</i> HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.  PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.  DID <i>(name)</i> DRINK <i>(Name of item)</i> YESTERDAY DURING THE DAY OR THE NIGHT:		Yes   No   DK		
[A] PLAIN WATER?	Plain water	1	2	8
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks	1	2	8
[C] SOUP	Soup	1	2	8
[CA] TEA (TEA, COCOA, COFFEE, MILO ETC.)	Tea	1	2	8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK?</i> <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>		Number of times drank milk ..... ____		
[E] INFANT FORMULA?	Infant formula	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA?</i> <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>		Number of times drank infant formula ..... ____		
[F] ANY OTHER LIQUIDS?	Other liquids	1	2	8
<i>(Specify) _____</i>				
<b>BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER <i>(name)</i> HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</b>  PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.  DID <i>(name)</i> EAT <i>(Name of food)</i> YESTERDAY DURING THE DAY OR THE NIGHT:				
		Yes   No   DK		
[A] YOGHURT (EMASI)?	Yogurt	1	2	8

<p><i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i></p>	<p>Number of times drank/ate yogurt..... <u>    </u></p>
[B] ANY CERELAC, NESTUM, OR SIMILAR?	<p>Cerelac, Nestum, similar      1      2      8</p>
[C] BREAD, RICE, NOODLES, PORRIDGE, THIN PORRIDGE (INDENGANE/ INCWANCWA/ INEMBE/ UMHIDVO/ EMAHEWU) 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, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	<p>White potatoes, white yams, manioc, cassava, etc.      1      2      8</p>
[F] ANY DARK GREEN, LEAFY VEGETABLES?	<p>Dark green, leafy vegetables      1      2      8</p>
[G] RIPE MANGOES, PAPAYAS?	<p>Ripe mangoes      1      2      8</p>
[H] ANY OTHER FRUITS OR VEGETABLES?	<p>Other fruits or vegetables      1      2      8</p>
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	<p>Liver, kidney, heart or other organ meats      1      2      8</p>
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	<p>Meat, such as beef, pork, lamb, goat, etc.      1      2      8</p>
[K] EGGS?	<p>Eggs      1      2      8</p>
[L] FRESH OR DRIED FISH OR SHELLFISH?	<p>Fresh or dried fish      1      2      8</p>
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	<p>Foods made from beans, peas, etc.      1      2      8</p>
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	<p>Cheese or other food made from milk      1      2      8</p>
<p>[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?</p> <p>(Specify) _____</p>	<p>Other solid, semi-solid, or soft food      1      2      8</p>

**BD9.** Check BD8 (Categories "A" through "O").

☐ At least one "Yes" or all "DK" ⇒ Go to BD11.

☐ Else ⇒ Continue with BD10.

**BD10.** Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night.

- ☐ The child did not eat or the respondent does not know ⇒ Go to Next Module.
- ☐ The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11.

**BD11.** HOW MANY TIMES DID (*name*) EAT ANY SOLID,  
SEMI-SOLID OR SOFT FOODS YESTERDAY DURING  
THE DAY OR NIGHT?

*If 7 or more times, record '7'.*

Number of times ..... —

DK..... 8

IMMUNIZATION										IM	
If an immunization ( <b>child health</b> ) card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM17 will only be asked if a card is not available.											
<b>IM1.</b> DO YOU HAVE A CARD WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN?  <i>If yes: MAY I SEE IT PLEASE?</i>				Yes, seen..... 1				1⇒IM3			
				Yes, not seen..... 2				2⇒IM6			
				No card ..... 3							
<b>IM2.</b> DID YOU EVER HAVE AN IMMUNIZATION CARD FOR <i>(name)</i> ?				Yes..... 1				1⇒IM6			
				No ..... 2				2⇒IM6			
<b>IM3.</b> (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.				Date of Immunization							
				Day		Month		Year			
BCG	BCG										
POLIO AT BIRTH	OPV0										
POLIO 1	OPV1										
POLIO 2	OPV2										
POLIO 3	OPV3										
POLIO 4	OPV4										
PCV 1	PCV1										
PCV 2	PCV2										
PCV 3	PCV3										
DPT1/HEP B1/Hib1	DPT1/HEPB1/Hib1										
DPT2/HEP B2/Hib2	DPT2/HEPB2/Hib2										
DPT3/HEP B3/Hib3	DPT3/HEPB3/Hib3										
MEASLES 1	MEASLES 1										
MEASLES 2	MEASLES 2										
VITAMIN A (FIRST DOSE)	VITA1										
VITAMIN A (SECOND DOSE)	VITA2										

**IM4.** Check IM3. Are all vaccines (**BCG to Measles 2**) recorded?

☐ Yes ⇒ Go to IM19.

☐ No ⇒ Continue with IM5.

**IM5.** IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?

☐ Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19.

☐ No/DK ⇒ Go to IM19.

**IM6.** HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?

Yes..... 1

No ..... 2

DK ..... 8

2⇒IM19

8⇒IM19

**IM7.** HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?

Yes..... 1

No ..... 2

DK ..... 8

**IM8.** HAS (*name*) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?

Yes..... 1

No ..... 2

DK ..... 8

2⇒IM11

8⇒IM11

**IM9.** WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?

Yes..... 1

No ..... 2

**IM10.** HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?

Number of times ..... —

<p><b>IM11.</b> HAS (<i>name</i>) EVER RECEIVED A DPT/HEP B/HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA, HEPATITIS B OR HAEMOPHILUS INFLUENZAE TYPE B DISEASE?</p> <p><i>Probe by indicating that DPT1/Hep B1/Hib1 vaccination is sometimes given at the same time as Polio.</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒IM12A</p> <p>8⇒IM12A</p>
<p><b>IM12.</b> HOW MANY TIMES WAS THE DPT/HEP B/HIB VACCINE RECEIVED?</p>	<p>Number of times ..... —</p>	
<p><b>IM12A.</b> HAS (<i>name</i>) EVER RECEIVED A PCV VACCINATION – THAT IS, AN INJECTION ON THE RIGHT THIGH TO PREVENT HIM/HER FROM GETTING PNEUMONIA AND MENINGITIS?</p> <p><i>Probe by indicating that the PCV vaccine is sometimes given at the same time as Polio and DPT vaccines.</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p><b>IM12B.</b> HOW MANY TIMES WAS THE PCV RECEIVED?</p>	<p>Number of times ..... —</p>	
<p><b>IM16.</b> HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p><b>IM16A.</b> HOW MANY TIMES WAS THE MEASLES INJECTION RECEIVED?</p>	<p>Number of times ..... —</p>	
<p><b>IM19.</b> PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:</p> <p>[A] 2013 JULY – INTEGRATED MEASLES CAMPAIGN</p> <p>[B] 2014 APRIL – PCV 13 CAMPAIGN</p>	<p style="text-align: right;">Y N DK</p> <p>Measles-2013 ..... 1 2 8</p> <p>PCV13-2014 ..... 1 2 8</p>	

CARE OF ILLNESS		CA
<b>CA1.</b> IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA6A 8⇒CA6A
<b>CA2.</b> I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK).  DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?  <i>If less Probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 DK..... 8	
<b>CA3.</b> DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?  <i>If less Probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 DK..... 8	
<b>CA3A.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA4 8⇒CA4

<p><b>CA3D. WHERE DID YOU <u>FIRST</u> SEEK ADVICE FOR DIARRHOEA?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p><b>Public sector</b></p> <p>Government hospital ..... 11</p> <p>Government health centre ..... 12</p> <p>Government clinic/PHU ..... 13</p> <p>Rural health motivator ..... 14</p> <p>Outreach site ..... 15</p> <p>Other public (<i>specify</i>) ..... 16</p> <p><b>Private medical sector</b></p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Other private medical (<i>specify</i>) ..... 26</p> <p><b>Other source</b></p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Spiritual healer ..... 34</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p><b>CA4. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK:</b></p> <p><b>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS?</b></p> <p><b>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA</b></p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet ..... 1 2 8</p> <p>Pre-packaged ORS fluid ..... 1 2 8</p>	
<p><b>CA4A. Check CA4: ORS.</b></p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B.</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA4C.</p>		

<p><b>CA4B. WHERE DID YOU GET THE ORS?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p><b>Public sector</b></p> <p>Government hospital ..... 11</p> <p>Government health centre ..... 12</p> <p>Government clinic/PHU ..... 13</p> <p>Rural health motivator ..... 14</p> <p>Outreach site ..... 15</p> <p>Other public (<i>specify</i>) ..... 16</p> <p><b>Private medical sector</b></p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Other private medical (<i>specify</i>) ..... 26</p> <p><b>Other source</b></p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Spiritual healer ..... 34</p> <p>Already had at home ..... 40</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p><b>CA4C. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN:</b></p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets ..... 1 2 8</p> <p>Zinc syrup ..... 1 2 8</p>	
<p><b>CA4D. Check CA4C: Any zinc?</b></p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E.</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA4F.</p>		

<p><b>CA4E. WHERE DID YOU GET THE ZINC?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p><b>Public sector</b></p> <p>Government hospital ..... 11</p> <p>Government health centre ..... 12</p> <p>Government clinic/PHU ..... 13</p> <p>Rural health motivator ..... 14</p> <p>Outreach site ..... 15</p> <p>Other public (<i>specify</i>) _____ 16</p> <p><b>Private medical sector</b></p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p><b>Other source</b></p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Spiritual healer ..... 34</p> <p>Already had at home ..... 40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p><b>CA4F. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK HOME-MADE SUGAR-SALT SOLUTION?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p><b>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA6A</p> <p>8⇒CA6A</p>

<p><b>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</b></p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic ..... A</p> <p>Antimotility ..... B</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc) ..... G</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic ..... L</p> <p>Non-antibiotic ..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous ..... O</p> <p>Home remedy / Herbal medicine ..... Q</p> <p>Other (<i>specify</i>) ..... X</p>	
<p><b>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
<p><b>CA6B. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p><b>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA9A</p> <p>8⇒CA9A</p>
<p><b>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>

<b>CA9.</b> 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⇒CA10 2⇒CA10  3⇒CA10  6⇒CA10 8⇒CA10
<b>CA9A.</b> Check CA6A: Had fever?  <input type="checkbox"/> Child had fever ⇒ Continue with CA10.  <input type="checkbox"/> Child did not have fever ⇒ Go to CA14.		
<b>CA10.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes ..... 1 No ..... 2  DK..... 8	 2⇒CA12  8⇒CA12

<p><b>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</b></p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p><b>Public sector</b></p> <p>Government hospital ..... A</p> <p>Government health centre..... B</p> <p>Government clinic/PHU ..... C</p> <p>Rural health motivator ..... D</p> <p>Outreach site ..... E</p> <p>Other public (<i>specify</i>) _____ H</p> <p><b>Private medical sector</b></p> <p>Private hospital / clinic..... I</p> <p>Private physician ..... J</p> <p>Private pharmacy ..... K</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p><b>Other source</b></p> <p>Relative / Friend ..... P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Spiritual healer ..... S</p> <p>Other (<i>specify</i>) _____ X</p>	
<p><b>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒ CA14</p> <p>8⇒ CA14</p>
<p><b>CA13. WHAT MEDICINE WAS (name) GIVEN?</b></p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Name of medicines)</p>	<p><b>Anti-malarials:</b></p> <p>SP / Fansidar ..... A</p> <p>Chloroquine ..... B</p> <p>Quinine ..... D</p> <p>Combination with Artemisinin (Coartem).E</p> <p>Mefloquine ..... F</p> <p>Other anti-malarial (<i>specify</i>) _____ H</p> <p><b>Antibiotics:</b></p> <p>Pill / Syrup ..... I</p> <p>Injection ..... J</p>	

	Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin..... Q Ibuprofen ..... R Phenergan ..... S Cough syrup ..... T  Other ( <i>specify</i> ) _____ X DK..... Z	
<b>CA13A.</b> Check CA13: Antibiotic mentioned (codes I or J)?  <input type="checkbox"/> Yes ⇒ Continue with CA13B.  <input type="checkbox"/> No ⇒ Go to CA13C.		

<p><b>CA13B.</b> WHERE DID YOU GET THE (<i>Antibiotic medicine from CA13</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Home</p> <p>Respondent's home ..... 11</p> <p>Other home ..... 12</p> <p>Public Sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. health centre ..... 22</p> <p>Govt. clinic / PHU ..... 23</p> <p>Govt. outreach sites ..... 24</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>Private physician ..... 34</p> <p>Other private</p> <p style="padding-left: 20px;">medical (<i>specify</i>) ..... 36</p> <p>Other sources</p> <p>Shop ..... 44</p> <p>Pharmacy ..... 45</p> <p>Market ..... 46</p> <p>Relative / Friend ..... 47</p> <p>Traditional practitioner ..... 48</p> <p>Spiritual healer ..... 49</p> <p>Other (<i>specify</i>) ..... 96</p>
<p><b>CA13C.</b> Check CA13: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13D.</p> <p><input type="checkbox"/> No ⇒ Go to CA14.</p>	

<p><b>CA13D. WHERE DID YOU GET THE (Anti-Malarial medicine from CA13)?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home ..... 11</p> <p>Other home ..... 12</p> <p>Public Sector</p> <p>Govt. hospital ..... 21</p> <p>Govt. health centre ..... 22</p> <p>Govt. clinic / PHU ..... 23</p> <p>Govt. outreach sites ..... 24</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>Private physician ..... 34</p> <p>Other private</p> <p>medical (specify) ..... 36</p> <p>Other sources</p> <p>Shop..... 44</p> <p>Pharmacy ..... 45</p> <p>Market ..... 46</p> <p>Relative / Friend ..... 47</p> <p>Traditional practitioner..... 48</p> <p>Spiritual healer ..... 49</p> <p>Other (specify) ..... 96</p>	
<p><b>CA13E. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from CA13)?</b></p> <p><i>If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.</i></p>	<p>Same day ..... 0</p> <p>Next day ..... 1</p> <p>2 days after the fever ..... 2</p> <p>3 days after the fever ..... 3</p> <p>4 or more days after the fever ..... 4</p> <p>DK ..... 8</p>	

**CA14.** Check AG2: Age of child.

☐ Child age 0, 1 or 2 ⇒ Continue with CA15.

☐ Child age 3 or 4 ⇒ Go to UF13.

**CA15.** THE LAST TIME *(name)* PASSED STOOLS,  
WHAT WAS DONE TO DISPOSE OF THE  
STOOLS?

Child used toilet / latrine .....	01
Put / Rinsed into toilet or latrine .....	02
Put / Rinsed into drain or ditch .....	03
Thrown into garbage (solid waste) .....	04
Buried .....	05
Left in the open.....	06
Other <i>(specify)</i> .....	96
DK.....	98

**UF13.** Record the time.

Hour and minutes ..... : ..

**UF14.** Check List of Household Members, columns HL7B and HL15.

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

☐ *Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.*

☐ *No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household.*

*Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.*

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.</p>		
<b>AN1.</b> <i>Measurer's name and number:</i>	Name _____	
<b>AN2.</b> <i>Result of height / length and weight measurement:</i>	Either or both measured ..... 1  Child not present ..... 2  Child or mother/caretaker refused ..... 3  Other ( <i>specify</i> ) ..... 6	2⇒AN6  3⇒AN6  6⇒AN6
<b>AN3.</b> <i>Child's weight:</i>	Kilograms (kg) .....  Weight not measured ..... 99.9	
<b>AN3A.</b> <i>Was the child undressed to the minimum?</i>  <input type="checkbox"/> Yes.  <input type="checkbox"/> No, the child could not be undressed to the minimum.		
<b>AN3B.</b> <i>Check age of child in AG2:</i>  <input type="checkbox"/> Child under 2 years old ⇒ Measure length (lying down).  <input type="checkbox"/> Child age 2 or more years ⇒ Measure height (standing up).		
<b>AN4.</b> <i>Child's length or height:</i>	Length / Height (cm) .....  Length / Height not measured ..... 999.9	⇒ AN6
<b>AN4A.</b> <i>How was the child actually measured? Lying down or standing up?</i>	Lying down ..... 1  Standing up ..... 2	

**AN6.** Is there another child in the household who is eligible for measurement?

☐ Yes ⇒ Record measurements for next child.

☐ No ⇒ Check if there are any other individual questionnaires to be completed in the household.

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

**Measurer's Observations**









SWAZILAND



**Multiple Indicator Cluster Survey 2014**