



Sheet for listing household members											HL		
<p>Now I would like some information about the people who usually live in your house. Please list all members of the household (HL2), their relation to the head of household (HL3), their sex and age (HL4). Then ask the questions starting with HL5 to one person at a time. Add a continuation questionnaire if the household has more than 15 members.</p>													
							Eligible for:			For persons aged 18–59 years			
							interview for women	module for child workers	interview for children under five				
HL1. N° OF LINE	HL2. (Name) –please tell me the names of the people who normally live in this house, starting with the head of the household	HL3. what is the relationship of (name) to the head of the household?	HL4. (Name) é M MAN OR WOMAN? 1 male, 2 female		HL5. (Name) how old are you (in complete years)? Register in complete years*	HL5A. what is the marital status of (Name)? Ask for people who are 12 years old or more	HL6. Draw a circle on the no. of women aged 15–49 years	HL7. For each child aged 5–14 years: who is the mother or main care giver for this child? Register the line no. of the mother/care giver of the child	HL8. For each child less than 5 years old: who is the mother or main care giver for this child? Register the line no. of the mother/care giver of the child	HL8A. (Name) were you very ill during at least 3 of the last 12 months?			
LINE	NAME	RELATION	M	F	AGE	STATUS	15-49	MOTHER	MOTHER	Y	N	DK	
01		0 1	1	2	— —	— —	01	— —	— —	1	2	3	
02		— —	1	2	— —	— —	02	— —	— —	1	2	3	
03		— —	1	2	— —	— —	03	— —	— —	1	2	3	
04		— —	1	2	— —	— —	04	— —	— —	1	2	3	
05		— —	1	2	— —	— —	05	— —	— —	1	2	3	
06		— —	1	2	— —	— —	06	— —	— —	1	2	3	
07		— —	1	2	— —	— —	07	— —	— —	1	2	3	
08		— —	1	2	— —	— —	08	— —	— —	1	2	3	
09		— —	1	2	— —	— —	09	— —	— —	1	2	3	
10		— —	1	2	— —	— —	10	— —	— —	1	2	3	
11		— —	1	2	— —	— —	11	— —	— —	1	2	3	
12		— —	1	2	— —	— —	12	— —	— —	1	2	3	
13		— —	1	2	— —	— —	13	— —	— —	1	2	3	
14		— —	1	2	— —	— —	14	— —	— —	1	2	3	
15		— —	1	2	— —	— —	15	— —	— —	1	2	3	
<p>does anyone else live here – even if they are not members of your family or do not have parents living in this household? for example: children who are currently at work or at school? Babies? If yes, write the name of the household member (adult or child) and fill out the form. Then fill out the totals below.</p>													
							Women 15–49	Children 5–14	Children under 5				
Totals							— —	— —	— —				

Codes for HL3: Relation to the head of the household:

Codes for HL5A: Marital status

01 = Head
02 = Husband/wife
03 = Son/daughter
04 = Son-in-law/daughter-in-law
05 = Grandson/granddaughter
06 = Father or mother

07 = Father or mother-in-law
08 = Brother/sister
09 = Co-spouses
10 = Adopted son or daughter
11 = Aunt/uncle
12 = Brother-in-law/sister-in-law

13 = Nephew/niece
14 = Grandfather/grandmother
15 = No relation
98 = Don't know

01 = Single
02 = Married
03 = In union
04 = Divorced
05 = Separated
06 = Widowed



Sheet for listing household members

HL

Survival of parents and residence of people under 25 years old. Ask HL9–HL12a

HL 1. line no.	HL9. Is the biological mother of (name) alive? 1 yes 2 no ⇨ HL11 8 dk ⇨ HL11			HL 10. If she is alive: does the biological mother of (name) live in this house? IF YES: what is her name? MOTHER'S LINE NUMBER Write "00" if the biological mother is not on the list	HL 10a. If there is no answer to HL8A or HL 10 was marked "00", ask: Was she very ill during at least 3 of the last 12 months?			HL 11. Is the biological father of (name) alive? 1 yes 2 no ⇨ next line 8 dk ⇨ next line			HL 12. If he is alive: does the biological father of (name) live in this house? IF YES: what is his name? FATHER'S LINE NUMBER Write "00" if the biological father is not on the list	HL 12a. If there is no answer to HL8A or HL 12 was marked "00", ask: Was he very ill during at least 3 of the last 12 months?		
LINE	Y	N	DK	MOTHER	Y	N	DK	Y	N	DK	FATHER	Y	N	DK
01	1	2	8	___	1	2	8	1	2	8	___	1	2	8
02	1	2	8	___	1	2	8	1	2	8	___	1	2	8
03	1	2	8	___	1	2	8	1	2	8	___	1	2	8
04	1	2	8	___	1	2	8	1	2	8	___	1	2	8
05	1	2	8	___	1	2	8	1	2	8	___	1	2	8
06	1	2	8	___	1	2	8	1	2	8	___	1	2	8
07	1	2	8	___	1	2	8	1	2	8	___	1	2	8
08	1	2	8	___	1	2	8	1	2	8	___	1	2	8
09	1	2	8	___	1	2	8	1	2	8	___	1	2	8
10	1	2	8	___	1	2	8	1	2	8	___	1	2	8
11	1	2	8	___	1	2	8	1	2	8	___	1	2	8
12	1	2	8	___	1	2	8	1	2	8	___	1	2	8
13	1	2	8	___	1	2	8	1	2	8	___	1	2	8
14	1	2	8	___	1	2	8	1	2	8	___	1	2	8
15	1	2	8	___	1	2	8	1	2	8	___	1	2	8
	1	2	8		1	2	8	1	2	8		1	2	8

*see instructions: to be used only for elderly members of the household (code meaning "don't know/over 60 years" – "98").

Now, for each woman aged 15–49 years, write the name and line number of the woman and other identification information in the information panel (cover) of the Women's Questionnaire

For each child under five, write the name and line number of the child AND the line number of the mother or person who cares for the child in the information panel (cover) of the questionnaire for children under five

you should have a separate questionnaire for each eligible woman and each child under five in the household



Education module.							ED			
For persons aged 5 and above							For persons aged 5–24 years			
ED1. line no.	ED1a. Name	ED2. (Name) have you ever attended school? 1 yes 2 no ⇔ ED8b		ED2a. (Name) how old were you when you started attending school? 98= Don't know	ED3. what was the highest level of education that (name) attended? If it was General Education what was the highest class that (Name) completed? If it was Technical Education what is the highest year that (Name) completed at this level? Se a pessoa tem mais de 24 anos de idade passe a ED8A	ED3a. (Name) have you ever repeated a grade/year? 1 yes 2 No ⇔ ED4 8 DK ⇔ ED4			ED3b. If yes: how many times did (Name) repeat? 7=7 or more 8= Don't know	
LINE		YES	NO	AGE	LEVEL	GRADE	Y	N	DK	TIMES
01		1	2	— —	— —	— —	1	2	8	—
02		1	2	— —	— —	— —	1	2	8	—
03		1	2	— —	— —	— —	1	2	8	—
04		1	2	— —	— —	— —	1	2	8	—
05		1	2	— —	— —	— —	1	2	8	—
06		1	2	— —	— —	— —	1	2	8	—
07		1	2	— —	— —	— —	1	2	8	—
08		1	2	— —	— —	— —	1	2	8	—
09		1	2	— —	— —	— —	1	2	8	—
10		1	2	— —	— —	— —	1	2	8	—
11		1	2	— —	— —	— —	1	2	8	—
12		1	2	— —	— —	— —	1	2	8	—
13		1	2	— —	— —	— —	1	2	8	—
14		1	2	— —	— —	— —	1	2	8	—
15		1	2	— —	— —	— —	1	2	8	—

LEVEL OF EDUCATION (ED3, ED6, ED8):	GRADE OR YEAR (ED3, ED6, ED8):
00= literacy classes 01= primary ep1 02= primary ep2 03= secondary esg1 04= Secondary esg2 05= elementary technical 06= basic technical 07= mid-level technical 08= teacher training 09= higher 98= don't know	1st,2nd,3rd grade 1st, 2nd, 3rd, 4th & 5th grade 6th,7th grade 8th,9th, 10th grade 11th, 12th grade 1st, 2nd, 3rd year 1st, 2nd, 3rd year 1st, 2nd, 3rd year 1st, 2nd, 3rd year 1st–7th years 98= don't know 00= less than 1 year/grade



Education module

ED

For people aged 5–24 years											People aged 5 and above						
ED1. line no.	ED4. During the present academic year (2008), did (name) ever attend school? 1 yes 2 No ⇒ ED7		ED5. since last (day of the week), on how many days did (name) go to school?	ED6. in this academic year, what level and what grade was (name) attending?		ED7. during the past academic year (2007), did (Name) ever attend school? 1 yes 2 No ⇒ ED8a 8 DK ⇒ ED8A			ED8. During the past academic year (2007), what level and grade/year did (name) ATTEND?		ED8a. Check, ED3. Has (name) completed primary education? 1 yes ⇒ next Line 2 No ⇒ ED8b		ED8b. does (name) know how to read or write? 1 knows how to read and write Only knows how to read e can neither read nor write 8 don't know				
LINE	Y	N	DAYS	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE	Y	N	RW	R	NLE	DK	
01	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
02	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
03	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
04	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
05	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
06	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
07	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
08	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
09	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
10	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
11	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
12	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
13	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
14	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	
15	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8	



Water and sanitation module		WS	
WS1. What is the main source of drinking water?	Piped water Inside the house 11 Outside the house/yard 12 Public tap/standpipe 13 In a neighbour's house 14	11⇒WS5 12⇒WS5 13⇒WS3 14⇒WS2	
	Water from a well From a protected well or borehole With hand pump 31 Without hand pump 32 Unprotected well 33	} WS3	
	Rain water 51 Water from rivers, lakes 81		
	Bottled/mineral water 91 Other 96 (specify)	91⇒WS2 96⇒WS3	
	Piped water Inside the house 11 Outside the house/yard 12 Public tap/standpipe 13 In a neighbour's house 14	11⇒WS5 12⇒WS5	
	Water from a well From a protected well or borehole With hand pump 31 Without hand pump 32 Unprotected well 33		
	Rain water 51 Water from rivers, lakes 81		
	Bottled/mineral water 91 Other 96 (specify)		
	WS3. how much time does it take to go to the source, draw water and return?	Minutes Water on site 995 Don't know 998	995⇒WS5
	WS4. Who normally goes to the source to fetch water for the residents of this house? <i>Try to find out:</i> is this person under 15 years old? what sex is he/she? Draw a circle round the code which best describes this person	Adult woman 1 Adult man 2 Girl (under 15 years old) 3 Boy (under 15 years old) 4 Don't know 8	
WS5. Do you treat water in any way so that it is safe to drink?	Yes 1 No 2 Bottles/mineral water 3 Don't know 8	} WS6A	
WS6. What do you normally do to make the water safe to drink? Do you do anything else? <i>Register all the items mentioned.</i>	Boil A Add bleach/chlorine B Filter with a cloth C Use water from the filter (ceramic, sand, compound, etc.) D Solar disinfection E Let it stand and settle F Other X (specify) Don't know Z		
WS6A. Do you have a bathroom in your house?	Yes 1 No 2	1⇒ WS7	
WS6B. Do you use a nearby bathroom?	Yes 1 No 2	2⇒ WS9A	

Continue ➞



<p>WS7. The bathroom you use has:</p> <p><i>If necessary, ask to see the facility.</i></p>	<p>Toilet with flush 11</p> <p>Toilet without flush 12</p> <p>Improved latrine 21</p> <p>Improved traditional latrine 22</p> <p>Unimproved latrine 23</p> <p>Other 96</p> <p style="text-align: center;"><i>(specify)</i></p>	WS8
<p>WS7A. where does the discharge go when you flush the toilet or use water from a bucket?</p>	<p>General sewer system 1</p> <p>Septic tank 2</p> <p>Elsewhere 6</p> <p style="text-align: center;"><i>(specify)</i></p> <p>Don't know 8</p>	
<p>WS8. Do only members of your household use the bathroom or also members of other households?</p>	<p>By the members 1</p> <p>Other households 2</p>	1⇒NEXT MODULE
<p>WS9. How many households, in all, use this bathroom?</p>	<p>No. of households (if less than 10) 0</p> <p>10 or more households 10</p> <p>Don't know 98</p>	NEXT MODULE
<p>WS9A. Where do you excrete?</p>	<p>On the beach 1</p> <p>In the bush 2</p> <p>Other 6</p> <p style="text-align: center;"><i>(specify)</i></p>	



Household characteristics module		HC
HC1a. What is the religion of the head of the household?	Catholic.....1 Anglican.....2 Moslem.....3 Zion church.....4 Evangelical/Pentecostal.....5 Other religion.....6 <i>(specify)</i> No religion (atheist, agnostic, animist).....7	
HC1b. what is the mother tongue of the head of the household?	Language _____ <i>(specify)</i>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> internal use
HC2a. How many rooms does the house have (without counting the kitchen and bathroom)?	Rooms _ _	
HC2. of these rooms, how many do you use for sleeping?	Rooms/bedrooms _ _	
<i>Verify and note the characteristics of the building materials used in the house of the household. If in doubt, ask the household members.</i>		
HC3. Main floor material <i>(Note the category)</i>	Earth.....11 Adobe.....12 Rudimentary wood.....21 Parquet or sawn wood.....31 Tiles/marble/ceramics.....33 Cement.....34 Other.....96 <i>(specify)</i>	
HC4. Main roof material. <i>(Note the category)</i>	Grass/thatch/palm leaves.....12 Zinc sheets.....31 Fibre cement sheets.....33 Tiles.....34 Concrete slabs.....35 Other.....96 <i>(specify)</i>	
HC5. Main material of the walls. <i>(Note the category)</i>	Bamboo/reed/palm leaves.....12 Daub and wattle.....21 Adobe/adobe bricks.....23 Wood/zinc.....27 Cement blocks/tiles.....34 Other.....96 <i>(specify)</i>	
HC6. what is the main source of energy or fuel which the household uses for cooking?	Electricity.....01 Natural gas.....02 Diesel/paraffin/kerosene.....05 Coal.....06 Charcoal.....07 Firewood.....08 Animal dung.....10 Other.....96 <i>(specify)</i>	01⇒HC8 02⇒HC8 05⇒HC8
HC7. In this house do you cook on a fire, a traditional stove, or an improved stove? <i>Try to find out the type</i>	Fire.....1 Traditional stove.....2 Improved stove.....3 Other.....6 <i>(specify)</i>	
HC8. Do you normally cook inside the house, in a separate building or outside the house?	Inside the house.....1 In a separate building.....2 Outside the house.....3 Other.....6 <i>(specify)</i>	

Continue



HC9. does the household possess:		YES	NO	
electricity?	Electricity	1	2	
radio?	Radio	1	2	
television set?	Television set	1	2	
mobile phone?	Mobile phone	1	2	
fixed phone?	Fixed phone	1	2	
refrigerator/freezer?	Refrigerator	1	2	
HC10. does any household member have his/her own:		YES	NO	
wrist watch?	Wrist watch	1	2	
bicycle?	Bicycle	1	2	
motorcycle?	Motorcycle/scooter	1	2	
animal traction cart?	Animal traction cart	1	2	
car or truck?	Car/truck	1	2	
motor boat?	Motor boat	1	2	
HC10a. when was the last time you had a newspaper in the house?	Less than 1 week ago.....1 Less than 1 month ago.....2 Less than 1 year ago.....3 More than 1 year ago.....4 Never.....5 Don't know.....8			
HC11. does any member of this household possess land that can be used for agriculture?	Yes.....1 No.....2			2⇒HC13
HC12. How many hectares of arable land do members of this household possess? If more than 97, write "97" If don't know, write "98"	Hectares _ _			
HC13. does this household own cattle, sheep or other domestic animals?	Yes.....1 No.....2			2⇒HC15a
HC14. How many of these animals does the household breed cows/oxen goats sheep/rams Pigs chickens Ducks If they own none, write "00" If own more than 97, write "97" If don't know, write "98"	Cows/oxen..... _ _ Goats..... _ _ Sheep/rams..... _ _ Pigs..... _ _ Chickens..... _ _ Ducks..... _ _			

Security of tenure of housing		HC
HC15a. Is the house ?	Your own..... 1 Rented..... 2 Loaned temporarily..... 3 Other..... 6 <i>(specify)</i>	} Next Module
HC15b. I'm not interested in seeing the document, but does anyone in the household have the title deeds for this house ?	Yes..... 1 No..... 2 Don't know 8	

Mosquito nets and spraying module		TN
TN1. Does your household have any mosquito nets that can be used for sleeping under?	Yes..... 1 No..... 2	2⇒TN2a
TN2. How many mosquito nets does your household have? <i>If they have seven or more, write '7'.</i>	Number of nets	
TN2A. Were the inside walls of your house sprayed against mosquitoes at any time in the last 12 months?	Yes..... 1 No..... 2 Don't know..... 8	} Next Module
TN2B. How many months ago was it sprayed?	Months.....	
TN2C. Who sprayed?	Government worker 1 Private company..... 2 NGO 3 Household member 4 Other..... 6 <i>(specify)</i> Don't know..... 8	



Child labour module

CL

This should be asked of the mother/father of person looking after each of the children in the household aged 5–14 years. For those younger than 5 or older than 14 years, strike out the lines.
now i would like to ask about any kind of work that the children in this household do.

Line	CL1. line no.	CL2. name	CL3. during the last 7 days, did (name) do any kind of work for somebody who is not a member of this household? If yes: was he/she paid in cash or in kind? 1 yes paid (in cash or in kind) 2 was not paid 3 did not work⇒ CL5			CL4. If yes, since last (day of the week), how many hours, more or less, did he/she work for this person who is not a member of this household? If he/she has more than one job, include the hours for all the work. Write the answer and move to CL6	CL5. at any time in the last 12 months, did (name) do any kind of work for somebody who is not a member of this household? If yes: was he/she paid in cash or in kind? 1 yes paid (in cash or in kind) 2 was not paid 3 did not work			CL6. during the last 7 days, did (name) help in household chores, such as cooking, shopping, fetching firewood, cleaning, washing clothes, fetching water or looking after the children? 1 Yes (in money or in kind) 2 Was not paid 3 Did not work ⇒ CL8			CL7. If yes, since last (day of the week), how many hours, more or less, did he/she spend on these tasks?		CL8. before the last 7 days, did (name) do any other family work (in the field, or business or selling things on the street?) 1 yes paid (in cash or in kind) 2 was not paid 3 did not work ⇒ Other child			CL9. If yes, since last (day of the week), how many hours, more or less, did he/she spend on this work?
			PAID	UNPAID	NO	NO. HOURS	PAID	UNPAID	NO	PAID	UNPAID	NO	NO. HOURS	PAID	UNPAID	NO	NO. HOURS	
01			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
02			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
03			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
04			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
05			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
06			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
07			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
08			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
09			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
10			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
11			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
12			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
13			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
14			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	
15			1	2	3	— —	1	2	3	1	2	3	— —	1	2	3	— —	



Disability module																DA					
<p>To be asked of the mother/father or other person looking after all the children aged 2–17 years who live in the household. For those under 2 or over 17 years old, strike through with a horizontal line. Now i would like to ask if any child in this household aged 2–17 years has any of the health condition that i will mention.</p>																					
DA1. N.º Line no.	DA2. Name	DA3. Compared with other children, does (name) have a serious delay in sitting, standing or walking?			DA4. Compared with other children, does (name) have difficulties in seeing, including by day and at night? D ⇒ Difficulties C ⇒ blind N ⇒ None			DA5. does (Name) seem to have difficulties in hearing, or is he/she completely deaf? D ⇒ Difficulties S ⇒ deaf N ⇒ None			DA6. when you tell (name) to do something, does he/she seem to understand what you are saying?			DA7. does (Name) have difficulty in walking or in moving his/her arms or stiffness in arms or legs? C ⇒ Walking R ⇒ stiffness N ⇒ None			DA7A. (Name) does he/she suffer from the following disabilities? 1 amputated/withered arm 2 amputated/withered leg 3 No disability			DA8. does (Name) sometimes suffer fits, go rigid, or lose consciousness? If more than 9 years old ⇒ DA13	
Line	Name	Y	N	D	C	N	D	S	N	Y	N	C	R	N	A	L	N	Y	N		
01		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
02		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
03		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
04		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
05		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
06		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
07		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
08		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
09		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
10		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
11		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
12		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
13		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
14		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
15		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		



Disability module

DA

To be asked of the mother/father or other person looking after all the children aged 2–17 years who live in the household.
For those under 2 or over 17 years old, strike through with a horizontal line.
Now i would like to ask if any child in this household aged 2–17 years has any of the health conditions that i will mention.

DA1. Line no.	Children aged 2– 9 years								Children aged 2–17 years	
	DA9. (name) is he/she able to do things like other, healthy children?		DA10. (Name) does he/she speak (make him/herself understood in words; say recognizable words)?		DA11. (for 3–9 year olds): (Name) does he/she speak in a way different from normal (is he/she not clear enough to be understood by those outside the immediate family)?		DA12. (for 2 year olds): (Name) can he/she name at least one object (for example, an animal, a toy, a glass, a spoon)?		DA13. compared with other children of the same age does (name) seem to have some form of mental impairment, or is he/she somewhat slow in thinking/	
LINE	Y	N	Y	N	Y	N	Y	N	Y	N
01	1	2	1	2	1	2	1	2	1	2
02	1	2	1	2	1	2	1	2	1	2
03	1	2	1	2	1	2	1	2	1	2
04	1	2	1	2	1	2	1	2	1	2
05	1	2	1	2	1	2	1	2	1	2
06	1	2	1	2	1	2	1	2	1	2
07	1	2	1	2	1	2	1	2	1	2
08	1	2	1	2	1	2	1	2	1	2
09	1	2	1	2	1	2	1	2	1	2
10	1	2	1	2	1	2	1	2	1	2
11	1	2	1	2	1	2	1	2	1	2
12	1	2	1	2	1	2	1	2	1	2
13	1	2	1	2	1	2	1	2	1	2
14	1	2	1	2	1	2	1	2	1	2
15	1	2	1	2	1	2	1	2	1	2



Orphaned and vulnerable children				OV	
OV2. has anyone who is usually a member of your household died since the opening of the last academic year (2007)? if the answer is no, ask : did any baby who cried or showed any sign of life survive only a few hours or days?	Yes..... 1 No..... 2			2⇒OV4a	
OV3. Give the name, age and sex of all the people who have died in this period. Try to be sure that they have not forgotten anybody	NAME	AGE	SEX (1=M and 2=F)		
1 ^a _____	1 __ days 2 __ months 3 __ year		1	2	
2 ^a _____	1 __ days 2 __ months 3 __ year		1	2	
3 ^a _____	1 __ days 2 __ months 3 __ year		1	2	
OV4. Of those who died in this period, was anyone between 18 and 59 years old seriously ill in 3 of the last 12 months before he/she died?	Yes..... 1 No..... 2				
OV4A. Verify HL5 and OV4 <input type="checkbox"/> If there is a child aged 0–17 years and the reply to OV4 was “Yes” ⇒ Continue with OV8A <input type="checkbox"/> if there is any child aged 0–17 years and the reply to OV4 was “No” or no answer ⇒ Continue with OV5 <input type="checkbox"/> No children aged 0–17 years in the household ⇒ next module					
OV5. Go back to the list of the household and check the following: 1. Verify HL8A. <input type="checkbox"/> At least one adult aged 18–59 years was very ill during 3 of the last 12 months⇒ go to OV8A <input type="checkbox"/> No adult aged 18–59 years was very ill during 3 of the last 12 months 2. Verify HL9 and HL11. <input type="checkbox"/> At least one of the parents of a child aged 0–17 years has died ⇒ Go to OV8B. <input type="checkbox"/> Neither parent of a child aged 0–17 years has died. 3. Check HL10A and HL12A. <input type="checkbox"/> At least one of the parents of a child aged 0–17 years was ill during 3 of the last 12 months ⇒ Go to OV8B. <input type="checkbox"/> Neither parent of a child aged 0–17 years was ill during 3 of the last 12 months. 4. Check DA4 (blind), DA5 (deaf), DA7, DA7A (arm or leg amputated) and DA13 (mental disability). <input type="checkbox"/> There is at least one child aged 0–17 years with these conditions ⇒ Go to OV8B. <input type="checkbox"/> No child aged 0–17 years has these conditions 5. Check <input type="checkbox"/> Is any child listed in OV8C Continue with OV9 <input type="checkbox"/> there is no child listed in OV8C Next module					
OV8A. List below all children aged 0–17 years. Register the names, line numbers and ages of all the children, starting with the first child and continuing in the order in which they appear in the household listing module. use a continuation questionnaire if there are more than four children aged 0–17 years in the household. After listing all the children, continue with OV9. ask all the questions for one child before passing to the next child.			OV8B. List below the child aged 0–17 years who has responded positively to verification. Thus, list the names of the children who have each condition. Use a continuation questionnaire if there are more than 4 children aged 0–17 years in the household. Check each of the conditions for all the children. After listing the children, go back to the following verification:		
OV8C. Name (of HL2) Line number (of HL1) age (of HL5)	1st child	2nd child	3rd child	4th child	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

Continue



<p>OV9. I would like to ask questions about any formal, organized aid or support that your household has received for (<i>name</i>) and which you did not have to pay for. By formal, organized aid/support I mean aid provided by someone working for a programme of the government, of an organization, of a church/mosque or of the community. Remember, this must be support for which the household did not have to pay.</p>				
<p>OV10. now i would like to ask questions about the support your household received to assist (<i>name</i>).</p> <p>in the last 12 months, did your household receive any medical support for (<i>name</i>), such as a visit by a doctor/nurse, or did you receive medicines without having to pay?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>
<p>OV11. In the last 12 months, did your household receive any emotional or psychological support for (<i>Name</i>), such as company, conversation, counselling from a trained counsellor, or spiritual support at home?</p>	<p>Yes.....1 No.....2 ⇒ OV13 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV13 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV13 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV13 DK.....8</p>
<p>OV12. Did your household receive any of this support in the last 3 months?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>
<p>OV13. In the last 12 months, did (<i>Name</i>) receive any material support (objects for the house/kitchen, Mat, tools for the field and/or cleaning the house, seeds), food or support in cash?</p>	<p>Yes.....1 No.....2 ⇒ OV15 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV15 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV15 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV15 DK.....8</p>
<p>OV14. Did your household receive any of this support in the last 3 months?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>
<p>OV15. In the last 12 months, did (<i>Name</i>) have any help from the government or from an association to deal with the child's documents or receive help in domestic tasks or in the field?</p>	<p>Yes.....1 No.....2 ⇒ OV17 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV17 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV17 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV17 DK.....8</p>
<p>OV16. Did your household receive any of this support in the last 3 months?</p>	<p>Yes.....1 No.....2 NS.....8</p>	<p>Yes.....1 No.....2 NS.....8</p>	<p>Yes.....1 No.....2 NS.....8</p>	<p>Yes.....1 No.....2 NS.....8</p>
<p>OV17. Check OV8C for the age of the child</p>	<p><input type="checkbox"/> 0-4 years ⇒ next child <input type="checkbox"/> 5-17 years ⇒ OV18</p>	<p><input type="checkbox"/> 0-4 years ⇒ next child <input type="checkbox"/> 5-17 years ⇒ OV18</p>	<p><input type="checkbox"/> 0-4 years ⇒ next child <input type="checkbox"/> 5-17 years ⇒ OV18</p>	<p><input type="checkbox"/> 0-4 years ⇒ next child <input type="checkbox"/> 5-17 years ⇒ OV18</p>
<p>OV18. In the last 12 months, did (<i>Name</i>) receive any support for going to school (school materials, uniform, exercise/text books, subsidy for enrolment or free enrolment)?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>



Income module		OV
<i>Now i would like to ask if your household has received any support from the national social welfare institute (INAS), which i shall mention.</i>		
OV19. Did your household receive any support from the Food Subsidy Programme (PSA) in the last 12 months?	Yes..... 1 No 2 Don't know..... 8	
OV20. Did your household receive any material support from the Direct Social Support Programme (PASD) in the last 12 months?	Yes..... 1 No 2 Don't know..... 8	

Iodized salt module		SI
SI1. what kind of salt do you use for cooking? <i>(Ask for the salt and make the test)</i>	Non-iodized salt 0 ppm/local salt.....1 Iodized salt with less than 15 ppm.....2 15 ppm or more3 No salt/don't want to give salt.....6 Test not done7	
SI2. Does any eligible woman, aged 15–49, live in the household? <i>Check the list of the household, column HL6. There should be a questionnaire with the information panel completed for each eligible woman.</i> <input type="checkbox"/> Yes. ⇒ go to the WOMEN'S QUESTIONNAIRE to ask the questions of the first eligible woman. <input type="checkbox"/> No. ⇒ Continue.		
SI3. Does any child under 5 years of age live in the household? <i>Check the list of the household, column HL8 There should be a questionnaire with the information panel completed for each eligible child.</i> <input type="checkbox"/> Yes. ⇒ Go to the CHILDREN UNDER FIVE QUESTIONNAIRE to ask the questions of the mother or care giver of the first eligible child <input type="checkbox"/> No. ⇒ End the interview by thanking the interviewee for his/her collaboration. <i>Put together all the questionnaires concerning this household, count the number of interviews held, and record it on the covering page.</i>		

Table of year of birth and respective age in 2008

Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age
2008	0	1999	9	1990	18	1981	27	1972	36	1963	45	1954	54	1945	63	1936	72	1927	81
2007	1	1998	10	1989	19	1980	28	1971	37	1962	46	1953	55	1944	64	1935	73	1926	82
2006	2	1997	11	1988	20	1979	29	1970	38	1961	47	1952	56	1943	65	1934	74	1925	83
2005	3	1996	12	1987	21	1978	30	1969	39	1960	48	1951	57	1942	66	1933	75	1924	84
2004	4	1995	13	1986	22	1977	31	1968	40	1959	49	1950	58	1941	67	1932	76	1923	85
2003	5	1994	14	1985	23	1976	32	1967	41	1958	50	1949	59	1940	68	1931	77	1922	86
2002	6	1993	15	1984	24	1975	33	1966	42	1957	51	1948	60	1939	69	1930	78	1921	87
2001	7	1992	16	1983	25	1974	34	1965	43	1956	52	1947	61	1938	70	1929	79	1920	88
2000	8	1991	17	1982	26	1973	35	1964	44	1955	53	1946	62	1937	71	1928	80	1919	89



OBSERVATIONS OF THE INTERVIEWER

(TO BE COMPLETED IMMEDIATELY AFTER THE END OF THE INTERVIEW)

COMMENTS ABOUT THE
INTERVIEWS:

COMMENTS ABOUT
SPECIFIC QUESTIONS:

ANY OTHER COMMENT:

OBSERVATIONS OF THE CONTROLLER

NAME OF THE CONTROLLER:

DATE:

OBSERVATIONS OF THE SUPERVISOR

NAME OF THE SUPERVISOR:

DATE:

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CONFIDENCIAL

REPÚBLICA DE MOÇAMBIQUE
INQUÉRITO DE INDICADORES MÚLTIPLOS - MICS 2008

QUESTIONÁRIO DE MULHERES

IDENTIFICAÇÃO				
PROVÍNCIA..... DISTRITO..... POSTO ADMINISTRATIVO..... URBANO / RURAL (URBANO = 1, RURAL = 2)..... NOME DA UNIDADE COMUNAL..... NOME DO LOCAL (<i>Especifique o Bairro/Povoação</i>)..... NOME DA ÁREA DE ENUMERAÇÃO..... NÚMERO DA ÁREA DE ENUMERAÇÃO (MICS I.D.)..... NÚMERO DO AGREGADO FAMILIAR..... NOME DO CHEFE DO AGREGADO FAMILIAR..... NOME E NÚMERO DE ORDEM DA MULHER..... LINGUA USADA NA ENTREVISTA (Port = 1, Outro = 6).....	<div style="display: flex; justify-content: space-around;"> (Especificar) (Uso Interno) </div>			
VISITAS DO(A) INQUIRIDOR(A)				
	1	2	3	VISITA FINAL
DATA	____/____/____ DIA / MÊS	____/____/____ DIA / MÊS	____/____/____ DIA / MÊS	DIA..... MÊS..... ANO..... CÓDIGO..... RESULTADO.....
NOME DO(A)				
INQUIRIDOR(A)				
RESULTADO				
PRÓXIMA VISITA:	DATA _____ HORA _____	_____ _____		NÚMERO TOTAL DE VISITAS.....

CÓDIGOS DE RESULTADOS DO QUESTIONÁRIO DE MULHERES

- 01 COMPLETO
- 02 AUSENTE
- 03 RECUSA TOTAL
- 04 RECUSA DURANTE A ENTREVISTA / INCOMPLETA
- 05 INCAPACITADA
- 06 OUTRO.....

(Especificar)

	SUPERVISOR:	CONTROLADOR:	REVISTO NO GABINETE POR:	DIGITADO POR:
NOME	____ [] [] []	____ [] [] []	[] []	[] []
DATA	____/____/____	____/____/____	____/____/____	[] []

Interviewee characteristics module

WM

WM8. in what month and year were you born?	Date of birth Month..... __ Does not know the month..... 98 Year __ __ Does not know the year..... 9998	
WM9. how old are you (in complete years)?	Age (in complete years)..... __	
WM10. have you ever been to school?	Yes..... 1 No..... 2	2⇒ WM14
WM11. what is the highest level of education that you attended?	Literacy class..... 00 Primary EP1 01 Primary EP2 02 Secondary ESG1..... 03 Secondary ESG2..... 04 Elementary Technical 05 Basic Technical..... 06 Mid-level Technical 07 Teacher training 08 Higher 09 Non-standard curriculum 10	
WM12. what is the highest grade you completed? (if general education) what is the highest year you completed at this level? (If technical education)	Grade/ Year __	
WM12a. are you currently attending any school?	Yes..... 1 No..... 2	
WM13. Check WM11: <input type="checkbox"/> Secondary to higher. ⇒ Go to next module <input type="checkbox"/> Primary or non-standard curriculum ⇒ continue with WM14.		
WM14. now i would like you to read this statement out loud <i>Show the statements to the interviewee</i> <i>If the interviewee is unable to read them, ask:</i> can you read me part of the statement? Examples of statements for the reading test: 1. A criança está a ler um livro (the child is reading a book). 2. Este ano a chuva veio tarde (this year the rain came late). 3. Os pais devem cuidar dos seus filhos (parents should look after their children).	Unable to read anything 1 Can only read parts of the statement 2 Can read the entire statement..... 3 No statement in the language requested..... 4 (specify the language) Blind/mute, problems with vision/speech..... 5	



Matrimonial situation and sexual activity module		MA
MA1. are you currently married or living with a man?	Yes, she is married1 Yes, she is in a union.....2 No, she is not in a union.....3	3 ⇒ MA3
MA2. how old (in complete years) was your husband/partner on his last birthday?	Age in years..... 1 1 1 Don't know.....98	
MA2a. does your husband/partner have any other wives/partners apart from yourself?	Yes.....1 No.....2 Don't know.....8	2 ⇒ MA5 8 ⇒ MA5
MA2b. how many other wives does your husband/partner have?	Number..... 1 1 1 Don't know.....98	⇒MA5 98 ⇒MA5
MA3. have you ever been married or lived with a man?	Yes, married1 Yes, lived with a man.....2 No.....3	3⇒MA8a
MA4. what is your current marital status: are you widowed, divorced or separated?	Widowed.....1 Divorced2 Separated3	
MA5. have you been married or lived with a man once or more than once?	Only once1 More than once.....2	
MA6. in what month and year did you begin living with your first husband/partner?	Month..... 1 1 1 Don't know the month.....98 Year Don't know the year.....9998	
MA8. how old were you when you began to live with your first husband/partner?	Age in years..... 1 1 1	⇒SB0
MA8a. have you already had sex?	Yes.....1 No.....2	2⇒SB0
check whether there are any other people present. guarantee privacy.		
SB0. check WM9, MA1, MA3 e MA8b: is she 15-24 years old, was se ever married or lived with a man, or has she had sex? <input type="checkbox"/> If she was never married, never lived with a man and has never had sex go to the DOMESTIC VIOLENCE MODULE; <input type="checkbox"/> If she is 25 or more years old, has been married or lived with a man, or has had sex go to NEXT MODULE <input type="checkbox"/> If she is 15-24 years old, was already married or lived with a man or has had sex continue with SB1.		
SB1. i would now like to talk about your sexual life to understand better some aspects of your family life. The information that you give will remain confidential. how old were you when you first had sex?	Age in years..... 1 1 1 When she married/started union 95	
SB1a. how many different men have you had sex with?	No, of partners..... 1 1 1	
SB2. when did you last have sex? Write "years ago" only if the last sexual relation took place one or more years ago. If 12 months or more, the answer should be registered in years.	Days ago1 1 1 Weeks ago.....2 1 1 Months ago..... 3 1 1 Years ago4 1 1	4⇒ next module

Continue



SB3. did you use a condom the last time you had sex?	Yes.....1 No.....2	
SB4. what is your relation with the man with whom you had your last sexual relation? If the man was "boyfriend" or "fiancé" ask: was your boyfriend/fiancé living with you when you last had sex? If the answer is yes, circle "1". If the answer is no, circle "2"..	Spouse/husband.....1 Boyfriend/fiancé.....2 Lover/friend.....3 Occasional partner/Client.....4 Relative.....5 Other:.....6 <i>(specify)</i>	1⇒SB6
SB4a. was the man with whom you last had sex younger than you, more or less the same age, or older ? If older: do you think he was less than 10 years older than you or more than 10 years older?	Younger1 More or less the same age2 Less than 10 years older3 10 or more years older4 Older, but doesn't know the difference5 Don't know8	
SB6. have you had sex with another man in the last 12 months?	Yes.....1 No.....2	2⇒ next module
SB7. the last time you had sex with another man, did you use a condom?	Yes.....1 No.....2	
SB8. what is (was) your relationship with this other man with whom you had sex? If the man was "boyfriend" or "fiancé" ask: was your boyfriend/fiancé living with you when you last had sex? If the answer is yes, circle "1". If the answer is no, circle "2".	Spouse/husband.....1 Boyfriend/fiancé.....2 Lover/friend.....3 Occasional partner/Client4 Relative.....5 Other:.....6 <i>(specify)</i>	1⇒SB10
SB8a. was the other man with whom you had sex younger than you, more or less the same age, or older? If older: do you think he was less than 10 years older than you or more than 10 years older?	Younger1 More or less the same age2 Less than 10 years older3 10 or more years older4 Older, but doesn't know the difference5 Don't know8	
SB10. apart from these two men, have you had sex with any other man in the last 12 months?	Yes.....1 No.....2	2⇒next module
SB11. with how many different men have you had sex in the last 12 months?	No. of partners..... __	

Child mortality module		CM
<p><i>This module is to be asked of women aged 15–49 years</i> <i>All the questions refer only to LIVE BIRTHS</i></p>		
CM0. have you ever been pregnant? <i>"If she says no, insist on finding out if she has ever been pregnant or has had an abortion/miscarriage".</i>	Yes..... 1 No..... 2	2⇒ contraception module Pág. 13
CM1. now i would like to ask some questions about all your sons and daughters who were born alive. have you ever had a child born alive? <i>If the answer is no, ask : was there any baby who cried or showed other signs of life, but only survived a few hours or days?</i>	Yes..... 1 No..... 2	2 ⇒ CM5
CM1a. how old were you when you had your first child?	Age in years..... __ Don't know..... 98	
CM3. are any of your sons and daughters living with you in this house?	Yes..... 1 No..... 2	2⇒CM5
CM4. how many sons are living with you in this house? how many daughters are living with you in this house? if none, write '00'	Sons at home __ Daughters at home __	
CM5. are any of your sons and daughters living outside the house?	Yes..... 1 No..... 2	2⇒CM7
CM6. how many sons live outside the house? how many daughters live outside the house? if none, write '00'	Sons outside the house..... __ Daughters outside the house..... __	
CM7. was any son or daughter born live, but died later? if no, ask: was there any baby who cried or showed other signs of life, but only survived a few hours or days?	Yes..... 1 No..... 2	2⇒CM9
CM8. How many of your sons have died? How many of your daughters have died? if none, write '00'	Sons who have died __ Daughter who have died..... __	
CM9. add up the answers to questions CM4 , CM6 , and CM8 , and write the total. if none, write '00'	TOTAL __	
CM10. just to see whether i have understood correctly: in all, you had <input type="text"/> children born alive during your life? is that right? Yes <input type="checkbox"/> No <input type="checkbox"/> check and correct CM3–CM9 if necessary.		





Birth history

HN0. Now I would like to know the names of all your children, whether they are alive or not, starting with the first, write down the names of all the children in question HN2. Write twins and triplets on separate lines. Ask whether the woman has or had twins or triplets, circle HN3 for reference

	HN1. order of birth	HN2. write the names of all children, alive or not, from the first to the last born.	HN3. (name) is a twin? 1⇒simple, 2⇒multiple	HN4. what sex is (name)? 1⇒male, 2⇒female	HN5. in what month and year was (name) born?	HN6. (name) is still alive? 1⇒yes, 2⇒No	HN7. how old was (name) on his/her last birthday? write the age in complete years.	HN8. does (name) live with you? 1⇒yes, 2⇒No	HN9. register the order number of the child on the household questionnaire (write "00" if not listed).	HN10. how old was (name) when he/she died? if 1 year, ask: how many months old was (name)? write: days if less than 1 month; months if less than 2 years; years if 2 years or more.	HN11. was there any other birth between the birth of (name) and the previous child? 1⇒yes, 2⇒No
O. N.	name	Simpl Múlti	male Fem	month year	yes No	age in years	yes No	order no.	days months years	yes No	
01		1 2	1 2	<div> <div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> </div> </div> MONTH YEAR HN10	<div> <div>1</div> <div>2</div> </div>	<div> <div> </div> <div> </div> <div> </div> <div> </div> </div>	<div> <div>1</div> <div>2</div> </div>	PRÓXIMO NASCIMENTO	<div> <div>1. <div> </div><div> </div><div> </div><div> </div></div> <div>2. <div> </div><div> </div><div> </div><div> </div></div> <div>3. <div> </div><div> </div><div> </div><div> </div></div> </div> DAYS MONTHS ANOS		
02		1 2	1 2	<div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> <div> </div> <div> </div> </div>							

Continue ➞



HN12. have you had any other child after the birth of (name of last child)? If she answers "yes", ask and complete the history of births	Yes..... 1 No..... 2	
HN13a. Confirm: for each child: has the date of birth been noted (p. HN5) for each live child: has the current age been noted (p. HN7) for each child who died: has the age at death been noted (p. HN10) if no child has died, write "0" and proceed to HN14.		
HN13b. for each child who died at age 12 months or 1 year, write down the corresponding name. If none, proceed to hn14.	1. _____	2. _____
HN13c. how many months old was (name) when he/she died? correct hn10 for (name) if necessary		
HN14. check HN5: Was the last time the woman gave birth within the last two years, that is, between (day and month of the interview in 2006) and this date? If a child has died, take special care in the following modules to refer to this child by name; <input type="checkbox"/> No live birth in last 2 years. ⇒ go to contraception module, Pág. 13. <input type="checkbox"/> Yes, had live birth(s) in the last 2 years. ⇒ Continue with HN15.		
HN15. when you became pregnant, did you want to be pregnant then, did you want to wait longer, or did you not want to be pregnant at all?	At that moment..... 1 later..... 2 Not at all 3	



Maternal and newborn health module

MN

This module is to be asked of all women with at least one live birth in the two years prior to the date of the interview. Check questions HN2 and HN5, History of births, of the Child Mortality Module and register in the space provided the name of the last son/daughter born alive which the interviewee had. Use the name of this child in the following questions, or where indicated.

<p>MN2. when you were pregnant with (Name), did you make any antenatal visit?</p> <p><i>If yes: who did you consult? Anyone else?</i></p> <p>Try to find out what type of person was consulted and mark with a circle all the answers given</p>	<p>Health Professional:</p> <p>DoctorA</p> <p>Nurse B</p> <p>Midwife C</p> <p>Other person</p> <p>Traditional midwife.....F</p> <p>Community health worker G</p> <p>Relative/friend..... H</p> <p>Other..... X (specify)</p> <p>Nobody Y</p>	<p>⇒MN6A</p>																								
<p>MN3. when you were pregnant with (Name), in the antenatal visits:</p> <p>MN3a. were you weighed?</p> <p>MN3b. was your blood pressure measured?</p> <p>MN3c. was your urine tested?</p> <p>MN3d. was your blood tested?</p> <p>MN3e. did they listen to the baby's heartbeat?</p> <p>MN3f. did they measure your belly?</p> <p>MN3g. did they measure your height?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Baby's heartbeat</td> <td>1</td> <td>2</td> </tr> <tr> <td>Belly 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	Weight	1	2	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	Baby's heartbeat	1	2	Belly measured	1	2	Height measured	1	2	
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Belly measured	1	2																								
Height measured	1	2																								
<p>MN4. when you were pregnant with (Name), did you receive information on stds and hiv/aids during the antenatal visits?</p>	<p>Yes.....1</p> <p>No2</p> <p>Don't know8</p>																									
<p>MN5. I'm not interested in knowing the result, but did you take any hiv/aids test as part of your antenatal care?</p>	<p>Yes.....1</p> <p>No2</p> <p>Don't know8</p>	<p>2 ⇒ MN6A 8 ⇒ MN6A</p>																								
<p>MN6. I'm not interested in knowing the result, but did you receive the results of this test?</p>	<p>Yes.....1</p> <p>No2</p> <p>Don't know8</p>																									
<p>MN6a. during this pregnancy did you take any medication against malaria?</p>	<p>Yes.....1</p> <p>No2</p> <p>Don't know8</p>	<p>2 ⇒ MN7 8 ⇒ MN7</p>																								
<p>MN6b. what medicines did you take to prevent malaria?</p> <p><i>Mark with a circle all the medicines taken. If the type of medicine is not determined, show the interviewee typical antimalarial drugs</i></p>	<p>SP/FansidarA</p> <p>Chloroquine B</p> <p>Other..... Y (specify)</p> <p>Don't knowZ</p>																									
<p>MN6c. during this pregnancy, how many times did you take medicines to prevent malaria? <i>If three or more times, write "3".</i></p>	<p>No. of times1_ </p> <p>Don't know8</p>																									
<p>MN7. who assisted the delivery of your last child (Name)? anyone else?</p> <p>Try to find out the type of person who assisted and mark with a circle all the replies given</p>	<p>Health Professional:</p> <p>DoctorA</p> <p>Nurse B</p> <p>Midwife C</p> <p>Other person</p> <p>Traditional midwife.....F</p> <p>Community health worker G</p> <p>Relative/friend..... H</p> <p>Other..... X (specify)</p> <p>Nobody Y</p>																									

Continue ➞



<p>MN7a. when the contractions began, where did you want (Nome) to be delivered?</p> <p><i>If a public or private health unit, write the name of the place, and identify the type and whether it is public or private.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>public sector</p> <p>Central hospital.....11</p> <p>Provincial/General hospital.....12</p> <p>Rural hospital.....13</p> <p>Health centre/post14</p> <p>Mobile brigades15</p> <p>Other.....16</p> <p>(specify)</p> <p>private sector</p> <p>Hospital21</p> <p>Clinic.....22</p> <p>Pharmacy23</p> <p>Other.....26</p> <p>(specify)</p> <p>house</p> <p>In your own house41</p> <p>House of traditional midwife42</p> <p>House of midwife/nurse.....43</p> <p>Other place96</p> <p>(specify)</p>	
<p>MN7b. was the delivery completed in the place where you wanted to give birth or somewhere else?</p>	<p>In the same place 1</p> <p>Somewhere else.....6</p>	<p>1 ⇒ MN9</p>
<p>MN8. where was the delivery of (Name) completed?</p> <p><i>If a public or private health unit, write the name of the place, and identify the type and whether it is public or private.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>public sector</p> <p>Central hospital.....11</p> <p>Provincial/General hospital.....12</p> <p>Rural hospital.....13</p> <p>Health centre/post14</p> <p>Mobile brigades15</p> <p>Other.....16</p> <p>(specify)</p> <p>private sector</p> <p>Hospital21</p> <p>Clinic.....22</p> <p>Pharmacy23</p> <p>Other.....26</p> <p>(specify)</p> <p>house</p> <p>In your own house41</p> <p>House of traditional midwife42</p> <p>House of midwife/nurse.....43</p> <p>Other place96</p> <p>(specify)</p>	
<p>MN9. when your last son/daughter was born (Name) was he/she very large, larger than average, of average size, smaller than average or very small?</p>	<p>Very large 1</p> <p>Larger than average2</p> <p>Average3</p> <p>Smaller than average4</p> <p>Very small5</p> <p>Don't know.....8</p>	
<p>MN10. was (Name) weighed at birth?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't know.....8</p>	<p>2 ⇒ MN12</p> <p>8 ⇒ MN12</p>
<p>MN11. how much did (Name) weigh?</p> <p>Copy the weight recorded on the health card, if this is presented.</p>	<p>Copied from the card..... 1 ____ . ____ (kilos)</p> <p>From memory 2 ____ . ____ (kilos)</p> <p>Don't know.....99998</p>	
<p>MN11a. check HN6 and HN8; history of births: survival and residence of the child:</p> <p><input type="checkbox"/> If (name) is still alive and lives with her ⇒ go to MN13G.</p> <p><input type="checkbox"/> If (name) is not alive or does not live with her ⇒ continue with MN12.</p>		

Continue



MN12. did you ever breastfeed (<i>Name</i>)?	Yes.....1 No.....2	2⇒ MN13G
MN13. how long after the birth of (<i>Name</i>) did you begin to breastfeed him/her? If less than an hour, write "00" hours. If less than 24 hours, write the hours, otherwise write the days.	Immediately000 Hours1 _ _ Days2 _ _ Don't know/can't remember.....998	
MN13a. during the first days after the birth, a yellow milk (colostrum) appears. did you give this milk to (<i>Name</i>)?	Yes.....1 No.....2 Don't know.....8	
MN13b. in the first days after the birth, did you give something other than mother's milk to (<i>Name</i>)?	Yes.....1 No.....2 Don't know.....8	2⇒ MN13D 8⇒ MN13D
MN13c. what did you give to (<i>Name</i>)? Anything other than breast milk	Just waterA Sorum with GlucoseB Sugared waterC Fruit juice.....D Baby formulaE Tea.....F HoneyG Other.....X (Especificar)	MN13E
MN13d. for how many months did you give only breast milk to (<i>Name</i>)?	Months..... _ _ Still breastfeeding.....95 Does not know the month.....98	95⇒ MN13G
MN13e. are you still giving breast milk to (<i>Name</i>)?	Yes.....1 No.....2	1⇒ MN13G
MN13f. for how many months did you give breast milk to (<i>Name</i>)?	Months..... _ _ Does not know the month.....98	
MN13g. in the first two months after the last time you gave birth [the birth of (<i>Name</i>)], did you receive a dose of vitamin A like this? (Show the capsule)	Yes.....1 No.....2 Don't know.....8	
MN13h. check HN4; history of births: sex of the child: <input type="checkbox"/> If a girl ⇒ go to next module. <input type="checkbox"/> If a boy ⇒ continue with MN13i.		
MN13i. was (<i>Name</i>) circumcised?	Yes.....1 No.....2	



Tetanus toxoid module.		TT
<i>This module is to be asked of all women who gave birth in the last two years prior to the date of the interview.</i>		
TT1. do you have any health card or other document where your own vaccinations are noted? If a card is shown, use it to help answer the following questions.	Yes (the card was seen)1 Yes (the card was not seen)2 No3 Don't know8	
TT2. when you were pregnant with your last child, did you receive any injection so that the child would not catch tetanus, that is, convulsions after birth (an anti-tetanus injection, an injection in the upper arm or shoulder)?	Yes.....1 No2 Don't know8	2⇒ TT5 8⇒ TT5
TT3. how many times did you receive this injection against tetanus during your last pregnancy?	No of times _ _ Don't know98	98⇒ TT5
TT4 How many doses of TT during the last pregnancy were reported in TT3? <input type="checkbox"/> At least 2 TT injections during the last pregnancy. ⇒ go to next module. <input type="checkbox"/> Less than 2 TT injections during the last pregnancy ⇒ Continue with TT5		
TT5. did you, any time before your latest pregnancy, receive an injection in your arm to prevent tetanus?	Yes.....1 No2 Don't know8	} Próximo módulo
TT6. how many doses of this injection did you receive?	No. of times _ _	
TT7. in what month and year did you receive your last injection against tetanus prior to your latest pregnancy? <i>Go to the next module, only if the year of the injection is given. If not, continue with TT8.</i>	Month..... _ _ Does not know the month98 Year _ _ _ Does not know the year9998	⇒ Próximo módulo
TT8. how many years ago did you receive your last injection against tetanus prior to your latest pregnancy?	Years ago..... _ _	

Contraception module		CP
CP1. now i would like to talk to you about another matter – family planning and your reproductive health. are you currently pregnant?	Yes, she is pregnant1 No2 Not sure or doesn't know8	1⇒next module
CP2. some people use various means or methods to delay or avoid a pregnancy. Are you currently doing anything or using any method to delay or avoid becoming pregnant?	Yes.....1 No2	2⇒next module
CP3. what method are you using? <i>Does not say. If mentions more than one method, mark each of them with a circle.</i>	Female sterilization..... A Male sterilization..... B Pill..... C IUD D Injections E Implants F Male condom..... G Female condom..... H Diaphragm I Foam/gel..... J Lactational amenorrhoea..... K Periodic abstinence L Withdrawal M Other..... X (Specify)	



Module on attitudes towards domestic violence

DV1. sometimes husbands become annoyed at things their wives do. in your opinion is the husband justified in beating his wife in the following situations:	Yes	No	
DV1a. if she goes out without telling him?	Goes out without telling him	1	2
DV1b. if she neglects the children?	Neglects the children	1	2
DV1c. if she argues with him?	Argues with him	1	2
DV1d. if she refuses to have sex with him?	Refuses to have sex with him	1	2
DV1e. if she burns the food?	Burns food	1	2

HIV/AIDS module

HA

HA1. now i would like to talk to you about something else. have you ever heard of HIV/AIDS?	Yes..... 1 No 2	2⇒ HA19
HA2. is the only way to reduce the risk of catching HIV/AIDS to have just one uninfected sexual partner and not to have other partners?	Yes..... 1 No 2 Don't know 8	
HA3. can people be infected with the aids virus because of witchcraft or other supernatural means?	Yes..... 1 No 2 Don't know 8	
HA4. can people protect themselves against hiv/ aids by using condoms during sex?	Yes..... 1 No 2 Don't know 8	
HA5. can people catch the aids virus from mosquito bites?	Yes..... 1 No 2 Don't know 8	
HA6. can the risk of catching hiv/aids be completely eliminated by abstaining from sex?	Yes..... 1 No 2 Don't know 8	
HA7. do you think that people can catch hiv/aids by eating together with an infected person?	Yes..... 1 No 2 Don't know 8	
HA7a. can people catch hiv/aids from injections with needles already used by other people?	Yes..... 1 No 2 Don't know 8	
HA8. can a person appear completely healthy (strong, fat, etc.) and still have hiv/aids?	Yes..... 1 No 2 Don't know 8	
HA9. can hiv/aids be transmitted from mother to child?		Yes No DK
HA9a. during pregnancy?	During pregnancy	1 2 8
HA9b. during delivery?	During delivery	1 2 8
HA9c. during breastfeeding?	During breastfeeding	1 2 8
HA10. if a teacher has hiv/aids, but is not ill, can he continue teaching at school?	Yes..... 1 No 2 Don't know 8	
HA11. if you knew that a vendor of fresh vegetables has hiv/aids, would you buy his products?	Yes..... 1 No 2 Don't know 8	
HA12. if a person in your family were to catch hiv/aids, would you want it kept secret?	Yes..... 1 No 2 Don't know 8	
HA13. if a person in your family were to catch hiv/aids, would you be willing to care for him/her in your house?	Yes..... 1 No 2 Don't know 8	

Continue ➞

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OBSERVATIONS OF THE INTERVIEWER

(TO BE COMPLETED IMMEDIATELY AFTER THE END OF THE INTERVIEW)

COMMENTS ABOUT THE
INTERVIEWS:

COMMENTS ABOUT
SPECIFIC QUESTIONS:

ANY OTHER COMMENT:

OBSERVATIONS OF THE CONTROLLER

NAME OF THE CONTROLLER:

DATE:

OBSERVATIONS OF THE SUPERVISOR

NAME OF THE SUPERVISOR:

DATE:



INSTITUTO NACIONAL DE ESTATÍSTICAS

Nº DE REFERÊNCIA:



CONFIDENCIAL

REPÚBLICA DE MOÇAMBIQUE
INQUÉRITO DE INDICADORES MÚLTIPLOS - MICS 2008
QUESTIONÁRIO DE CRIANÇAS MENORES DE 5 ANOS DE IDADE

IDENTIFICAÇÃO				
PROVÍNCIA.....				
DISTRITO.....				
POSTO ADMINISTRATIVO.....				
URBANO / RURAL (URBANO = 1, RURAL = 2.....)				
NOME DA UNIDADE COMUNAL.....				
NOME DO LOCAL (<i>Especifique o Bairro/Povoação</i>).....				
NOME DA ÁREA DE ENUMERAÇÃO.....				
NÚMERO DA ÁREA DE ENUMERAÇÃO (MICS I.D.).....				
NÚMERO DO AGREGADO FAMILIAR.....				
NOME DO CHEFE DO AGREGADO FAMILIAR.....				
NOME E NÚMERO DA LINHA DA MÃE/PESSOA QUE CUIDA DA CRIANÇA.....				
NOME E NÚMERO DA LINHA DA CRIANÇA.....				
LINGUA USADA NA ENTREVISTA (Port = 1, Outro = 6.....)				
	(Especificar)		(Uso Interno)	
VISITAS DO(A) INQUIRIDOR(A)				
	1	2	3	VISITA FINAL
DATA	____/____/____ DIA / MÊS	____/____/____ DIA / MÊS	____/____/____ DIA / MÊS	DIA..... MÊS..... ANO..... CÓDIGO..... RESULTADO.....
NOME DO(A) INQUIRIDOR(A)				
RESULTADO				
PRÓXIMA VISITA: DATA	____/____/____	____/____/____		NÚMERO TOTAL DE VISITAS.....
HORA	____	____		
CÓDIGOS DE RESULTADOS DO QUESTIONÁRIO DE CRIANÇAS MENORES DE 5 ANOS 01 COMPLETO 02 AUSENTE 03 RECUSA TOTAL 04 RECUSA DURANTE A ENTREVISTA / INCOMPLETA 05 INCAPACITADA 06 OUTRO..... (Especificar)				
NOME	SUPERVISOR: ____	CONTROLADOR: ____	REVISTO NO GABINETE POR: ____	DIGITADO POR: ____
DATA	____/____/____	____/____/____	____/____/____	REDIGITADO POR: ____



Module on birth registration and learning in childhood.

BR

<p>UF10. On what day, month and year was (name) born?</p> <p><i>If the child's mother/ caregiver knows the exact date of birth, record the day; if not, draw a circle around "98" concerning the date.</i></p>	<p>Date of birth:</p> <p>Day _ _ </p> <p>Does not know day98</p> <p>Month..... _ _ </p> <p>Does not know month.....98</p> <p>Year _ _ _ </p>	
<p>UF11. How old is (name)?</p> <p>Write years completed</p>	<p>Years _ </p>	
<p>BR1. does (Name) have a birth certificate?</p> <p>can i see it?</p>	<p>Yes, seen1</p> <p>Yes, not seen2</p> <p>No3</p> <p>Don't know8</p>	<p>1⇒BR2</p>
<p>BR1a. Do you have any other document with the date of birth of (name)?</p>	<p>Yes1</p> <p>No2</p> <p>Don't know8</p>	<p>2⇒ BR2</p> <p>8⇒ BR2</p>
<p>BR1b. which documents?</p> <p>Circle all the answers mentioned</p>	<p>Health cardA</p> <p>Personal record bookB</p> <p>Birth bulletinC</p> <p>PassportD</p> <p>Other (specify)X</p>	
<p>BR1c. Have you seen any of these documents?</p>	<p>Yes1</p> <p>No2</p>	<p>Control question</p>
<p>BR2. was the birth of (name) registered in the civil registry office?</p>	<p>Yes1</p> <p>No2</p> <p>Don't know8</p>	<p>1⇒BR5</p> <p>8⇒BR4</p>
<p>BR3. why was (name) not registered?</p>	<p>It's expensive1</p> <p>It's a long way2</p> <p>Lack of knowledge3</p> <p>It's complicated (father absent/lack of documents)4</p> <p>It's not important5</p> <p>Other (specify)6</p> <p>Don't know8</p>	
<p>BR4. what should you do to register your child?</p> <p>(1) Have a health card</p> <p>(2) Go to the civil registry office to collect a personal record book in the presence of the parents</p> <p>If indicates one or both options, mark correct ("1"). Otherwise, mark wrong/don't know ("2").</p>	<p>Correct1</p> <p>Wrong/don't know2</p>	
<p>BR5. Check the age of the child in UF11: Is the child 3 or 4 years old?</p> <p><input type="checkbox"/> Yes ⇒ Continue with BR6.</p> <p><input type="checkbox"/> No ⇒ Continue with BR7A.</p>		
<p>BR6. does (Name) attend any organized learning or infant education, such as, for example, private or state establishments, including crèches?</p>	<p>Yes1</p> <p>No2</p> <p>Don't know8</p>	<p>2⇒BR8</p> <p>8⇒BR8</p>
<p>BR7. In the last 7 days, how many hours did (name) spend in this establishment?</p>	<p>No. of hours _ _ </p>	

Continue ➞



BR7a. Check the age of the child in UF11: Is the child less than 1 year old?

☐ Yes ⇒ Go to the next module

☐ No ⇒ Continue with BR8

BR8. in the last 3 days, were you, or any member of the household aged over 15 years, involved in any of the following activities with (name):

If yes, ask: who took part in this activity with the child – the mother, the father, or another adult member of the household (including the person who looks after the child/Informant)?

Mark with a circle everything that applies.

		Mother	Father	Other	No-one
BR8a. read books or look at picture books with (name)?	Books	A	B	X	Y
BR8b. Tell stories to (name)?	Stories	A	B	X	Y
BR8c. sing with (name)?	Songs	A	B	X	Y
BR8d. Go out of the house with (name), take him/her to a sports ground or park?	Go out	A	B	X	Y
BR8e. Play with(name)?	Play	A	B	X	Y
BR8f. Spend time with (name) naming, counting and/or drawing things?	Count	A	B	X	Y



Child development module.

CE

Question CE1 should be asked just once of each tutor

CE1. How many books are in the house, including school books (do not count books for under-fives)?	No books00 Number of books0__ Ten or more books.....10 Don't know.....98	
CE2. how many books for children or with pictures do you have for (name)?	No books00 Number of books0__ Ten or more books.....10 Don't know.....98	
CE4. sometimes adults who care for children have to leave the house to go shopping, wash clothes, or for other reasons, and have to leave young children with other people. in the last 7 days (day of the week) how many times was (name) left in the care of another child, that is, someone under 10 years old?	On no occasion.....00 Number of times _ _ Don't know.....98	
CE5. In the last 7 days, how many times was (name) left alone, that is, without anyone to care for him/her?	On no occasion.....00 Number of times _ _ Don't know.....98	

Vitamin A module.

VA

VA1. did (Name) receive any dose of vitamin a in the last 6 months? Show the capsule	Yes..... 1 No 2 Don't know..... 8	} next module
VA3. where did (name) take his/her latest dose?	In a routine visit to a health unit 1 In a consultation at a health unit when the child was ill 2 National Vaccination Day Campaign 3 Other (<i>specify</i>) 6 Don't know..... 8	



Breastfeeding module.		BF		
BF1. was (Name) ever breastfed?	Yes 1 No 2 Don't know 8	} BF3		
BF1A. how long after birth did (name) begin to breastfeed? If less than an hour, circle "000" hours. If less than 24 hours, circle the hours, otherwise mark the days.	Immediately 000 Hours 1 Days 2 Don't know/can't remember 998			
BF1B. during the first days after the birth, a yellow milk (colostrum) appears. did (name) take this milk ?	Yes 1 No 2 Don't know 8			
BF1C. in the first days after the birth, was anything other than mother's milk given to (name)?	Yes 1 No 2 Don't know 8	} BF1E		
BF1D. what was given? <i>Anything other than mother's milk</i>	Just water A Sorem with Glucose B Sugared water C Fruit juice D Baby formula E Tea F Honey G Other X <i>(specify)</i>		} BF2	
BF1E. for how many months did (name) take only breast milk?	Months Still breastfeeding 95 Doesn't know the month 98			95 ⇒ BF3
BF2. is (Name) still being breastfed?	Yes 1 No 2 Don't know 8		1 ⇒ BF3	
BF2A. for how many months did (name) take breast milk?	Months Doesn't know the month 98			
BF3. since yesterday at this time, did (name) receive any of the following items: Read each item out loud and register the answer before advancing to the next item.				
BF3a. vitamins or mineral supplements or medicine?	BF3A. Vitamin Supplements	Y	N	DK
BF3b. ordinary water?	BF3B. Ordinary water	1	2	8
BF3c. water with sugar, with some taste, or fruit juice, tea or infusion?	BF3C. Water with sugar or juice	1	2	8
BF3d. Oral rehydration salts (ors)?	BF3D. ORS	1	2	8
BF3e. powdered milk for babies?	BF3E. Powdered milk for babies	1	2	8
BF3f. powdered or fresh normal milk?	BF3F. Powdered or fresh normal milk	1	2	8
BF3g. any other liquid?	BF3G. Other liquids	1	2	8
BF3h. solid or semi-solid foods (pap)	BF3H. Solid or semi-solid foods	1	2	8
BF4. Check BF3H: Did the child receive solid or semi-solid foods (pap)? <input type="checkbox"/> Yes ⇒ Continue with BF5 <input type="checkbox"/> No ou DK ⇒ Go to next module				
BF5. since yesterday at this time, how many times did (name) eat solid food, semi-solid food or non-liquid light foods? <i>If 7 or more times, write "7".</i>	Number of times Don't know 8			



Illness treatment module.

CA

CA1. did (Name) have diarrhoea in the last two weeks? This concerns diarrhoea noted by the mother or person looking after the child, with three or more evacuations per day, or liquid faeces per day, or blood in the faeces.	Yes.....1 No2 Don't know8	} CA5
CA1a. Has/had blood in faeces?	Yes.....1 No2 Don't know8	
CA1b. on the worst day of the diarrhoea how many times did (name) defecate?	Times.....1 1 1 Don't know98	
CA1c. How many days did the diarrhoea of (name) last?	Days1 1 1 Don't know98	
CA1d. does (name) still have diarrhoea?	Yes.....1 No2 Don't know8	
CA2. When (name) had diarrhoea did you give him any of the following liquids to drink? Read each of the items out loud and record the answer before advancing to the next item.	Yes No DK	
CA2a. a liquid made from a packet (oral rehydration salts) or oral mixture?	ORS.....1 2 8	
CA2b. home-made mixture of water, salt and sugar?	Mixture water, salt, sugar.....1 2 8	
CA2c. appropriate liquid for treating diarrhoea (acquired in a pharmacy)	Liquid for treating diarrhoea.....1 2 8	
CA2d. was he/she given anything else to treat diarrhoea?	Yes.....1 No2 Don't know8	} CA3
CA2e. What was given to treat diarrhoea?	Pills/syrupA	
Anything else?	InjectonsB	
Circle all the answers mentioned	Intravenous SorumC	
	Rice water.....D	
	Cereal papE	
	Tea made of herbs and roots.....F	
	Powdered/fresh milk.....G	
	Tea/ Fruit juice/coconut milkH	
	Home-made remedy/medicinal herbs.....I	
	Other.....X (specify)	
CA3. did you give (name) the same amount of liquid, more or less than usual? If she says "Less" ask: Much less, or less than usual	No liquid.....1 Much less2 Less3 The same amount.....4 More5 Don't know8	
CA4. did you give (name) the same amount of food, more or less than usual? If she says "Less" ask: Much less, or less than usual	No food1 Much less2 Less3 The same amount.....4 More5 Don't know8	
CA5. has (Name) had a cough in the last two weeks?	Yes.....1 No2 Don't know8	} CA12
CA5A. when (name) had a cough was it accompanied by fever?	Yes.....1 No2 Don't know8	
CA6. when (name) had a cough, did he/she breathe more rapidly than usual, with short and rapid breaths?	Yes.....1 No2 Don't know8	} CA12

Continue ➞



CA7. were the symptoms due to chest problems or to a blocked nose?	Chest problem1 Blocked nose2 Both3 Other (<i>specify</i>)6 Don't know8	
CA8. Did you seek advice or treatment for the cause of the cough?	Yes1 No2 Don't know8	} CA10
CA9. Where did you seek aid or treatment? anywhere else? <i>If a public or private health unit, write the name of the place, and identify the type and whether it is public or private.</i> _____ (Name of source) Circle all the answers, but do not make any suggestion.	Public sector Central hospital.....A Provincial/General hospital.....B Rural hospital.....C Health centre/postD Mobile brigadesE Other (<i>specify</i>)F Private sector Hospital.....G Clinic.....H Doctor.....I NurseJ PharmacyK Other (<i>specify</i>)L Other source Informal market.....M ChurchN Friends/relativesO Traditional healerP Other (<i>specify</i>)X	
CA10. was (name) given any medicine to treat his/her illness?	Yes1 No2 Don't know8	} CA12
CA11. what medicine was given to (name)? <i>Mark with a circle all the medicines given</i>	Antibiotic.....A Paracetamol/Panadol/AcetaminophenP Aspirin.....O IbuprofenR Other (<i>specify</i>)X Don't knowZ	
CA12. Check UF11: Is the child less than 3 years old? " Yes. ⇒ Continue with CA13. " No. ⇒ Go to CA14		
CA13. The last time that (name) defecated, how did you deal with his/her faeces?	The child used the toilet/latrine.....01 Placed/rinsed into the toilet/latrine.....02 Put/rinsed into a drain or ditch.....03 Thrown on the rubbish dump (<i>solid waste</i>).....04 Buried05 Left in the open air.....06 Other (<i>specify</i>)96 Don't know98	
Ask the following question (CA14) just once to each mother/person taking care of the child. CA14. sometimes children are seriously ill and should be taken immediately to a health unit. with what kind of symptoms would you take your child immediately to a health unit? Continue to ask for more signs or symptoms until the mother/person looking after the child cannot recall any further symptom. Mark with a circle all the symptoms mentioned, But do not make any suggestion.	The child is unable to drink or suckleA The child's illness is worseningB The child has feverC The child has rapid respirationD The child has difficulty in breathingE The child has blood in his/her faecesF The child is drinking very little.....G Swelling on the head (concussion).....H Other (<i>specify</i>)X Did not ask.....XW	



Malaria module.				ML																																																																																																													
ML1. Did (name) have fever in the last two weeks?	Yes..... 1 No 2 Don't know 8			ML10																																																																																																													
ML1A. I would now like to know what you did (in first, second and third place) after discovering that (name) had fever?	ML1A1 What she did in the first place 01 02 03 04 05 06 96 (specify) 07 98	ML1A2 What she did secondly 01 02 03 04 05 06 96 (specify) 07 98	ML1A3 What she did in third place 01 02 03 04 05 06 96 (specify) 07 98																																																																																																														
ML1B. Check if (name) went to a health unit or a community health workers? <input type="checkbox"/> Yes ⇒ Continue with ML3. <input type="checkbox"/> No ⇒ Continue with ML2.																																																																																																																	
ML2. did (Name) go to any health unit during this illness ?	Yes..... 1 No 2 Don't know 8			ML5A																																																																																																													
ML3.did (Name) take any medication for fever or malaria which was given or prescribed in a health unit?	Yes..... 1 No 2 Don't know 8			ML3d																																																																																																													
ML3A. for each of the following medicines, tell me if he/she took it immediately after the onset of the fever or many days afterwards?	<table border="1"> <thead> <tr> <th></th> <th>Same</th> <th colspan="4">Days later</th> </tr> <tr> <th>No</th> <th colspan="5"></th> </tr> <tr> <th></th> <th>Day</th> <th>1</th> <th>2</th> <th>3</th> <th>Did</th> </tr> </thead> <tbody> <tr> <td>A. Fansidar/Artesunato</td> <td>Fansidar/Artesunato</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>B. Artemisinin</td> <td>Artemisinin 04</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>C. Quinine</td> <td>Quinine</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>				Same	Days later				No							Day	1	2	3	Did	A. Fansidar/Artesunato	Fansidar/Artesunato	1	2	3	4	5	B. Artemisinin	Artemisinin 04	1	2	3	4	5	C. Quinine	Quinine	1	2	3	4	5	If did not give any of the 3 go to ML3D																																																																						
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ML3B. where did you obtain (Name of antimalaria drug of ML3A)?	<table border="1"> <tbody> <tr> <td colspan="6">Public sector</td> </tr> <tr> <td colspan="6">Central hospital..... A</td> </tr> <tr> <td colspan="6">Provincial/General hospital..... B</td> </tr> <tr> <td colspan="6">Rural hospital..... C</td> </tr> <tr> <td colspan="6">Health centre/post D</td> </tr> <tr> <td colspan="6">Mobile brigades E</td> </tr> <tr> <td colspan="6">Other (specify) F</td> </tr> <tr> <td colspan="6">Private sector</td> </tr> <tr> <td colspan="6">Hospital..... G</td> </tr> <tr> <td colspan="6">Clinic..... H</td> </tr> <tr> <td colspan="6">Doctor..... I</td> </tr> <tr> <td colspan="6">Nurse J</td> </tr> <tr> <td colspan="6">Pharmacy K</td> </tr> <tr> <td colspan="6">Other (specify) L</td> </tr> <tr> <td colspan="6">Other source</td> </tr> <tr> <td colspan="6">Informal market..... M</td> </tr> <tr> <td colspan="6">Friends/relatives O</td> </tr> <tr> <td colspan="6">Other (specify) X</td> </tr> </tbody> </table>					Public sector						Central hospital..... A						Provincial/General hospital..... B						Rural hospital..... C						Health centre/post D						Mobile brigades E						Other (specify) F						Private sector						Hospital..... G						Clinic..... H						Doctor..... I						Nurse J						Pharmacy K						Other (specify) L						Other source						Informal market..... M						Friends/relatives O						Other (specify) X					
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ML3C. How much did you pay for (Name of antimalaria drug of ML3A)?	National currency..... I _ I _ IMT Free 000MT Don't know 998																																																																																																																

Continue ➞



<p>ML3D. Check ML1A: Did they give medicines at home before taking the child to a health unit or community health worker?</p> <p><input type="checkbox"/> Yes ⇒ Go to ML7.</p> <p><input type="checkbox"/> No. ⇒ Continue with ML5.</p>		
<p>ML5. Was (name) given any medicine for fever or malaria before he/she was taken to the health unit?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>1⇒ML7</p>
<p>ML5A. Check ML1A: Did you give medicines at home or go to the pharmacy to buy them without a prescription?</p> <p><input type="checkbox"/> Yes ⇒ Go to ML7</p> <p><input type="checkbox"/> No ⇒ Continue with ML6</p>		
<p>ML6. Was (name) given any medicine for fever or malaria during this illness?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>ML10</p>
<p>ML7. what medicine was (name) given at home?</p> <p>Mark with a circle all the medicines given. Ask to see the medicine of the type is not known. If, even then, the type of medicine cannot be determined, show the person typical antimalarial drugs.</p>	<p>Antimalarial drugs:</p> <p>Fansidar/Artesunate A</p> <p>Artimisinine B</p> <p>Quinine C</p> <p>Other antimalarials (specify)..... H</p> <p>Other medicines:</p> <p>Paracetamol P</p> <p>Aspirin..... Q</p> <p>Other (specify) X</p> <p>DK..... Z</p>	
<p>ML8. Check ML7: Antimalarial drugs mentioned (codes A – H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with ML9.</p> <p><input type="checkbox"/> No ⇒ Go to ML10</p>		
<p>ML9. How much time after the fever began did (name) take the first (name of antimalarial drug of ML7)?</p> <p>Register the code for the day on which the first antimalarial was given</p>	<p>Same day 0</p> <p>Following day 1</p> <p>After 2 days of fever 2</p> <p>After 3 days of fever 3</p> <p>After 4 or more days of fever 4</p> <p>DK..... 8</p>	
<p>ML10. last night did (Name) sleep under a mosquito net?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>⇒ML10b</p>
<p>ML10A. does (Name) use a mosquito net?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>next module</p>
<p>ML10B. how did your household obtain the mosquito net?</p>	<p>Bought it 1</p> <p>Health unit (free)..... 2</p> <p>NGO (free)..... 3</p> <p>Other (specify) 6</p> <p>Don't know..... 8</p>	
<p>ML11. How long ago did your household obtain the mosquito net?</p> <p>If more than a month, circle "1" and register "00". If more than a year and less than 3, circle "2" and register the number of the corresponding year. If the reply is "12 months" or "1 year", ask to determine if it was exactly 12 months, or before or after</p>	<p>Months ago..... 1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Years ago 2 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>More than 3 years ago..... 204</p> <p>Not sure..... 998</p>	
<p>ML13. When you obtained this net, was it already treated with insecticide to kill or repel mosquitoes?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know/not sure..... 8</p>	
<p>ML14. since you obtained the mosquito net have you ever bathed it in a liquid to repel mosquitoes?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p>	<p>next module</p>
<p>ML15. how long ago was the net bathed in this liquid to repel mosquitoes?</p>	<p>Months ago..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>More than 24 months ago..... 95</p> <p>Don't know..... 98</p>	



Immunization module.

IM

If a health card is available, copy the dates for IM2–IM8D for each type of vaccine or dose of vitamin A recorded on the card. IM10–IM17 are to record the vaccines that are not noted on the card. Questions IM10–IM17 will only be asked, if the card is not available.

IM1. do you have a health card for (name)? If the answer is "yes": Can i please see it?			Yes, saw the card 1 Yes, did not see the card 2 Does not have a card 3								IM10	
(a) Copy the dates for each vaccine registered on the card. (b) Write "44" in the column if the day of the card shows that the vaccine was given but no date was recorded.			Date of vaccination									
			DAY		MONTH		YEAR					
IM2.	BCG	BCG										
IM3a.	Polio 0 (at birth)	P0										
IM3b.	Polio 1	P1										
IM3c.	Polio 2	P2										
IM3d.	Polio 3	P3										
MV4a.	DPT/hepatitis B,1st dose	DPT1										
MV4b.	DPT/hepatitis B,2nd dose	DPT2										
MV4c.	DPT/hepatitis B,3rd dose	DPT3										
IM6.	Measles	sar										
IM8A.	Vitamin A (penultimate time)	Vit A										
IM8B.	Vitamin A (last time)	Vit A										
IM8C.	Iodine (last time)											
IM8D.	Mebendazol (last time)											
IM9. did (Name) receive any vaccine that is not registered on the child's health card? Write "Yes" only if the interviewee mentions BCG, POLIO AT BIRTH, POLIO 1–3, DPT 1–3, MEASLES, HEPATITIS B., VITAMIN A, IODINE and/or MEBENDAZOL.			Yes..... 1 No..... 2 Don't know..... 8								1⇒IM9A 2⇒IM19 8⇒IM19	
IM9A. ask for the vaccines that are not registered on the health card (use questions IM11 to IM17 only as an example to obtain replies) and, if the child received one of the vaccines not registered, write "66" in the column for the day in questions IM2 to IM8D. then go to IM19												
IM10. did (Name) receive any vaccine to prevent diseases including the vaccines received in the vaccination campaigns?			Yes..... 1 No..... 2 Don't know..... 8								} IM20	
IM10. did (Name) receive an injection in the arm which leaves a scar (against tuberculosis)?			Yes..... 1 No..... 2 Don't know..... 8									
IM12. did (Name) receive drops in the mouth (vaccine against polio)?			Yes..... 1 No..... 2 Don't know..... 8								} IM15	
IM13. did (Name) receive the first vaccine against polio immediately after birth or later?			Immediately after birth..... 1 Later 2 Don't know..... 8									
IM14. How many times did (name) receive it?			Number of times 1 1 1 Don't know..... 98									
IM15. did (Name) receive an injection given at the same time as the polio drops (tetravalent vaccine – dpt/hep. b)?			Yes..... 1 No..... 2 Don't know..... 8								} IM17	
IM16. How many times did (name) receive it?			Number of times 1 1 1 Don't know..... 98									

Continue ➞



IM17. did (Name) receive an injection in the arm to prevent measles?	Yes..... 1 No..... 2 Don't know..... 8			
IM19. Tell me, please, whether (name) took part in any of the following campaigns:		Y	N	DK
MV19a. National vaccination campaign (2005)	Campaign A	1	2	8
MV19b. National child health week (2008)	Campaign B	1	2	8

IM20. Does any other child live in the household who is the son/daughter of, or under the care of, this informant? Check the list of the household, column HL8.

☐ Yes ⇒ End the current questionnaire and the go to the CHILDREN UNDER FIVE QUESTIONNAIRE to apply the questionnaire to the next eligible child.

☐ No ⇒ *Terminar a entrevista com este informante agradecendo-lhe a sua cooperação.*

If this is the last child in the household, go to the ANTHROPOMETRIC MODULE.

Anthropometric module		AN
<p>After the questionnaires have been completed for all the children, the measurer weighs and measures each child. Register below the weight and length-height, taking care to register the measurements in the correct questionnaire for each child. Check the name of the child and line number in the household list before recording the measurements.</p>		
AN1. Weight of the child	Kilograms (kg) _ . _	
AN2. Length or height of the child. Check the age of the child in UF11: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (child lying down). <input type="checkbox"/> Child 2 or more years old. ⇒ Measure height (child standing up).	Length (cm) Lying down1 _ . _ Height (cm) Standing up2 _ . _	
AN3. Identification code of the measurer	Code of the measurer..... _ _ _	
AN4. Result of the measurement	Measured.....1 Was not present2 Refused3 Physical disability4 Other (specify).....6	
AN5. Is there any other child in the household eligible for measurement? <input type="checkbox"/> Yes ⇒ Register the measurements of the next child <input type="checkbox"/> No ⇒ End the interview with the household, by thanking all the participants for their collaboration <p>Put together all the questionnaires of this household and check if all the identification numbers are inserted on each page. Count in the information panel on the household the number of interviews held.</p>		



OBSERVATIONS OF THE INTERVIEWER

(TO BE COMPLETED IMMEDIATELY AFTER THE END OF THE INTERVIEW)

COMMENTS ABOUT THE
INTERVIEWS:

COMMENTS ABOUT
SPECIFIC QUESTIONS:

ANY OTHER COMMENT:

OBSERVATIONS OF THE CONTROLLER

NAME OF THE CONTROLLER:

DATE:

OBSERVATIONS OF THE SUPERVISOR

NAME OF THE SUPERVISOR:

DATE: