

# Appendix C: Questionnaires

TAJIKISTAN  
STATE STATISTICAL AGENCY

## MULTIPLY INDICATOR CLUSTER SURVEY July 2000

### ① HOUSEHOLD QUESTIONNAIRE ①

WE ARE FROM STATE STATISTICAL AGENCY TEAM. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **50** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.  
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL **	
1. Cluster number: _____	2. Household number: _____
3. Day/Month/Year of interview: ____ / ____ / ____	4. Interviewer number: _____
5. Name of head of household: _____	
6. Area: Urban ..... 1 Rural ..... 2	7. Dushanbe ..... 1 Khatlon ..... 2 Sogd ..... 3 RRS ..... 4 GBAO ..... 5
8. Material of dwelling floor:** Wood/tile ..... 1 Planks/concrete ..... 2 Dirt/straw ..... 3 Other (specify) ..... 4	9. Number of rooms in dwelling: _____
9a. In your HH is available: Yes No A. Electricity ..... 1 ..... 2 B. Radio ..... 1 ..... 2 C. TV ..... 1 ..... 2 D. Refrigerator ..... 1 ..... 2	9b. Family has: Yes No A. Bicycle ..... 1 ..... 2 B. Motorcycle ..... 1 ..... 2 C. Car or truck ..... 1 ..... 2
9c. What type of fuel does family use for cooking of food: Electricity ..... 01 Gas ..... 02 Biogas ..... 03 Kerosene ..... 04 Coal ..... 05 Charcoal ..... 06 Firewood ..... 07 Manure ..... 08	10. Result of HH interview: Completed ..... 1 Refused ..... 2 Not at home ..... 3 HH not found/destroyed ..... 4 Other (specify) ..... 5

Other ( <i>specify</i> ) _____ 09	
11. No. of women eligible for interview: _____	12. No. of women interviews completed: _____
13. No. of children under age 5: _____	14. No. of child interviews completed: _____
15. Data entry clerk: _____	
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>	

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_

Q.31

HOUSEHOLD LISTING FORM													
<p>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH.            (Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers.            Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used <input type="checkbox"/></p>													
				Eligible for:			For persons age 15 or over ask Qs. 8 and 9		For children under age 15 years ask Qs. 10-13				
				WOMEN'S MODULES	CHILD LABOUR MODULE	CHILD HEALTH MODULES							
1. Line no.	2. Name	3. Is (name) MALE OR FEMALE ?	4. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record in Completed Years 99=DK*	5. Circle Line no. if woman is age 15-49	6. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL?  1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (name)?**  1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO 9 DK	11. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?  1 YES 2 NO	12. IS (name's) NATURAL FATHER ALIVE?  1 YES 2 NO 9 DK	13. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE- HOLD?  1 YES 2 NO	
LINE	NAME	M	F	AGE	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N
01		1	2	_____	01	____	____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
02		1	2	_____	02	____	____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
03		1	2	_____	03	____	____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
04		1	2	_____	04	____	____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
05		1	2	_____	05	____	____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
06		1	2	_____	06	____	____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
07		1	2	_____	07	____	____	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

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

\* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_

Q.32

<b>EDUCATION MODULE</b>											
<i>If interview takes place between two school years, use alternative wording found in Appendix 1.</i>											
<i>For persons <b>age 5 or over</b> ask Qs. 15 and 16</i>				<i>For children <b>age 5 through 17 years</b>, continue on, asking Qs. 17-22</i>							
<b>14.</b> <i>Line no.</i>	<b>15.</b> HAS ( <i>name</i> ) EVER ATTENDED SCHOOL?  1 YES ⇒ Q.16  2 NO ⇒ NEXT LINE	<b>16.</b> WHAT IS THE HIGHEST LEVEL OF SCHOOL ( <i>name</i> ) ATTENDED? WHAT IS THE HIGHEST GRADE ( <i>name</i> ) COMPLETED AT THIS LEVEL? LEVEL: 1 PRIMARY 2 SECONDARY 3 HIGHER 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK <i>If less than 1 grade, enter 00.</i>	<b>17.</b> IS ( <i>name</i> ) CURRENTLY ATTENDING SCHOOL?  1 YES ⇒ Q.19  2 NO	<b>18.</b> DURING THE CURRENT SCHOOL YEAR, DID ( <i>name</i> ) ATTEND SCHOOL AT ANY TIME?  1 YES  2 NO ⇒ Q.21	<b>19.</b> SINCE LAST ( <i>day of the week</i> ), HOW MANY DAYS DID ( <i>name</i> ) ATTEND SCHOOL?  <i>Insert number of days in space below.</i>	<b>20.</b> WHICH LEVEL AND GRADE IS/WAS ( <i>name</i> ) ATTENDING?  LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK  GRADE: 99 DK	<b>21.</b> DID ( <i>name</i> ) ATTEND SCHOOL LAST YEAR?  1 YES  2 NO ⇒ NEXT LINE 9 DK ⇒ NEXT LINE	<b>22.</b> WHICH LEVEL AND GRADE DID ( <i>name</i> ) ATTEND LAST YEAR?  LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK  GRADE: 99 DK			
LINE	Y NO	LEVEL	GRADE	YES NO	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE
01	1 2 ⇒ NEXT LINE	1 2 3 4 9	___ _	1 2	1 2	_____	1 2 3 4 9	___ _	1 2 9	1 2 3 4 9	___ _
02	1 2 ⇒ NEXT LINE	1 2 3 4 9	___ _	1 2	1 2	_____	1 2 3 4 9	___ _	1 2 9	1 2 3 4 9	___ _
03	1 2 ⇒ NEXT LINE	1 2 3 4 9	___ _	1 2	1 2	_____	1 2 3 4 9	___ _	1 2 9	1 2 3 4 9	___ _
04	1 2 ⇒ NEXT LINE	1 2 3 4 9	___ _	1 2	1 2	_____	1 2 3 4 9	___ _	1 2 9	1 2 3 4 9	___ _
05	1 2 ⇒ NEXT LINE	1 2 3 4 9	___ _	1 2	1 2	_____	1 2 3 4 9	___ _	1 2 9	1 2 3 4 9	___ _
06	1 2 ⇒ NEXT LINE	1 2 3 4 9	___ _	1 2	1 2	_____	1 2 3 4 9	___ _	1 2 9	1 2 3 4 9	___ _
07	1 2 ⇒ NEXT LINE	1 2 3 4 9	___ _	1 2	1 2	_____	1 2 3 4 9	___ _	1 2 9	1 2 3 4 9	___ _
<p><i>Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.</i></p> <p><i>For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.</i></p> <p><i>You should now have a separate questionnaire for each eligible woman and child in the household.</i></p>											

Cluster no. \_\_\_\_ Household no. \_\_\_\_

Q.33

CHILD LABOUR MODULE										
To be administered to caretaker of each child resident in the household age 5 through 15 years.										
Copy line number of each eligible child from household listing.										
Now I would like to ask about any work children in this household may do.										
1. Line no.	2. Name	3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  If yes: FOR PAY?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO Q.5	4. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  If more than one job, include all hours at all jobs.  Record response then ⇒ Q.6	5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  If yes: FOR PAY?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN?  1 YES 2 NO ⇒ TO Q.8	7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)?  1 YES 2 NO ⇒ NEXT LINE	9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?		
LINE NO.	NAME	YES PAID UNPAID NO	NO. HOURS	YES PAID UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS		
_____		1 2 3	_____	1 2 3	1 2	_____	1 2	_____		
_____		1 2 3	_____	1 2 3	1 2	_____	1 2	_____		
_____		1 2 3	_____	1 2 3	1 2	_____	1 2	_____		
_____		1 2 3	_____	1 2 3	1 2	_____	1 2	_____		
_____		1 2 3	_____	1 2 3	1 2	_____	1 2	_____		
_____		1 2 3	_____	1 2 3	1 2	_____	1 2	_____		
_____		1 2 3	_____	1 2 3	1 2	_____	1 2	_____		

When all children in the age range have been covered, GO TO WATER AND SANITATION MODULE ⇒

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_

WATER AND SANITATION MODULE		
<p><i>This module is to be administered once for each household visited.</i></p> <p><i>Record only one response for each question.</i></p> <p><i>If more than one response is given, record the most usual source or facility.</i></p>		
1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped into dwelling .....01 Piped into yard or plot .....02 Public tap .....03 Tubewell/borehole with pump .....04 Protected dug well .....05 Protected spring.....06 Rainwater collection .....07 Bottled water .....08 Unprotected dug well.....09 Unprotected spring.....10 Pond, river or stream .....11 Tanker-truck, vendor .....12  Other ( <i>specify</i> ) ..... 13  No answer or DK .....99	
2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ..... _____  Water on premises ..... 888  DK ..... 999	
3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?	Flush to sewage system or septic tank ..... 1 Pour flush latrine (water seal type) ..... 2 Improved pit latrine (e.g., VIP)..... 3 Traditional pit latrine ..... 4 Open pit ..... 5 Bucket..... 6  Other ( <i>specify</i> ) ..... 7  No facilities or bush or field ..... 8	8⇒Q.5
4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?**	Yes, in dwelling/yard/compound ..... 1 No, outside dwelling/yard/compound ..... 2  DK ..... 9	
5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?	Children always use toilet or latrine ..... 1 Thrown into toilet or latrine ..... 2 Thrown outside the yard ..... 3 Buried in the yard..... 4 Not disposed of or left on the ground..... 5  Other ( <i>specify</i> ) ..... 6  No young children in household ..... 8	

GO TO NEXT MODULE ⇒

Cluster no. \_\_\_\_ Household no. \_\_\_\_

SALT IODIZATION MODULE		
<p>1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM (no colour) ..... 1 Less than 15 PPM (weak colour)..... 2 15 PPM or more (strong colour)..... 3</p> <p>No salt in home..... 8 Salt not tested..... 9</p>	

GO TO WOMEN'S QUESTIONNAIRE ⇒

Q.35

Cluster no. \_\_\_\_ Household no. \_\_\_\_ Woman line no. \_\_\_\_

## ② QUESTIONNAIRE FOR INDIVIDUAL WOMEN ②

<b>WOMEN'S INFORMATION PANEL</b>		
<i>This module is to be administered to all women age 15 through 49 (see column 5 of HH listing).            Fill in one form for each eligible woman.</i>		
1. Woman's line number (from HH listing).	Line number ..... __ __	
2. Woman's name.	Name _____	
3A. IN WHAT MONTH AND YEAR WERE YOU BORN?  Or:  3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Date of birth Month/Year ..... __ __ / __ __ __ __  DK date of birth.....999999  Or:  Age (in completed years)..... __ __	DK⇒3B

**GO TO NEXT MODULE ⇒**

C.36



Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Woman line no. \_\_\_\_\_

### CHILD MORTALITY MODULE

*This module is to be administered to all women age 15-49.*

*All questions refer only to LIVE births.*

*Follow instructions as provided in training. See Instructions for Interviewers.*

<p>1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If "NO" probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒ CONTRA- CEPTIVE USE MODULE</p>
<p>2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR IS THE CHILD OF A MAN OTHER THAN YOUR CURRENT PARTNER.</p> <p>Or: 2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Date of first birth Day/Month/Year ..... _ _ / _ _ / _ _ _ _</p> <p>DK date of first birth ..... 99999999</p> <p>Or: Completed years since first birth..... _ _</p>	<p>DK⇒2B</p>
<p>3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒Q.5</p>
<p>4. HOW MANY SONS LIVE WITH YOU?</p> <p>How MANY DAUGHTERS LIVE WITH YOU?</p> <p>5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons at home ..... _ _</p> <p>Daughters at home..... _ _</p> <p>Yes ..... 1 No..... 2</p>	<p>2⇒Q.7</p>
<p>6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>How MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere ..... _ _</p> <p>Daughters elsewhere ..... _ _</p>	
<p>7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes ..... 1 No..... 2</p>	<p>2⇒Q.9</p>
<p>8. HOW MANY BOYS HAVE DIED?</p> <p>How MANY GIRLS HAVE DIED?</p>	<p>Boys dead ..... _ _</p> <p>Girls dead..... _ _</p>	
<p>9. Sum answers to Q. 4, 6, and 8.</p>	<p>Sum..... _ _</p>	

Q.37

10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT,  
YOU HAVE HAD IN TOTAL (*total number*)  
BIRTHS DURING YOUR LIFE IS THIS CORRECT?

☐ Yes ⇒ *Go to Q.11*

☐ No ⇒ *Check responses and make corrections before proceeding to Q.11*

11. OF THESE (*total number*) BIRTHS YOU HAVE  
HAD, WHEN DID YOU DELIVER THE LAST ONE  
(EVEN IF HE OR SHE HAS DIED)?

Date of last birth  
Day/Month/Year ..... \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

*Did the woman's last birth occur within the last year, that is, since (**insert date**)?*

☐ Yes, live birth in last year. ⇒ *GO TO TETANUS TOXOID MODULE*

☐ No live birth in last year. ⇒ *GO TO CONTRACEPTIVE USE MODULE*

Q.38

**GO TO MATERNAL AND NEWBORN HEALTH MODULE ⇒**

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Woman line no. \_\_\_\_\_

Q.39

<b>MATERNAL AND NEWBORN HEALTH MODULE</b>		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
<b>Use Q.7 and Q.8 only in countries where a local term for night blindness exists.</b>		
1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?  <i>Show 200,000 IU capsule or dispenser.</i>	Yes ..... 1 No..... 2  DK ..... 9	
2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?  <i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i>  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... 1 Nurse/midwife ..... 2 Auxiliary midwife ..... 3 Other person Traditional birth attendant ..... 4 Other (specify) ..... 6 No one ..... 0	
3. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (or name)?  ANYONE ELSE?  <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional: Doctor ..... 1 Nurse/midwife ..... 2 Auxiliary midwife ..... 3 Other person Traditional birth attendant ..... 4 Relative/friend ..... 5 Other (specify) ..... 6 No one ..... 0	
4. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?  5. WAS (name) WEIGHED AT BIRTH?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK ..... 9 Yes ..... 1 No..... 2  DK ..... 9	2⇒Q.7 9⇒Q.7
6. HOW MUCH DID (name) WEIGH?  <i>Record weight from health card, if available.</i>	From card ..... 1 (grams) __ , __ __ __ From recall ..... 2 (grams) __ , __ __ __ DK ..... 99999	
7. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU HAVE DIFFICULTY WITH YOUR VISION DURING THE DAYLIGHT?	Yes ..... 1 No..... 2  DK ..... 9	
8. DURING THAT PREGNANCY, DID YOU SUFFER FROM NIGHT BLINDNESS (insert local term)?	Yes ..... 1 No..... 2 DK ..... 9	

**GO TO NEXT MODULE ⇒**

Q.40

Cluster no. \_\_\_\_ Household no. \_\_\_\_ Woman line no. \_\_\_\_

### CONTRACEPTIVE USE MODULE

Ask Q.1 for all women age 15-49 and then follow the skip instruction carefully.  
Questions on pregnancy and contraception are to be asked only of women who are currently married or in union.

<p>1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A MAN?</p>	<p>Yes ..... 1</p> <p>No, widowed, divorced, separated..... 2</p> <p>No, never married..... 3</p>	<p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>2. NOW I AM GOING TO CHANGE TOPICS. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION. OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant ..... 1</p> <p>No..... 2</p> <p>Unsure or DK..... 3</p>	<p>1⇒NEXT MODULE</p>
<p>3. SOME 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 GETTING PREGNANT?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒NEXT MODULE</p>
<p>4. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization.....01</p> <p>Male sterilization .....02</p> <p>Pill .....03</p> <p>IUD.....04</p> <p>Injections .....05</p> <p>Implants .....06</p> <p>Condom .....07</p> <p>Female condom .....08</p> <p>Diaphragm .....09</p> <p>Foam/jelly .....10</p> <p>Lactational amenorrhoea method (LAM) .....11</p> <p>Periodic abstinence.....12</p> <p>Withdrawal .....13</p> <p>Other (<i>specify</i>) ..... 14</p>	

GO TO NEXT MODULE ⇒

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Woman line no. \_\_\_\_\_

### HIV/AIDS MODULE

*This module is to be administered to all women age 15-49.*

*See Instructions for Interviewers for further discussion of these questions.*

<p>1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT WHAT YOU KNOW ABOUT SERIOUS ILLNESS, IN PARTICULAR, ABOUT HIV AND AIDS.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒Q.18</p>
<p>2. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 9</p>	<p>2⇒Q.8</p> <p>9⇒Q.8</p>
<p>3. NOW I WILL READ SOME QUESTIONS ABOUT HOW PEOPLE CAN PROTECT THEMSELVES FROM THE AIDS VIRUS. THESE QUESTIONS INCLUDE ISSUES RELATED TO SEXUALITY WHICH SOME PEOPLE MIGHT FIND DIFFICULT TO ANSWER. HOWEVER, YOUR ANSWERS ARE VERY IMPORTANT TO HELP UNDERSTAND THE NEEDS OF PEOPLE IN (<b>country name</b>). AGAIN, THIS INFORMATION IS ALL COMPLETELY PRIVATE AND ANONYMOUS. PLEASE ANSWER YES OR NO TO EACH QUESTION.</p> <p>CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE UNINFECTED SEX PARTNER WHO ALSO HAS NO OTHER PARTNERS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 9</p>	
<p>4. DO YOU THINK A PERSON CAN GET INFECTED WITH THE AIDS VIRUS THROUGH SUPERNATURAL MEANS?*</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 9</p>	
<p>5. CAN PEOPLE PROTECT THEMSELVES FROM THE AIDS VIRUS BY USING A CONDOM CORRECTLY EVERY TIME THEY HAVE SEX?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 9</p>	
<p>6. CAN A PERSON GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 9</p>	
<p>7. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 9</p>	
<p>8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 9</p>	

Q.42

9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD?	Yes ..... 1 No..... 2 DK ..... 9	2⇒Q.13 9⇒Q.13
10. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD DURING PREGNANCY?	Yes ..... 1 No..... 2 DK ..... 9	
11. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD AT DELIVERY ?	Yes ..... 1 No..... 2 DK ..... 9	
12. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD THROUGH BREAST MILK?	Yes ..... 1 No..... 2 DK ..... 9	
13. IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE OR SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No..... 2 DK ..... 9	
14. IF YOU KNEW THAT A SHOPKEEPER OR FOOD SELLER HAD AIDS OR THE VIRUS THAT CAUSES IT, WOULD YOU BUY FOOD FROM HIM OR HER?	Yes ..... 1 No..... 2 DK ..... 9	
15. I AM NOT GOING TO ASK YOU ABOUT YOUR HIV STATUS ( <i>use term understood locally</i> ), BUT WE ARE INTERESTED TO KNOW HOW MUCH DEMAND THERE IS IN YOUR COMMUNITY FOR HIV TESTING AND COUNSELLING. SO, I WOULD LIKE TO ASK YOU:  I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No..... 2	2⇒Q.17
16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes ..... 1 No..... 2	
17. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No..... 2	
18. <i>Is the woman a caretaker of any children under five years of age?</i>  <input type="checkbox"/> Yes. ⇒ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker.  <input type="checkbox"/> No. ⇒ CONTINUE WITH Q.19		

19. Does another eligible woman reside in the household?

☐ Yes. ⇒ End the current interview by thanking the woman for her cooperation and  
GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN  
to administer the questionnaire to the next eligible woman.

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

Cluster no. \_\_\_\_ Household no. \_\_\_\_ Caretaker line no. \_\_\_\_ Child line no. \_\_\_\_

### ③ QUESTIONNAIRE FOR CHILDREN UNDER FIVE ③

This questionnaire is to be administered to all women who care for a child that lives with them  
and is under the age of 5 years (see Q.4 of the HH listing).

A separate form should be used for each eligible child.

Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing).

Fill in the line number of each child, the line number of the child's mother or caretaker,  
and the household and cluster numbers in the space at the top of each page.

BIRTH REGISTRATION AND EARLY LEARNING MODULE		
1. Child's name.	Name _____	
2. Child's age (copy from Q.4 of HH listing).	Age (in completed years)..... ____	
3. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN?  <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?  <i>If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.</i>	Date of birth Day/Month/Year ..... ____/____/____	
4. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?  <i>If certificate is presented, verify reported birth date. If no birth certificate is presented, try to verify date using another document (health card, etc.).</i>	Yes, seen ..... 1 Yes, not seen ..... 2 No..... 3  DK ..... 9	1⇒Q.8



<i>Correct stated age, if necessary.</i>		
5. <i>If no birth certificate is shown, ask:</i>	Yes ..... 1	1⇒Q.8
HAS ( <i>name's</i> ) BIRTH BEEN REGISTERED?	No..... 2	9⇒Q.7
	DK ..... 9	
6. WHY IS ( <i>name's</i> ) BIRTH NOT REGISTERED?	Costs too much** ..... 1 Must travel too far ..... 2 Did not know it should be registered..... 3 Late, and did not want to pay fine..... 4 Does not know where to register ..... 5  Other ( <i>specify</i> ) ..... 6 DK ..... 9	
7. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ..... 1 No..... 2 No answer..... 8	
8. <i>Check age. If child is 3 years old or more, ask:</i> 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 ..... 9	2⇒NEXT MODULE  9⇒NEXT MODULE
9. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID ( <i>name</i> ) ATTEND?	Number of hours ..... _ _	

**GO TO NEXT MODULE ⇒**

Q.46

Cluster no. \_\_\_\_ Household no. \_\_\_\_ Caretaker line no. \_\_\_\_ Child line no. \_\_\_\_

Q.47

BREASTFEEDING MODULE		
1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes ..... 1 No..... 2  DK ..... 9	2⇒Q.4  9⇒Q.4
2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No..... 2  DK ..... 9	2⇒Q.4  9⇒Q.4
3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>	<div style="text-align: right;">Y N DK</div> A. Vitamin supplements..... 1 2 9 B. Plain water ..... 1 2 9 C. Sweetened water or juice ..... 1 2 9 D. ORS ..... 1 2 9 E. Milk..... 1 2 9 F. Other liquids ( <i>specify</i> )..... 1 2 9 G. Mushy food..... 1 2 9	
4. SINCE THIS TIME YESTERDAY, HAS ( <i>name</i> ) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT?	Yes ..... 1 No..... 2  DK ..... 9	

GO TO NEXT MODULE ⇒

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Caretaker line no. \_\_\_\_\_ Child line no. \_\_\_\_\_

Q.48

CARE OF ILLNESS MODULE			
1. HAS (name) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?  <i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i>	Yes ..... 1 No..... 2  DK ..... 9	1⇒Q.3	
2. IN THE LAST TWO WEEKS, HAS (name) HAD ANY OTHER ILLNESS, SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM?	Yes ..... 1 No..... 2  DK ..... 9	1⇒Q.4  2⇒Q.11  9⇒Q.11	
3. DURING THIS LAST EPISODE OF DIARRHOEA, DID (name) DRINK ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>	<div style="text-align: right;">Y N DK</div> 3A. BREAST MILK? A. Breast milk..... 1 2 9 3B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP? B. Gruel..... 1 2 9 3C. YOGURT DRINK C. Other acceptable..... 1 2 9 3D. ORS PACKET SOLUTION? D. ORS packet ..... 1 2 9 3E. OTHER MILK OR INFANT FORMULA? E. Other milk..... 1 2 9 3F. WATER WITH FEEDING DURING SOME PART OF THE DAY? F. Water with feeding ..... 1 2 9 3G. WATER ALONE? G. Water alone ..... 1 2 9 3H. SUGAR TEA, COAL, LIMONAD H. Unacceptable fluids..... 1 2 9 3I. NOTHING I. Nothing ..... 1 2 9	1⇒Q.5	
4. DURING (name's) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none..... 1 About the same (or somewhat less) ..... 2 More ..... 3  DK ..... 9		
5. DURING (name's) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?  <i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i>	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5  DK ..... 9		
6. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE	Yes ..... 1 No..... 2	2⇒Q.11	

LAST?	DK ..... 9	9⇒Q.11
7. WHEN ( <i>name</i> ) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK ..... 9	2⇒Q.11 9⇒Q.11
8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Blocked nose ..... 1 Problem in chest ..... 2 Both ..... 3  Other ( <i>specify</i> ) ..... 4 DK ..... 9	1⇒Q.11 4⇒Q.11
9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes ..... 1 No ..... 2 DK ..... 9	2⇒Q.11 9⇒Q.11
10. FROM WHERE DID YOU SEEK CARE?  ANYWHERE ELSE?  <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>	Hospital ..... 01 Health centre ..... 02 Dispensary ..... 03 Village health worker ..... 04 MCH clinic ..... 05 Mobile/outreach clinic ..... 06 Private physician ..... 07 Traditional healer ..... 08 Pharmacy or drug seller ..... 09 Relative or friend ..... 10  Other ( <i>specify</i> ) ..... 11	
<i>Ask this question (Q.11) only once for each caretaker.</i>  11. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?  <i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms.</i> <i>Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i>	Child not able to drink or breastfeed ..... 01 Child becomes sicker ..... 02 Child develops a fever ..... 03 Child has fast breathing ..... 04 Child has difficult breathing ..... 05 Child has blood in stool ..... 06 Child is drinking poorly ..... 07  Other ( <i>specify</i> ) ..... 08  Other ( <i>specify</i> ) ..... 09  Other ( <i>specify</i> ) ..... 10	

**GO TO NEXT MODULE ⇒**

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Caretaker line no. \_\_\_\_\_ Child line no. \_\_\_\_\_

IMMUNIZATION MODULE									
<i>If child has vaccination card copy all data of immunization in tabl. Below in lines 2-5.</i>									
1. IS IMMUNIZATION FORM (0-63) AVAILABLE ?				Yes ..... 1				2⇒Q6	
				No..... 2					
Copy dates of all vaccinations.				Date of Immunization					
				DAY		MONTH		YEAR	
2. BCG		BCG							
3A. OPV0		OPV0							
3B. OPV1		OPV1							
3C. OPV2		OPV2							
3D. OPV3		OPV3							
4A. DPT1		DPT1							
4B. DPT2		DPT2							
4C. DPT3		DPT3							
5. MEASLES		MEASLES							
6. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?				Yes ..... 1					
				No..... 2					
				DK ..... 9					
7. HAS (name) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?				Yes ..... 1				2⇒Q.10 9⇒Q.10	
				No..... 2					
				DK ..... 9					
8. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?				Just after birth..... 1					
				Later ..... 2					
9. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?				No. of times ..... ____					
10. HAS (name) EVER BEEN GIVEN “VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA ?				Yes ..... 1				2⇒Q.12 9⇒Q.12	
				No..... 2					
				DK ..... 9					

(SOMETIMES GIVEN AT THE SAME TIME AS POLIO)		
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11. HOW MANY TIMES?	No. of times .....													
12. HAS ( <i>name</i> ) EVER BEEN GIVEN "VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No..... 2 DK ..... 9													
13. PLEASE TELL ME IF ( <i>name</i> ) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS:  <b>28 March-2 April 2000/POLIO NID- A</b> <b>2-6 May 2000/POLIO NID- B</b>	<table> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td><b>Campaign A</b> .....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td><b>Campaign B</b>.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> </table>		Y	N	DK	<b>Campaign A</b> .....	1	2	9	<b>Campaign B</b> .....	1	2	9	
	Y	N	DK											
<b>Campaign A</b> .....	1	2	9											
<b>Campaign B</b> .....	1	2	9											

*If child has vaccination card go to next module, If no, check availability of vaccination card (F.0-63) in health center and copy all information; data of immunization to table starting qts 1b.*

Full child's name: ..... Address: .....  The address of the Health Center who keep the form 0.63 concerning the child's immunizations ..... .....
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1B. IS IMMUNIZATION FORM (0-63) AVAILABLE IN HEALTH CENTER?

Yes .....1

No .....2

2⇒NEXT  
CHILD

*If YES, copy dates of all vaccinations.*  
Date of Immunization

DAY  
MONTH  
YEAR

Q.52

2. BCG  
BCG

3A. OPV0  
OPV0

3B. OPV1  
OPV1

99.11.12

3C. OPV2  
OPV2



Q.53