UNICEF HOUSEHOLD QUESTIONNAIRE KNBS
KENYA NATIONAL BUREAU OF STATISTICS
Keeping you informed

HOUSEHOLD INFORMATION PANEL	HH

HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___ ___
HH3. Interviewer name and number: Name_____ ___ ___	HH4. Field edited by (name and number): Name_____ ___ ___
HH5. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	

HH6. Area: 　Urban ....1 　Rural ....2 　Slum (informal settlement).......................3 HH8. Name of head of household: _____	HH7. Region: 　Coast province 3
	HH7A. District: 　District code .... __ __

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

HH9. Result of household interview: 　Completed ....1 　Not at home ....2 　Refused ....3 　Household not found/destroyed...............4 　Other (*specify*)_____ 6	HH10. Respondent to household questionnaire: 　Name:_____ 　Line No: ___ ___
	HH11. Total number of household members: ___ ___
HH12. No of women age 15-49 years: ___ ___	HH13. No of women age 15-49 years completed: ___ ___
HH14. No of children under age 5: ___ ___	HH15. No of under-5 questionnaires completed: ___ ___

Interviewer/editor/supervisor notes: *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.*

HH15A. Supervisor: Name_____ ___ ___	HH16. Data entry clerk: Name_____ ___ ___

Introduction

We are from Kenya National Bureau of Statistics (KNBS). We are working on a project concerned with family health and education. I would like to talk to you about this. All the information we obtain will remain strictly confidential and your answers will never be identified. May I start now?

If permission is given, begin the interview.

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.
Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used ☐

HL0.
Record the time

Hour ......___
Minutes ...___

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION-SHIP OF (name) TO THE HEAD OF THE HOUSE-HOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Fem.		HL5. HOW OLD IS (name)? Probe: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record age in completed years	ELIGIBILITY FOR WOMEN'S INTERVIEW HL6. Circle Line no. if woman is age 15-49	MOTHER OR CARETAKER OF CHILD 5-14 HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/caretaker	ELIGIBILITY FOR UNDER-5 INTERVIEW HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/caretaker	Ask if age 18-59 years HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 Yes 2 No ⇨HL11 8 DK ⇨HL11	HL10. If alive: DOES (name)S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? Record line no. of mother or 00 for 'no'	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. Is (name's) NATURAL FATHER ALIVE? 1 Yes 2 No⇨ Next Line 8 DK⇨ Next Line	HL12. If alive: DOES (name)S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? Record line no. of father or 00 for 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?
Line	Name	Relation	M	F	Age	15-49	Mother	Mother	Y N DK	Y N DK	Mother	Y N DK	Y N DK	Father	Y N DK
01		0 1	1	2	__ __	01	Mother __ __	Mother __ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
02		__ __	1	2	__ __	02	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
03		__ __	1	2	__ __	03	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
04		__ __	1	2	__ __	04	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
05		__ __	1	2	__ __	05	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
06		__ __	1	2	__ __	06	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
07		__ __	1	2	__ __	07	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
08		__ __	1	2	__ __	08	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
09		__ __	1	2	__ __	09	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
10		__ __	1	2	__ __	10	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8

Ask if age 0-17 years (columns HL9–HL12A)

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Fem.	HL5. HOW OLD IS (name)? Probe: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record age in completed years	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/caretaker	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 Yes 2 No ⇨HL11 8 DK ⇨HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line no. of mother or 00 for 'no'	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. IS (name's) NATURAL FATHER ALIVE? 1 Yes 2 No⇨ Next Line 8 DK⇨ Next Line	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE-HOLD? Record line no. of father or 00 for 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?
Line	Name	Relation	M F	Age	15-49	Mother	Mother	Y N DK	Y N DK	Mother	Y N DK	Y N DK	Father	Y N DK
11		__ __	1 2	__ __	11	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
12		__ __	1 2	__ __	12	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
13		__ __	1 2	__ __	13	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
14		__ __	1 2	__ __	14	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8
15		__ __	1 2	__ __	15	__ __	__ __	1 2 8	1 2 8	__ __	1 2 8	1 2 8	__ __	1 2 8

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Under 5 Questionnaire.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* *Codes for HL3: Relationship to head of household:*
01 = Head
02 = Wife or Husband
03 = Son or Daughter
04 = Son or Daughter In-Law
05 = Grandchild
06 = Parent
07 = Parent-In-Law
08 = Brother or Sister
09 = Brother or Sister-In-Law
10 = Uncle/Aunt
11 = Niece/Nephew
12 = Other Relative
14 = Adopted/Foster/Stepchild
15 = Not Related
98 = Don't Know

EDUCATION

ED1. Line no.

ED1A. Name and age

For household members age 5 and above

ED2. HAS (*name*) EVER ATTENDED SCHOOL, PRESCHOOL OR ANY NON-FORMAL EDUCATION?

1 Yes ⇨ ED3
2 No ↘ Next Line

ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) <u>ATTENDED</u>? WHAT IS THE HIGHEST GRADE (STANDARD/FORM/CLASS) (*name*) <u>COMPLETED</u> AT THIS LEVEL?

Level:
0 Preschool
1 Primary
2 Secondary
3 Higher
6 Non-formal education
8 DK

Grade/Standard/Form/Class:
98 DK
If less than 1 grade, enter 00
If Level=0 or 6, leave Grade blank

ED4. DURING THE CURRENT (2009) SCHOOL YEAR, DID (*name*) ATTEND SCHOOL, PRESCHOOL OR NON-FORMAL EDUCATION AT ANY TIME?

1 Yes
2 No ⇨ ED7

ED5. SINCE LAST (*day of the week*), HOW MANY DAYS DID (*name*) ATTEND SCHOOL?

Insert number of days.
Exclude the day of interview.
8 DK
9 School closed

For household members age 5-24 years

ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE (STANDARD/FORM/CLASS) IS (*name*) ATTENDING?

Level:
0 Preschool
1 Primary
2 Secondary
3 Higher
6 Non-formal education
8 DK

Grade/Standard/Form/Class:
98 DK
If Level=0 or 6, leave Grade blank

ED7. DID (*name*) ATTEND SCHOOL, PRESCHOOL OR NON-FORMAL EDUCATION AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2008?

1 Yes
2 No ↘ Next Line
8 DK ↘ Next Line

ED8. DURING THE PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE (STANDARD/FORM/CLASS) DID (*name*) ATTEND?

Level:
0 Preschool
1 Primary
2 Secondary
3 Higher
6 Non-formal education
8 DK

Grade/Standard/Form/Class:
98 DK
If Level=0 or 6, leave Grade blank

LINE	NAME	AGE	ED2 YES NO	ED3 LEVEL	ED3 GRADE	ED4 YES NO	ED5 DAYS	ED6 LEVEL	ED6 GRADE	ED7 Y N DK	ED8 LEVEL	ED8 GRADE
01		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
02		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
03		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
04		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
05		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
06		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
07		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
08		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
09		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
10		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
11		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
12		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
13		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
14		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __
15		__ __	1 2⇨Next Line	0 1 2 3 6 8	__ __	1 2	__ __	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __

WATER AND SANITATION		WS

WS1. WHAT IS THE **MAIN** SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water
	    Piped into dwelling 11
	    Piped into compound, yard or plot 12
	    Piped to neighbor 13
	    Piped to water kiosk 14
	    Public tap/standpipe 15
	Tubewell/Borehole 21
	Dug well
	    Protected well 31
	    Unprotected well 32
	Water from spring
	    Protected spring 41
	    Unprotected spring 42
	Rainwater collection 51
	Tanker-truck 61
	Cart with small tank/drum 71
	Surface water (river, stream, dam, lake,
	    pond, canal, irrigation channel) 81
	
	Bottled water 91
	
	Other (*specify*) _____ 96
		11⇨WS5
		12⇨WS5
		13⇨WS5
		
		⇨WS3
		
		96⇨WS3

WS2. WHAT IS THE **MAIN** SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water
	    Piped into dwelling 11
	    Piped into yard or plot 12
	    Piped to neighbor 13
	    Piped to water kiosk 14
	    Public tap/standpipe 15
	Tubewell/Borehole 21
	Dug well
	    Protected well 31
	    Unprotected well 32
	Water from spring
	    Protected spring 41
	    Unprotected spring 42
	Rainwater collection 51
	Tanker-truck 61
	Cart with small tank/drum 71
	Surface water (river, stream, dam, lake,
	    pond, canal, irrigation channel) 81
	
	Other (*specify*) _____ 96
		11⇨WS5
		12⇨WS5
		13⇨WS5

WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes .... __ __ __ Water on premises .... 995 DK 998	995⇨WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (15+ years) .... 1 Adult man (15+ years) .... 2 Female child (under 15) .... 3 Male child (under 15) .... 4 DK 8	

WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes .... 1 No.. 2 DK 8	2⇨WS7 8⇨WS7
WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	Boil ....A Add bleach/chlorine ....B Strain it through a cloth ....C Use water filter (ceramic, sand, composite, etc.).....................................D Solar disinfection..E Let it stand and settle.................................F Other (*specify*) _____ X DK ....Z	
WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush", probe:* WHERE DOES IT FLUSH TO? *If necessary, ask permission to observe the facility.*	Flush/pour flush Flush to piped sewer system .... 11 Flush to septic tank .... 12 Flush to pit (latrine) .... 13 Flush to somewhere else .... 14 Flush to unknown place/not sure/DK where.. 15 Ventilated Improved Pit latrine (VIP) .... 21 Pit latrine with slab .... 22 Pit latrine without slab/open pit .... 23 Composting toilet .... 31 Bucket .... 41 Hanging toilet/hanging latrine .... 51 No facilities or bush or field or ocean........ 95 Other (*specify*) _____ 96	 95⇨ NEXT MODULE
WS8. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes .... 1 No.. 2	 2⇨ NEXT MODULE
WS8A. DO YOU SHARE THIS FACILITY ONLY WITH OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) .... 1 Public facility 2	 2⇨ NEXT MODULE
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10) ...... 0 __ Ten or more households .... 10 DK 98	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Catholic .... 1 Other Christian .... 2 Muslim.. 3 No Religion.. 4 Others *(specify)*_____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms .... __ __	

HC3. Main material of the dwelling floor:
 	
Record observation.
	Natural floor
	    Earth/sand.. 11
	    Dung.. 12
	Rudimentary floor
	    Wood planks 21
	    Palm/bamboo 22
	Finished floor
	    Parquet or polished wood 31
	    Vinyl or asphalt strips........................... 32
	    Ceramic tiles 33
	    Cement.. 34
	    Carpet 35
	
	Other *(specify)* _____ 96	

HC4. Main material of the roof.
 	
Record observation.
	Natural roofing
	    No Roof... 11
	    Grass/Thatch/Makuti............................ 12
	    Sod.. 13
	    Dung/Mud.. 14
	Rudimentary Roofing
	    Corrugated iron (Mabati)....................... 21
	    Tin cans... 22
	Finished roofing
	    Asbestos sheet..................................... 31
	    Concrete.. 32
	    Tiles.. 33
	
	Other *(specify)* _____ 96	

HC5. Main material of the walls.
 	
Record observation.
	Natural walls
	  No walls.. 11
	  Cane/palm/trunks 12
	  Dirt... 13
	Rudimentary walls
	  Bamboo with mud 21
	  Stone with mud 22
	  Uncovered adobe.................................. 23
	  Plywood.. 24
	  Cardboard 25
	  Reused wood 26
	Finished walls
	  Cement.. 31
	  Stone with lime/cement......................... 32
	  Bricks 33
	  Cement blocks 34
	  Covered adobe...................................... 35
	  Wood planks/shingles 36
	
	Other (*specify*) _____ 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD **MAINLY** USE FOR COOKING?	Electricity.. 01 Liquefied Petroleum Gas (LPG)................ 02 Natural gas.. 03 Biogas .... 04 Kerosene .... 05 Coal / Lignite .... 06 Charcoal.. 07 Wood... 08 Straw/shrubs/grass .... 09 Animal dung .... 10 Agricultural crop residue .... 11 Other (*specify*) _____ 96 No food cooked in household 97	01⇨HC9 02⇨HC9 03⇨HC9 04⇨HC9 05⇨HC9 97⇨HC9
HC8. IS THE COOKING USUALLY DONE IN THE INDOOR LIVING SPACE, IN A SEPARATE KITCHEN/BUILDING, OR OUTDOORS?	In a room used for living/sleeping .... 1 In a separate room used as kitchen............ 2 In a separate building used as kitchen .... 3 Outdoors .... 4 Other (*specify*) _____ 6	

HC9. DOES YOUR HOUSEHOLD HAVE:
  A. ELECTRICITY?
  B. RADIO?
  C. COLOR TELEVISION?
  D. B&W TELEVISION?
  E. MOBILE TELEPHONE?
  F. NON-MOBILE TELEPHONE?
  G. REFRIGERATOR?
  H. BLENDER OR MIXER?
  I.   WATER HEATER?
  J. WASHING MACHINE?
  K. COMPUTER?
  L. INTERNET CONNECTION?
  M. VCR, VCD OR DVD?
  N. AIR CONDITIONER?
  O. SEWING MACHINE?
	Yes No
	Electricity...1 2
	Radio...1 2
	Color Television 1 2
	B&W Television..................................1 2
	Mobile Telephone 1 2
	Non-Mobile Telephone.......................1 2
	Refrigerator 1 2
	Blender or Mixer................................1 2
	Water Heater.....................................1 2
	Washing Machine 1 2
	Computer 1 2
	Internet connection 1 2
	VCR, VCD or DVD 1 2
	Air Conditioner 1 2
	Sewing Machine................................1 2	

HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No
A. A WATCH?	Watch 1		2
B. A BICYCLE?	Bicycle... 1		2
C. A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter 1		2
D. AN ANIMAL-DRAWN CART?	Animal drawn-cart............................ 1		2
E. A CAR OR TRUCK?	Car/Truck 1		2
F. A BOAT WITH A MOTOR?	Boat with motor 1		2

HC10A. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING, OR DO YOU RENT THIS DWELLING?	Own.. 1 Rent.. 2 Rent free/squatter/other 3	

HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes .... 1 No... 2	2⇨HC13

HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1, record "00". If more than 97, record '97'. If unknown, record '98'.*	Acres .... ___ ___	

HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes .... 1 No... 2	2⇨NEXT MODULE

HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?		
A. CATTLE?	Cattle... ___ ___	
B. MILK COWS OR BULLS?	Milk cows or bulls............................. ___ ___	
C. HORSES, DONKEYS, OR MULES?	Horses, donkeys, or mules .... ___ ___	
D. GOATS?	Goats... ___ ___	
E. SHEEP?	Sheep... ___ ___	
F. CHICKENS?	Chickens .... ___ ___	
If none, record '00'. *If more than 97, record '97'.* *If unknown, record '98'.*		

INDOOR RESIDUAL SPRAYING		**IR**
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE SPRAYED THE INTERIOR WALLS OF YOUR DWELLING AGAINST MOSQUITOES?	Yes .... 1 No... 2	2⇨NEXT MODULE
IR2. HOW MANY MONTHS AGO WAS THE HOUSE SPRAYED? *If less than one month, record "00".*	Months ago .... __ __	
IR3. WHO SPRAYED THE HOUSE?	Government worker/program...................... 1 Private company .... 2 Household member..................................... 3 Other (*specify*) _____ 6 DK 8	

ITN			TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes .... 1 No.. 2		2⇨NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets .... ___ ___		

TN2A. *Ask the respondent to show you the nets in the household. If unable to observe the net(s), ask the respondent to determine the brand/type of net.*

If more than 3 nets, use additional questionnaire(s).   *Tick here if additional questionnaire is used* ☐

	1ST NET	2ND NET	3RD NET
TN3. *Mosquito net observed?*	Observed .... 1 Not observed.................. 2	Observed....................... 1 Not observed 2	Observed .... 1 Not observed 2
TN4. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET? *If less than one month, record "00"*	Months ago .... ___ ___ 37+ months ago .... 95 Not sure 98	Months ago........... ___ ___ 37+ months ago .... 95 Not sure......................... 98	Months ago .... ___ ___ 37+ months ago .... 95 Not sure 98
TN5. *Observe or ask the brand/type of mosquito net*	Long-lasting treated nets Perma Net................. 11 Olyset .... 12 Supernet .... 13 Other (*specify*) .... 16 DK brand................... 18 Pre-treated nets Supanet .... 21 Other (*specify*) .... 26 DK brand................... 28 Other net (*specify*) _____ 31 DK brand/type 98	Long-lasting treated nets Perma Net................. 11 Olyset .... 12 Supernet .... 13 Other (*specify*)............ 16 DK brand................... 18 Pre-treated nets Supanet..................... 21 Other (*specify*)............ 26 DK brand................... 28 Other net (*specify*) _____ 31 DK brand/type 98	Long-lasting treated nets Perma Net .... 11 Olyset .... 12 Supernet................... 13 Other (*specify*) .... 16 DK brand .... 18 Pre-treated nets Supanet .... 21 Other (*specify*) .... 26 DK brand .... 28 Other net (*specify*) _____ 31 DK brand/type............... 98

TN5A. WHERE DID YOU GET THE MOSQUITO NET?
 	
_____
(*Name of place*)
	Public sector
	 Govt. hospital 11
	 Govt. health centre..... 12
	 Govt. health post/
	   Dispensary. 13
	 Village hlth worker...... 14
	 Mobile/outreach clinic.15
	 Other public
	   (*specify*)_____ 16
	
	Private medical sector
	 Private hospital/clinic..21
	 Private physician........22
	 Private pharmacy 23
	 Mobile clinic 24
	 Other private medical
	   (*specify*)_____ 26
	
	Other source
	 Relative or friend........31
	 Shop 32
	 Trad. practitioner 33
	
	Other (*specify*)_____ 96
	DK................................98
		Public sector
		 Govt. hospital 11
		 Govt. health centre.....12
		 Govt. health post/
		   Dispensary. 13
		 Village hlth worker......14
		 Mobile/outreach clinic.15
		 Other public
		   (*specify*)_____ 16
		
		Private medical sector
		 Private hospital/clinic..21
		 Private physician........22
		 Private pharmacy 23
		 Mobile clinic 24
		 Other private medical
		   (*specify*)_____ 26
		
		Other source
		 Relative or friend........31
		 Shop 32
		 Trad. practitioner 33
		
		Other (*specify*)_____.96
		DK................................98
			Public sector
			 Govt. hospital............. 11
			 Govt. health centre 12
			 Govt. health post/
			   Dispensary............ 13
			 Village hlth worker 14
			 Mobile/outreach clinic 15
			 Other public
			   (*specify*)_____ 16
			
			Private medical sector
			 Private hospital/clinic . 21
			 Private physician........ 22
			 Private pharmacy 23
			 Mobile clinic 24
			 Other private medical
			   (*specify*)_____ 26
			
			Other source
			 Relative or friend........ 31
			 Shop 32
			 Trad. practitioner 33
			
			Other (*specify*)_____ 96
			DK................................ 98

TN5B. How much did you pay for the mosquito net?	Shillings.......... __ __ __ __ Free............................9995 DK..............................9998	Shillings ....__ __ __ __ Free.............................9995 DK 9998	Shillings ....__ __ __ __ Free ....9995 DK..............................9998
TN6. *Check TN5 for type of net*	☐ *Long-lasting* ⇨ *TN10* ☐ *Pretreated* ⇨ *TN8* ☐ *Else* ⇨ *Continue*	☐ *Long-lasting* ⇨ *TN10* ☐ *Pretreated* ⇨ *TN8* ☐ *Else* ⇨ *Continue*	☐ *Long-lasting* ⇨ *TN10* ☐ *Pretreated* ⇨ *TN8* ☐ *Else* ⇨ *Continue*
TN7. When you got the net, was it treated with an insecticide to kill or repel mosquitos?	Yes.................................1 No ....2 DK/Not sure 8	Yes.................................1 No....................................2 DK/Not sure....................8	Yes ....1 No....................................2 DK/Not sure 8

TN8. Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	Yes.................................1
	No 2
	              ⇨ TN10
	DK/Not sure 8
	              ⇨ TN10
		Yes.................................1
		No....................................2
		              ⇨ TN10
		DK/Not sure....................8
		              ⇨ TN10
			Yes 1
			No....................................2
			              ⇨ TN10
			DK/Not sure 8
			              ⇨ TN10

TN9. How many months ago was the net last soaked or dipped? *If less than one month, record "00"*	Months ago ....___ ___ More than 24 mo. ago ...95 Not sure 98	Months ago...........___ ___ More than 24 mo. ago ...95 Not sure.........................98	Months ago ....___ ___ More than 24 mo. ago... 95 Not sure 98

TN10. Did anyone sleep under this mosquito net last night?	Yes.................................1
	No 2
	              ⇨ TN12
	DK/Not sure 8
	              ⇨ TN12
		Yes.................................1
		No....................................2
		              ⇨ TN12
		DK/Not sure....................8
		              ⇨ TN12
			Yes 1
			No....................................2
			              ⇨ TN12
			DK/Not sure 8
			              ⇨ TN12

TN11. Who slept under this mosquito net last night? *Record the person's line number from the household listing form* *If someone not in the household list slept under the mosquito net, record "00"*	Name _____ Line no .... ___ ___ Name _____ Line no .... ___ ___ Name _____ Line no .... ___ ___ Name _____ Line no .... ___ ___	Name _____ Line no ....___ ___ Name _____ Line no ....___ ___ Name _____ Line no ....___ ___ Name _____ Line no ....___ ___	Name _____ Line no................. ___ ___ Name _____ Line no................. ___ ___ Name _____ Line no................. ___ ___ Name _____ Line no................ ___ ___
TN12.	*Go back to TN3 for next net. If no more nets, go to next module*	*Go back to TN3 for next net. If no more nets, go to next module*	*Go back to TN3 for next net. If no more nets, go to next module*

CHILDREN ORPHANED & MADE VULNERABLE BY HIV/AIDS		OV
OV1. *Check HL5: any children 0-17?* ☐ *Yes* ⇨ *Continue to OV2* ☐ *No* ⇨ *Child Labour Module*		
OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS?	Yes .... 1 No.. 2	2⇨OV5
OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes .... 1 No.. 2	2⇨OV5
OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE VERY SICK FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes .... 1 No.. 2	1⇨OV8
OV5. *Return to the Household Listing and check the following:* OV5A. *Check HL9 and HL11.* ☐ *At least one mother or father dead.* ⇨ *Go to OV8* ☐ *No mother or father dead*		
OV5B. *Check HL8A.* ☐ *At least one adult aged 18-59 very sick 3 of last 12 months* ⇨ *Go to OV8* ☐ *No adult aged 18-59 very sick 3 of last 12 months*		
OV5C. *Check HL10A and HL12A.* ☐ *At least one mother or father very sick 3 of last 12 months* ⇨ *Go to OV8* ☐ *No mother or father very sick 3 of last 12 months* ⇨ *Go to Child Labour Module*		

OV8. *List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the household listing module. Use an additional questionnaire if there are more than 4 children age 0-17 in the household. Ask all questions for one child before moving to the next child.*

Tick here if additional questionnaire is used ☐

	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
Name (from HL2)	_____	_____	_____	_____
Line number (from HL1)	___ ___	___ ___	___ ___	___ ___
Age (from HL5)	___ ___	___ ___	___ ___	___ ___

I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (*name*) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.

	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR (*name*). IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR (*name*), SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8	Yes...........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8
OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR (*name*), SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes..........1 No ....2 ⇨ OV13 DK...........8	Yes..........1 No ....2 ⇨ OV13 DK...........8	Yes..........1 No ....2 ⇨ OV13 DK...........8	Yes..........1 No ....2 ⇨ OV13 DK...........8
OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR (*name*), SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes..........1 No ....2 ⇨OV15 DK...........8	Yes..........1 No ....2 ⇨OV15 DK...........8	Yes..........1 No ....2 ⇨OV15 DK...........8	Yes..........1 No ....2 ⇨OV15 DK...........8
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR (*name*), SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes..........1 No ....2 ⇨ OV17 DK...........8	Yes..........1 No ....2 ⇨ OV17 DK...........8	Yes..........1 No ....2 ⇨ OV17 DK...........8	Yes..........1 No ....2 ⇨ OV17 DK...........8
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8	Yes..........1 No ....2 DK...........8
OV17. *Check OV8 for age of child:*	☐ *Age 0-4* ⇨ *Next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *Next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *Next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *Next child* ☐ *Age 5-17* ⇨ *OV18*
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR (*name's*) SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes............1 No ....2 DK.............8	Yes.......... 1 No .... 2 DK............ 8	Yes.......... 1 No .... 2 DK............ 8	Yes.......... 1 No .... 2 DK............ 8

CHILD LABOUR   CL

To be administered for children in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line no.

CL2. Name and age

CL3. 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 IN CASH OR KIND?
YES PAID 1 (cash or kind)
YES UNPAID 2 (unpaid)
NO 3 ⇨CL5

CL4. *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.
NO. HOURS

CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?
1 YES
2 NO ⇨ TO CL7
YES / NO

CL6. *If yes:* SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?
NO. HOURS

CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET?
Include work for a business run by the child, alone or with one or more partners.
1 Yes
2 No ⇨ CL9
YES / NO

CL8. *If yes:* SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?
NO. HOURS

CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?
1 Yes
2 No ⇩ Next Line
YES / NO

CL10. *If yes:* SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?
NO. HOURS

LINE	NAME	AGE	CL3 (PAID / UNPAID / NO)	CL4 NO. HOURS	CL5 (YES / NO)	CL6 NO. HOURS	CL7 (YES / NO)	CL8 NO. HOURS	CL9 (YES / NO)	CL10 NO. HOURS
01		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
02		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
03		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
04		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
05		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
06		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
07		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
08		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
09		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
10		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
11		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
12		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
13		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
14		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __
15		__ __	1 2 3	__ __	1 2	__ __	1 2	__ __	1 2	__ __

CHILD DISCIPLINE

Table 1: Children aged 2-14 years ELIGIBLE for Child Discipline questions

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

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.
RANK	LINE	NAME	M	F	AGE
1	__ __		1	2	___ ___
2	__ __		1	2	___ ___
3	__ __		1	2	___ ___
4	__ __		1	2	___ ___
5	__ __		1	2	___ ___
6	__ __		1	2	___ ___
7	__ __		1	2	___ ___
8	__ __		1	2	___ ___

CD7.	TOTAL CHILDREN AGED 2-14 YEARS	___

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD9; write down the rank number of the child and continue with CD11

Table 2: Selection of random child for Child Discipline questions

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

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

CD9. *Record the rank number of the selected child*	Rank number of child........................... __

CHILD DISCIPLINE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions.		
CD11. *Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.*	Name _____ Line number .... __ __	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF *YOU OR ANYONE ELSE IN YOUR HOUSEHOLD* HAS USED THIS METHOD WITH *(name)* <u>IN THE PAST MONTH</u>.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes .... 1 No.. 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes .... 1 No.. 2	
CD12C. SHOOK HIM/HER.	Yes .... 1 No.. 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes .... 1 No.. 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes .... 1 No.. 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes .... 1 No.. 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes .... 1 No.. 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes .... 1 No.. 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes .... 1 No.. 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes .... 1 No.. 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes .... 1 No.. 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) *(name)* PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes .... 1 No.. 2 Don't know/no opinion................................ 8	

To be administered for all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank

I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. Line no.	DA2. Child's name and age		DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (*name*) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?		DA4. COMPARED WITH OTHER CHILDREN, DOES (*name*) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?		DA5. DOES (*name*) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)		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 MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?		DA8. DOES (*name*) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSC-IOUSNESS?		DA9. DOES (*name*) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?		DA10. DOES (*name*) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?		DA11. (*For 3-9 year olds*): IS (*name*)'s SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?		DA12. (*For 2-year-olds*): CAN (*name*) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON?)		DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (*name*) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?	
LINE	NAME	AGE	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
01		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
02		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
03		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
04		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
05		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
06		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
07		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
08		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
09		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
10		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
11		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
12		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
13		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
14		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
15		– –	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2

HANDWASHING FACILITY		HW
HW1. WE WOULD LIKE TO SEE THE PLACE WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS? MAY I SEE THIS PLACE?	Place for hand washing observed...............1 No specific place for hand washing ....2 No permission to see 3	2 ⇨HW5 3 ⇨HW5

HW1A. Place where household members most often wash their hands?
 	
Ask to see and observe. Record <u>only one</u> hand washing place. This is the hand washing place most often used by household members. Estimate the distance of "within 10 paces".
	Inside
	    Toilet facility 01
	    Kitchen/Cooking place 02
	Within 10 paces of
	    Both toilet and kitchen............................03
	    Toilet facility (but farther from kitchen)..04
	    Kitchen (but farther from toilet facility) ..05
	Elsewhere
	    Elsewhere in home or yard 06
	    Elsewhere outside the yard....................07
	
	Other (*specify*) _____ 96	

HW2. Water available at the place for hand washing? *If there is a tap or pump at the specific place for hand washing, open the tap or operate the pump to see if water is coming out. If there is a bucket, basin or other type of water container, examine to see whether water is present in the container. Record observation.*	Water available ....1 Water not available 2	
HW3. Soap or detergent present at the specific place for hand washing? *Record observation. Circle all that apply.*	Bar soap...A Detergent (powder/liquid/paste).................B Liquid soap...C None...Y	A⇨NEXT MODULE B⇨NEXT MODULE C⇨NEXT MODULE
HW5. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes..1 No...2	2⇨NEXT MODULE
HW6. CAN YOU PLEASE SHOW IT TO ME? *Record observation. Circle all that apply*	Bar soap...A Detergent (powder/liquid/paste).................B Liquid soap...C Not able/Does not want to show ....Y	

SALT IODIZATION		SI
SI1. 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? *Once you have examined the salt,* *circle number that corresponds to test outcome.*	Not iodized 0 PPM .... 1 Less than 15 PPM...................................... 2 15 PPM or more... 3 No salt in home .... 6 Salt not tested 7	

SI1A. *Record the time.*	Hour and minutes..................... __ __ : __ __	

SI2. *Does any eligible woman age 15-49 reside in the household?*
Check household listing, column HL6.You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ *Yes. ⇨ Go to women's Questionnaire*
to administer the questionnaire to the first eligible woman.. If this woman has a child under age 5, continue to interview her on her under-5 child(ren)

☐ *No. ⇨ Continue.*

SI3. *Does any child under the age of 5 reside in the household?*
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ *Yes. ⇨ Go to Under-5 Questionnaire*
to administer the questionnaire to mother or caretaker of the first eligible child.

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

REMARKS AND OBSERVATIONS
SUPERVISOR
FIELD EDITOR
FIELD MONITORS/CO-ORDINATORS
OFFICE EDITOR

WOMEN QUESTIONNAIRE

WOMEN'S INFORMATION PANEL	WM

This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing).
Fill in one form for each eligible woman
Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.

WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___ ___
WM3. Woman's Name: _____	WM4. Woman's Line Number: ___ ___
WM5.Interviewer name and number: _____ ___ ___	WM6. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

Repeat greeting if not already read to this woman:
WE ARE FROM KENYA NATIONAL BUREAU OF STATISTICS (KNBS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW USUALLY TAKES AROUND 30-35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

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

WM7. Result of women's interview	Completed 1
	Not at home 2
	Refused 3
	Partly completed...4
	Incapacitated 5
	Other (*specify*)_____ 6

Interviewer/editor/supervisor notes: *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.*

WM71. Supervisor:	WM72. Field edited by (name and number):
Name _____ ___ ___	Name _____ ___ ___

ENGLISH

1.   *The child is reading a book.*

2.   *The rains came late this year.*

3.   *Parents must care for their children.*

4.   *Farming is hard work.*

WM7A. *Record the time.*	Hour and minutes..................... __ __ : __ __	

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth:
	    Month .... __ __
	    DK month 98
	
	    Year .... __ __ __ __
	    DK year 9998	

WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) .... __ __	
WM10. HAVE YOU EVER ATTENDED SCHOOL, PRESCHOOL OR ANY NON-FORMAL EDUCATION?	Yes .... 1 No... 2	2⇨WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool .... 0 Primary... 1 Secondary .... 2 Higher... 3 Non-formal education................................ 6	0⇨WM14 6⇨WM14
WM12. WHAT IS THE HIGHEST GRADE (STANDARD/FORM/CLASS) YOU COMPLETED AT THAT LEVEL? *If less than 1 grade, enter 00*	Grade .... __ __	
WM13. *Check WM11:* ☐ *Secondary or higher.* ⇨ *Go to Next Module* ☐ *Preschool, primary or non-formal education.* ⇨ *Continue with WM14*		

WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.
 	
Show sentences to respondent.
If respondent cannot read whole sentence, probe:
CAN YOU READ PART OF THE SENTENCE TO ME?
 	
Example sentences for literacy test:
 	
1.   The child is reading a book.
2.   The rains came late this year.
3.   Parents must care for their children.
4.   Farming is hard work.
	Cannot read at all.. 1
	Able to read only parts of sentence 2
	Able to read whole sentence 3
	No sentence in
	    required language_____ 4
	                        (specify language)
	Blind/mute, visually/speech impaired.......... 5	

CHILD MORTALITY		CM
All questions refer only to LIVE births.		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes .... 1 No 2	2⇨ MARRIAGE /UNION MODULE
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes .... 1 No 2	2⇨CM5
CM4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home .... __ __ Daughters at home .... __ __	
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes .... 1 No 2	2⇨CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere .... __ __ Daughters elsewhere .... __ __	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes .... 1 No 2	2⇨CM9
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead .... __ __ Girls dead... __ __	
CM9. Sum answers to CM4, CM6, and CM8.	Sum... __ __	
CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*number in CM9*) BIRTHS DURING YOUR LIFE. IS THIS CORRECT? ☐ *Yes.* ⇨ *Go to BH1* ☐ *No.* ⇨ *Check responses and make corrections before proceeding to BH1*		

BIRTH HISTORY BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.
Record names of all the births in BH1. Record twins and triplets on separate lines.

# BH1 — WHAT NAME WAS GIVEN TO YOUR *(first/next)* BABY?	BH2 — WERE ANY OF THESE BIRTHS TWINS? (SIN / MUL)	BH3 — Is *(name)* A BOY OR GIRL? (B / G)	BH4 — IN WHAT MONTH AND YEAR WAS *(name)* BORN? *Probe:* WHAT IS HIS/HER BIRTHDAY? (MONTH / YEAR)	BH5 — Is *(name)* STILL ALIVE? (Y / N)	BH6 — HOW OLD WAS *(name)* AT HIS/HER LAST BIRTHDAY? *Record age in completed years*	BH7 — Is *(name)* LIVING WITH YOU? (Y / N)	BH8 — *Record HH line number of child. Record '00' if child not listed in HH*	BH9 — *If dead:* HOW OLD WAS *(name)* WHEN HE/SHE DIED? HOW MANY MONTHS OLD WAS *(name)*? *Record days if less than 1 month; months if less than 2 years; or years* (Days…1 / Month…2 / Year…3)	BH10 — WERE THERE ANY OTHER LIVE BIRTHS BETWEEN *(name of previous birth)* AND *(name)*? (Y / N)
01	1 2	1 2	___ / ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨ next line	Days…1 / Month…2 / Year…3 ___ ___	*(shaded)*
02	1 2	1 2	___ / ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days…1 / Month…2 / Year…3 ___ ___	1 *Add* 2 *Next*
03	1 2	1 2	___ / ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days…1 / Month…2 / Year…3 ___ ___	1 *Add* 2 *Next*
04	1 2	1 2	___ / ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days…1 / Month…2 / Year…3 ___ ___	1 *Add* 2 *Next*
05	1 2	1 2	___ / ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days…1 / Month…2 / Year…3 ___ ___	1 *Add* 2 *Next*
06	1 2	1 2	___ / ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days…1 / Month…2 / Year…3 ___ ___	1 *Add* 2 *Next*
07	1 2	1 2	___ / ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days…1 / Month…2 / Year…3 ___ ___	1 *Add* 2 *Next*
08	1 2	1 2	___ / ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days…1 / Month…2 / Year…3 ___ ___	1 *Add* 2 *Next*
09	1 2	1 2	___ / ___ ___ ___ ___	1 2 ⇩ BH9	___ ___	1 2	___ ___ ⇨ BH10	Days…1 / Month…2 / Year…3 ___ ___	1 *Add* 2 *Next*

	BH1	BH2		BH3		BH4	BH5		BH6	BH7		BH8	BH9		BH10	
#	WHAT NAME WAS GIVEN TO YOUR *(first/ next)* BABY?	WERE ANY OF THESE BIRTHS TWINS?		IS *(name)* A BOY OR GIRL?		IN WHAT MONTH AND YEAR WAS *(name)* BORN? *Probe:* WHAT IS HIS/HER BIRTHDAY?	IS *(name)* STILL ALIVE?		HOW OLD WAS *(name)* AT HIS/HER LAST BIRTHDAY? *Record age in completed years*	IS *(name)* LIVING WITH YOU?		*Record HH line number of child* *Record '00' if child not listed in HH*	*If dead:* HOW OLD WAS *(name)* WHEN HE/SHE DIED? HOW MANY MONTHS OLD WAS *(name)*? *Record days if less than 1 month; months if less than 2 years; or years*		WERE THERE ANY OTHER LIVE BIRTHS BETWEEN *(name of previous birth)* AND *(name)*?	
		SIN	MUL	B	G	MONTH / YEAR	Y	N		Y	N					Y	N
10		1	2	1	2	——— / ———	1	2 ⇧ BH9	——	1	2	—— ⇨ BH10	Days...........1 Month..........2 Year...........3	——	1 *Add*	2 *Next*
11		1	2	1	2	——— / ———	1	2 ⇧ BH9	——	1	2	—— ⇨ BH10	Days...........1 Month..........2 Year...........3	——	1 *Add*	2 *Next*
12		1	2	1	2	——— / ———	1	2 ⇧ BH9	——	1	2	—— ⇨ BH10	Days...........1 Month..........2 Year...........3	——	1 *Add*	2 *Next*
13		1	2	1	2	——— / ———	1	2 ⇧ BH9	——	1	2	—— ⇨ BH10	Days...........1 Month..........2 Year...........3	——	1 *Add*	2 *Next*
14		1	2	1	2	——— / ———	1	2 ⇧ BH9	——	1	2	—— ⇨ BH10	Days...........1 Month..........2 Year...........3	——	1 *Add*	2 *Next*
15		1	2	1	2	——— / ———	1	2 ⇧ BH9	——	1	2	—— ⇨ BH10	Days...........1 Month..........2 Year...........3	——	1 *Add*	2 *Next*

BH11	HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF *(name of last birth)*? **If yes,** record birth(s)	Yes ....1 No 2

BH12 *Compare CM9 with number of births in history above and mark:*

☐ *Numbers are different* ⇨ *Probe and reconcile*

☐ *Numbers are same*

Check:
For all births: Year of birth is recorded .... ☐
For each living child: Current age is recorded .... ☐
For each dead child: Age at death is recorded .... ☐
For age at death 12 months or 1 year: Probe to .... ☐
determine exact number of months

BIRTH HISTORY BH

BH13. *Check BH4: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview) in 2007?*

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

☐ *No live birth in last 2 years.* ⇨ *Go to MARRIAGE/UNION module.*

☐ *Yes, live birth in last 2 years.* ⇨ *Record name of last born child and continue with BH14*

Name of child_____

BH14. AT THE TIME YOU BECAME PREGNANT WITH (*name*), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then .... 1 Later .... 2 No more 3	

TETANUS TOXOID (TT) TT

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

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

MATERNAL AND NEWBORN HEALTH		MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Check the birth history module BH13 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

MN1. IN THE FIRST TWO MONTHS AFTER THE BIRTH OF (*name)*, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? *Show 200,000 IU capsule or dispenser.*	Yes .... 1 No .... 2 DK 8	

MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?
 	
If yes: WHOM DID YOU SEE? ANYONE ELSE?
 	
Probe for the type of person seen and circle all answers given.
	Health professional
	    Doctor .... A
	    Community nurse .... B
	    Clinical officer C
	    Nurse/Midwife .... D
	
	Other person
	    Traditional birth attendant .... E
	    Community health worker .... F
	
	Relative/friend .... G
	
	Other (specify) _____ X
	
	No one .... Y
		Y⇨MN7

MN2A. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times .... __ __ DK 98	
MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE? A. WERE YOU WEIGHED? B. WAS YOUR BLOOD PRESSURE MEASURED? C. DID YOU GIVE A URINE SAMPLE? D. DID YOU GIVE A BLOOD SAMPLE?	Yes No Weight .... 1 2 Blood pressure .... 1 2 Urine sample .... 1 2 Blood sample 1 2	
MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?	Yes .... 1 No .... 2 DK 8	
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?	Yes .... 1 No .... 2 DK 8	2⇨MN6A 8⇨MN6A
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .... 1 No .... 2 DK 8	
MN6A. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes .... 1 No .... 2 DK 8	2⇨MN7 8⇨MN7
MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?	SP/Fansidar .... A Chloroquine .... B Other (*specify*) _____ X DK .... Z	

MN6C. *Check MN6B for medicine taken:* ☐ *SP/Fansidar taken.* ⇨ *Continue with MN6D* ☐ *SP/Fansidar not taken.* ⇨ *Go to MN7*		
MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR?	Number of times..................................... __ __	
MN7. WHO ASSISTED WITH THE DELIVERY OF (*name*)? *Probe:* ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.*	Health professional 　　Doctor .... A 　　Community nurse .... B 　　Clinical officer ....C 　　Nurse/Midwife.................................D Other person 　　Traditional birth attendant.....................E 　　Community health worker.....................F Relative/friend .... G Other (specify) _____ X No one..Y	
MN8. WHERE DID YOU GIVE BIRTH TO (*name*)? *If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.* _____ *(Name of place)*	Your home .... 11 Other home .... 12 Public Sector 　　Government hospital .... 21 　　Government health center.................. 22 　　Government dispensary .... 23 　　Other public (*specify*) _____ 26 Private medical sector 　　Mission hospital/clinic......................... 31 　　Private hospital/clinic......................... 32 　　Nursing/maternity home .... 33 　　Other private medical 　　(*specify*)_____ 36 Other (*specify*) _____ 96	11⇨MN8C 12⇨MN8C 96⇨MN8C
MN8A. HOW LONG AFTER (*name*) WAS DELIVERED DID YOU STAY THERE? *If less than one day, record hours.* *If less than one week, record days.*	Hours...............................1 __ __ Days.................................2 __ __ Weeks ....3 __ __ Don't know/remember............................. 998	
MN8B. WAS (*name*) DELIVERED BY CAESEREAN SECTION?	Yes... 1 No.. 2	1⇨MN8D 2⇨MN8D

MN8C. WHY DIDN'T YOU DELIVER (*name*) IN A HEALTH FACILITY? *Probe:* ANY OTHER REASON? *Record all mentioned.*	Cost too much..A Facility not open..B Too far..C Don't trust facility..D No female provider at facility ....E Husband/family did not allow ....F Not necessary ....G Not customary..H No transportation ....I Poor quality service....................................J Other (*specify*) _____ X	
MN8D. AFTER (*name*) WAS BORN, DID ANY HEALTH CARE PROVIDER OR A TRADITIONAL BIRTH ATTENDANT CHECK ON YOUR HEALTH?	Yes..1 No..2	2⇨MN8I
MN8E. HOW LONG AFTER THE BIRTH OF (*name*) DID THIS FIRST CHECK TAKE PLACE? *If less than one day, record hours.* *If less than one week, record days.*	Hours...............................1 __ __ Days.................................2 __ __ Weeks ....3 __ __ Don't know/remember............................998	

MN8F. WHO CHECKED ON YOUR HEALTH AT THAT TIME?
 	
Probe for most qualified person
	Health professional
	    Doctor 11
	    Community nurse 12
	    Clinical officer 13
	    Nurse/Midwife.................................... 14
	
	Other person
	    Traditional birth attendant................... 21
	    Community health worker.................. 22
	
	Other (specify) _____ 96	

MN8G. WHERE DID THIS FIRST CHECK TAKE PLACE?
 	
Probe to identify the type of source and circle the appropriate code.
 	
If unable to determine if a hospital, health centre, or clinic is public or private medical, write the name of the place
 	
_____
(Name of place)
	Your home 11
	Other home 12
	
	Public Sector
	    Government hospital 21
	    Government health center.................. 22
	    Government dispensary 23
	    Other public (*specify*) _____ 26
	
	Private medical sector
	    Mission hospital/clinic......................... 31
	    Private hospital/clinic.......................... 32
	    Nursing/maternity home 33
	    Pharmacy 34
	    Other private medical
	    (*specify*)_____ 36
	
	Other (*specify*) _____ 96
	
	DK 98	

MN8H. WAS THE HEALTH OF (*name*) ALSO CHECKED AT THIS TIME?	Yes.. 1 No.. 2	2⇨MN8I

MN8H2. WAS THIS ALSO THE FIRST TIME (*name's*) HEALTH WAS CHECKED?	Yes .... 1 No.. 2	1⇨MN9 2⇨MN8J
MN8I. AFTER (*name*) WAS BORN, DID ANY HEALTH CARE PROVIDER OR A TRADITIONAL BIRTH ATTENDANT CHECK ON HIS/HER HEALTH?	Yes .... 1 No.. 2 DK 8	 2⇨MN9 8⇨MN9
MN8J. HOW LONG AFTER THE BIRTH OF (*name*) DID THIS FIRST CHECK TAKE PLACE? *If less than one day, record hours.* *If less than one week, record days.*	Hours............................... 1 __ __ Days .... 2 __ __ Weeks .... 3 __ __ Don't know/remember 998	

MN8K. WHO CHECKED ON (*name's*) HEALTH AT THAT TIME?
 	
Probe for most qualified person
	Health professional
	    Doctor 11
	    Community nurse 12
	    Clinical officer 13
	    Nurse/Midwife................................. 14
	
	Other person
	    Traditional birth attendant.................. 21
	    Community health worker.................. 22
	
	Other (specify) _____ 96	

MN8L. WHERE DID THIS FIRST CHECK TAKE PLACE?
 	
Probe to identify the type of source and circle the appropriate code.
 	
If unable to determine if a hospital, health centre, or clinic is public or private medical, write the name of the place
 	
   _____
           (Name of place)
	Your home 11
	Other home 12
	Public Sector
	    Government hospital 21
	    Government health center................. 22
	    Government dispensary 23
	    Other public (*specify*) _____ 26
	
	Private medical sector
	    Mission hospital/clinic........................ 31
	    Private hospital/clinic........................ 32
	    Nursing/maternity home 33
	    Pharmacy 34
	    Other private medical
	    (*specify*)_____ 36
	
	Other (*specify*) _____ 96
	
	DK 98	

MN8M. WERE YOU PRESENT WHEN THIS FIRST CHECK TOOK PLACE?	Yes .... 1 No.. 2	
MN9. WHEN YOUR LAST CHILD (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large... 1 Larger than average................................. 2 Average... 3 Smaller than average................................ 4 Very small .... 5 DK 8	
MN10. WAS (*name*) WEIGHED AT BIRTH?	Yes .... 1 No.. 2	 2⇨MN12

	DK 8	8⇨MN12
MN11. How much did (*name*) weigh? *Record weight from health card, if available.*	From card........... 1 (kilograms) __ . __ __ __ From recall .... 2 (kilograms) __ . __ __ __ DK 99998	
MN12. Did you ever breastfeed (*name*)?	Yes .... 1 No... 2	2⇨ NEXT MODULE
MN13. How long after birth did you first put (*name*) to the breast? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately.. 000 Hours.. 1 __ __ Days .... 2 __ __ Don't know/remember............................ 998	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married.................................. 1 Yes, living with a man .... 2 No, not in union... 3	3⇨MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years .... __ __ DK 98	
MA2A. DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES?	Yes .... 1 No... 2	2⇨MA5
MA2B. BESIDES YOURSELF, HOW MANY OTHER WIVES DOES HE HAVE?	Number .... __ __ DK 98	⇨MA5 98⇨MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married.................................. 1 Yes, formerly lived with a man.................... 2 No... 3	⇨NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed .... 1 Divorced.. 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once.. 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month .... __ __ DK month .... 98 Year.. __ __ __ __ DK year 9998	
MA7. *Check MA6:* ☐ *Both month and year of marriage/union known?* ⇨ *Go to Next Module* ☐ *Either month or year of marriage/union not known?* ⇨ *Continue with MA8*		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years .... __ __	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, currently pregnant...............................1 No...2 Unsure or DK 8	 2⇨CP2 8⇨CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u>, DID YOU WANT TO WAIT UNTIL <u>LATER</u>, OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?	Then ....1 Later ....2 Not want more children 3	1⇨CP4B 2⇨CP4B 3⇨CP4B
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ....1 No...2	 2⇨CP4A
CP3. WHICH METHOD ARE YOU USING? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization ....A Male sterilization ....B Pill ....C IUD ....D Injections...E Implants..F Condom.. G Female condom ....H Diaphragm .... I Foam/jelly.. J Lactational amenorrhea method (LAM) ....K Periodic abstinence.....................................L Withdrawal ....M Other (*specify*) _____ X	

CP3B. *Check CP3:* ☐ *Currently using "Female sterilization"?* ⇨ *Go to Next Module* ☐ *Not currently using "Female sterilization"* ⇨ *Continue with CP4A*		

CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN? CP4B. *If currently pregnant:* NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child.................................1 No more/none ....2 Says she cannot get pregnant ....3 Undecided/don't know.................................8	 2⇨CP4D 3⇨CP4F 8⇨CP4D

CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months .... 1 __ __ Years.. 2 __ __ Soon/now .... 993 Says she cannot get pregnant .... 994 After marriage .... 995 Other .... 996 Don't know 998	994⇨CP4F

<table>
<tr><td colspan="3">CP4D. Check CP1:

☐ Currently pregnant? ⇨ Go to Next Module

☐ Not currently pregnant or unsure? ⇨ Continue with CP4D2</td></tr>
<tr><td colspan="3">CP4D2. Check CP3.

☐ Currently using a method? ⇨ Go to Next Module

☐ Not using a method (CP3 Blank)? ⇨ Continue with CP4E</td></tr>
</table>

CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes .... 1 No.. 2 DK 8	1⇨NEXT MODULE 8⇨NEXT MODULE
CP4F. WHAT IS THE REASON YOU THINK YOU CANNOT GET PREGNANT?	Infrequent sex/No sex .... 01 Menopausal .... 02 Hysterectomy .... 03 Subfecund / Infecund .... 04 Postpartum amenorrheic............................ 05 Breastfeeding.. 06 Too old .... 07 Fatalistic.. 08 Other (specify) _____ 96 DK 98	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. Have you ever heard of female circumcision?	Yes .... 1 No.. 2	1⇨FG3
FG2. In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	Yes .... 1 No.. 2	2⇨NEXT MODULE
FG3. Have you yourself ever been circumcised?	Yes .... 1 No.. 2	2⇨FG8
FG4. Now I would like to ask you what was done to you at this time. Was any flesh removed from the genital area?	Yes .... 1 No.. 2 DK 8	1⇨FG6
FG5. Was the genital area just nicked without removing any flesh?	Yes .... 1 No.. 2 DK 8	
FG6. Was the genital area sewn closed (or 'sealed')?	Yes .... 1 No.. 2 DK 8	

FG7. Who circumcised you?	Traditional persons
	   Traditional 'circumciser' 11
	   Traditional birth attendant 12
	   Other
	      traditional (*specify*) _____ 16
	
	Health professional
	   Doctor.. 21
	   Nurse/midwife 22
	   Other health
	      professional (*specify*) _____ 26
	
	DK 98	

FG8. *The following questions apply only to women who have at least one living daughter.* *Check CM4 and CM6, Child Mortality Module: Woman has living daughter?* ☐ *Yes.* ⇨ *Continue with FG9* ☐ *No.* ⇨ *Go to FG16*		
FG9. Have (any of) your daughter(s) been circumcised? If yes, how many?	Number of daughters circumcised: ..... __ __ No daughters circumcised 00	00⇨FG16
FG10. To which of your daughters did this happen most recently? *Record the daughter's name.*	Name of daughter: _____	
FG11. Now I would like to ask you what was done to (*name*) at that time. Was any flesh removed from the genital area?	Yes .... 1 No.. 2 DK 8	1⇨FG13
FG12. Was the genital area just nicked without removing any flesh?	Yes .... 1 No.. 2 DK 8	

FG13. WAS THE GENITAL AREA SEWN CLOSED? *If necessary, Probe:* WAS IT SEALED?	Yes .... 1 No.. 2 DK 8	
FG14. HOW OLD WAS (*name*) WHEN THIS OCCURRED? *If the respondent does not know the age, probe to get an estimate.*	Daughter's age at circumcision............ __ __ DK 98	

FG15. WHO DID THE CIRCUMCISION?	Traditional persons
	   Traditional 'circumciser' 11
	   Traditional birth attendant 12
	   Other traditional (*specify*)_____ 16
	
	Health professional
	   Doctor... 21
	   Nurse/midwife 22
	   Other health professional
	      (*specify*) _____ 26
	
	DK 98	

FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued.. 1 Discontinued .... 2 Depends... 3 DK 8	

ATTITUDES TOWARD DOMESTIC VIOLENCE		
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS: A. IF SHE LEAVES THE HOUSE WITHOUT TELLING HIM? B. IF SHE NEGLECTS THE CHILDREN? C. IF SHE ARGUES WITH HIM? D. IF SHE REFUSES SEX WITH HIM? E. IF SHE BURNS THE FOOD?	Yes No DK Leaves without telling...............1 2 8 Neglects children ....1 2 8 Argues..1 2 8 Refuses sex ....1 2 8 Burns food.................................1 2 8	

SEXUAL BEHAVIOUR		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse................................ 00 Age in years .... __ __ First time when started living with (first) husband/partner 95	00⇨NEXT MODULE
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.*	Days ago .... 1 __ __ Weeks ago .... 2 __ __ Months ago .... 3 __ __ Years ago.. 4 __ __	4⇨NEXT MODULE
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes .... 1 No.. 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *If man is 'boyfriend' or 'fiancée', ask:* WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? *If 'yes', circle 1* *.If 'no', circle 2.*	Spouse / cohabiting partner .... 1 Man is boyfriend / fiancée .... 2 Other friend .... 3 Casual acquaintance .... 4 Other (*specify*) _____ 6	1⇨SB6
SB5. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner........................... __ __ DK 98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes .... 1 No.. 2	2⇨NEXT MODULE
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes .... 1 No.. 2	
SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN? *If man is 'boyfriend' or 'fiancée', ask:* WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? *If 'yes', circle 1.* *If 'no', circle 2.*	Spouse / cohabiting partner .... 1 Man is boyfriend / fiancée .... 2 Other friend .... 3 Casual acquaintance .... 4 Other (*specify*) _____ 6	1⇨SB10
SB9. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner........................... __ __ DK 98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes .... 1 No.. 2	2⇨NEXT MODULE
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners .... __ __	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes .... 1 No.. 2	2⇨ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes .... 1 No.. 2 DK 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes .... 1 No.. 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes .... 1 No.. 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes .... 1 No.. 2 DK 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes .... 1 No.. 2 DK 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes .... 1 No.. 2 DK 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes .... 1 No.. 2 DK 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes .... 1 No.. 2 DK 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY? A. DURING PREGNANCY? B. DURING DELIVERY? C. BY BREASTFEEDING?	Yes No DK During pregnancy......................1 2 8 During delivery ....1 2 8 By breastfeeding 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes .... 1 No.. 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes .... 1 No.. 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes, keep secret .... 1 No.. 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes .... 1 No.. 2 DK/not sure/depends 8	

HA14. *Check MN5: Tested for HIV during antenatal care?*		
☐ *Yes.* ⇨ *Go to HA18A*		
☐ *No.* ⇨ *Continue with HA15*		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes .... 1 No 2	2⇨HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes .... 1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test .... 1 Offered and accepted .... 2 Required 3	1⇨NEXT MODULE 2⇨NEXT MODULE 3⇨NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS? HA18A. *If tested for HIV during antenatal care:* OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes .... 1 No 2	

WT2. *Record the time.*	Hour and minutes.................... __ __ : __ __	

REMARKS AND OBSERVATIONS
SUPERVISOR
FIELD EDITOR
FIELD MONITORS/CO-ORDINATORS
OFFICE EDITOR

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL	UF

This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).

A separate questionnaire should be used for each eligible child.

Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.

UF1. Cluster number: ___ ___ ___	UF2. Household number: ___ ___ ___
UF3. Child's Name: _____	UF4. Child's Line Number: ___ ___
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: ___ ___
UF7. Interviewer name and number: _____ ___ ___	UF8. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

Repeat greeting if not already read to this respondent:

WE ARE FROM KENYA NATIONAL BUREAU OF STATISTICS (KNBS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW USUALLY TAKES AROUND 20-25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

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

UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed ....1 Not at home...2 Refused ....3 Partly completed...4 Incapacitated ....5 Other (*specify*) _____ 6
Interviewer/editor/supervisor notes: *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.*	
UF91. Supervisor: Name _____ ___ ___	UF92. Field edited by (name and number): Name _____ ___ ___

UF9A. *Record the time.*	Hour and minutes ....__ __ : __ __	

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW.
NOW I WANT TO ASK YOU ABOUT (*name*).
IN WHAT MONTH AND YEAR WAS (*name*) BORN?
Probe:
WHAT IS HIS/HER BIRTHDAY?
 	
If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day
 	
MONTH AND YEAR MUST BE RECORDED.
	Date of birth:
	  Day ....__ __
	  DK day..98
	
	  Month...__ __
	
	  Year ....__ __ __ __
		169

UF11. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years.............................__	

BIRTH REGISTRATION AND EARLY LEARNING		BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen .... 1 Yes, not seen .... 2 No... 3 DK 8	1⇨BR5
BR2. HAS (*name's*) BIRTH BEEN NOTIFIED OR REGISTERED WITH THE CIVIL AUTHORITIES?	Yes .... 1 No... 2 DK 8	1⇨BR5 8⇨BR4
BR3. WHY IS (*name's*) BIRTH NOT REGISTERED?	Costs too much .... 1 Must travel too far .... 2 Did not know it should be registered........... 3 Did not want to pay fine .... 4 Does not know where to register .... 5 Other (*specify*) _____ 6 DK 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes .... 1 No... 2	
BR5. *Check age of child in UF11: Child is 3 or 4 years old?* ☐ *Yes.* ⇨ *Continue with BR6* ☐ *No.* ⇨ *Go to BR8*		
BR6. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes .... 1 No... 2 DK 8	 2⇨BR8 8⇨BR8
BR7. SINCE (*day of the week*), EXCLUDING TODAY, ABOUT HOW MANY HOURS DID (*name*) ATTEND?	No. of hours .... __ __	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *For each item:* *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*) - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)? *Circle all that apply.* BR8A. READ BOOKS, LOOK AT PICTURE BOOKS, OR TELL STORIES TO/WITH (*name*)? BR8D. TAKE (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? BR8E. PLAY WITH (*name*)? BR8F. NAME, COUNT, OR DRAW THINGS TO/WITH (*name*)?	<table><tr><td></td><td>Mother</td><td>Father</td><td>Other</td><td>No one</td></tr><tr><td>Books/Stories</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>Take outside</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>Play with</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>Name/count</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr></table>	

CHILD DEVELOPMENT		CE
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)? If 'none' enter 0	Number of children's books .... 0 __ Ten or more books 10	
CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. WHAT DOES (*name*) PLAY WITH? DOES HE/SHE PLAY WITH? HOUSEHOLD OBJECTS OR OBJECTS FOUND OUTSIDE (SUCH AS BOWLS OR POTS, STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? TOYS THAT CAME FROM A SHOP? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response .	Y N DK Household objects or outside objects .... 1 2 8 Homemade toys .... 1 2 8 Toys that came from a shop 1 2 8	
CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*): LEFT ALONE? LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)? If 'none' enter 0	Number of days left alone .... __ Number of days left with other child.......... __	
CE5. *Check UF11: Age of child 3 or 4?* ☐ *Age 0, 1 or 2 ⇨ Go to Next Module* ☐ *Age 3 or 4 ⇨ Continue with CE6*		
CE6. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT. CAN (*name*) IDENTIFY/NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes .... 1 No .... 2 DK 8	

CE7. Can (*name*) attach sounds to most or more than half of the letters?	Yes .... 1 No.. 2 DK 8	
CE8. Can (*name*) read at least four simple, one-syllable, popular words?	Yes .... 1 No.. 2 DK 8	
CE9. Is (*name*) interested in numbers, counting, sorting or adding?	Yes .... 1 No.. 2 DK 8	
CE10. Does (*name*) know the name and recognize the symbol of all numbers from 1 to 10 most of the time?	Yes .... 1 No.. 2 DK 8	
CE11. When you compare two numbers up to 10, does (*name*) know which one is bigger most of the time?	Yes .... 1 No.. 2 DK 8	
CE12. Is (*name*) able to use and manipulate small objects and toys?	Yes .... 1 No.. 2 DK 8	
CE13. Is (*name*) sometimes too tired, sleepy or sick to play?	Yes .... 1 No.. 2 DK 8	
CE14. Is (*name*) sometimes too hungry to play?	Yes .... 1 No.. 2 DK 8	
CE15. Does (*name*) do everyday routine activities without being reminded? Activities such as brushing teeth, tidying up after play or a meal, or helping with chores? If yes: *Would you say often or sometimes?*	Often/Most of the time................................. 1 Sometimes .... 2 Rarely or never .... 3 DK 8	
CE16. Does (*name*) follow simple directions on how to do something correctly? If yes: *Would you say often or sometimes?*	Often/Most of the time................................. 1 Sometimes .... 2 Rarely or never .... 3 DK 8	
CE17. Is (*name*) able to work on a task, including play tasks, by himself/herself? If yes: *Would you say often or sometimes?*	Often/Most of the time................................. 1 Sometimes .... 2 Rarely or never .... 3 DK 8	
CE18. Does (*name*) play with siblings or other children for a considerable time without getting into trouble? If yes: *Would you say often or*	Often/Most of the time................................. 1 Sometimes .... 2 Rarely or never .... 3 DK 8	

SOMETIMES?		
CE19. DOES (*name*) SHOW RESPECT FOR OTHER CHILDREN? Probe: DOES (*name*) LISTEN TO WHAT ANOTHER CHILD HAS TO SAY AND RECOGNIZE THAT HE OR SHE MAY BE DIFFERENT OR WANT DIFFERENT THINGS? If yes: *WOULD YOU SAY OFTEN OR SOMETIMES?*	Often/Most of the time .... 1 Sometimes .... 2 Rarely or never .... 3 DK 8	
CE20. WHAT IS (*name*)'S ABILITY TO GET ALONG WITH OTHER CHILDREN? WOULD YOU SAY IT IS VERY GOOD, AVERAGE, OR POOR/BAD?	Very good .... 1 Average .... 2 Poor/Bad .... 3 DK 8	
CE21. HOW OFTEN DOES (*name*) BULLY OTHER CHILDREN OR IS MEAN TO OTHER CHILDREN? Probe: DOES (*name*) OFTEN MAKE OTHER CHILDREN AFRAID OF HIM/HER, OR SAY MEAN/BAD WORDS TO OTHER CHILDREN? IF YES: WOULD YOU SAY OFTEN OR SOMETIMES?	Often/Most of the time .... 1 Sometimes .... 2 Rarely or never .... 3 DK 8	
CE22. HOW OFTEN DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS? IF YES: WOULD YOU SAY OFTEN OR SOMETIMES?	Often/Most of the time .... 1 Sometimes .... 2 Rarely or never .... 3 DK 8	
CE23. DOES (*name*) OFTEN GET VERY EASILY/QUICKLY DISTRACTED? If yes: *WOULD YOU SAY OFTEN OR SOMETIMES?*	Often/Most of the time .... 1 Sometimes .... 2 Rarely or never .... 3 DK 8	

VITAMIN A		VA
VA1. Has (*name*) ever received a vitamin A capsule (supplement) like this one?	Yes .... 1 No 2	2⇨NEXT MODULE
Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old (Blue), 200,000 IU for those 12-59 months old.(Red)	DK 8	8⇨NEXT MODULE
VA2. How many months ago did (*name*) take the last dose?	Months ago .... __ __ DK 98	
VA3. Where did (*name*) get this last dose?	On routine visit to health facility .... 1 Sick child visit to health facility .... 2 National Immunization Day campaign .... 3 Other (*specify*) _____ 6 DK 8	

BREASTFEEDING		BF
BF1. HAS (*name*) EVER BEEN BREASTFED?	Yes .... 1 No... 2 DK 8	 2⇨BF3 8⇨BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes .... 1 No... 2 DK 8	

BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (*name*) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.
 	
 DID (*name*) DRINK OR EAT ANY (***item from list***):YESTERDAY, DURING THE DAY OR NIGHT?
 	
 Read each item aloud and record response before proceeding to the next item. Ask the number of times the child had infant formula, milk, yogurt and solid,, semi-solid foods.
 	
 BF3A.   VITAMIN OR MINERAL SUPPLEMENTS?
 BF3B.   ORS (ORAL REHYDRATION SOLUTION)?
 BF3C.   PLAIN WATER?
 BF3D.   INFANT FORMULA?
 	
    BF3D1. HOW MANY TIMES DID (*name*) HAVE INFANT FORMULA?
 	
 BF3E.   MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?
 	
    BF3E1. HOW MANY TIMES DID (*name*) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?
 	
 BF3F.   JUICE OR JUICE DRINKS?
 BF3G.   SOUP?
 BF3H.   ANY OTHER LIQUIDS?
 BF3I.   YOGURT?
 	
    BF3I1. HOW MANY TIMES DID (*name*) HAVE YOGURT?
 	
 BF3J.   THIN PORRIDGE?
 BF3K.   SOLID OR SEMI-SOLID (MUSHY) FOOD?
 	
    BF3K1. HOW MANY TIMES DID (*name*) EAT SOLID, SEMI-SOLID (MUSHY) FOODS?
	
	 Y N DK
	 Vitamin supplements.......................... 1 2 8
	 ORS 1 2 8
	 Plain water 1 2 8
	 Infant formula 1 2 8
	
	 Number of times............................. __ __
	
	 Milk... 1 2 8
	
	 Number of times............................. __ __
	
	 Juice... 1 2 8
	 Soup.. 1 2 8
	 Any other liquid 1 2 8
	 Yogurt.. 1 2 8
	
	 Number of times............................. __ __
	
	 Porridge.. 1 2 8
	 Solid or semi-solid food.................... 1 2 8
	
	 Number of times............................. __ __
		
		 2 OR 8
		 ⇨BF3E
		
		 2 OR 8
		 ⇨BF3F
		
		 2 OR 8
		 ⇨BF3J
		
		 2 OR 8
		 ⇨BF3L

BF3L. DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE YESTERDAY DURING THE DAY OR NIGHT?	Yes .... 1 No... 2 DK 8	

CARE OF ILLNESS		CA
CA1. HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.	Yes .... 1 No.. 2 DK 8	2⇨CA5 8⇨CA5
CA1A. WAS THERE BLOOD IN THE STOOLS?	Yes .... 1 No.. 2 DK 8	
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS? CA2B. HOMEMADE SUGAR AND SALT SOLUTION? CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Yes No DK A. Fluid from ORS packet .... 1 2 8 B. Sugar and salt solution................. 1 2 8 C. Pre-packaged ORS fluid 1 2 8	
CA2D. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes .... 1 No.. 2 DK 8	2⇨CA3 8⇨CA3

CA2E. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?
 	
        Probe:
        ANYTHING ELSE?
 	
Record all treatments given
	Pill or Syrup
	    Antibiotic...A
	    Antimotility..B
	    Zinc C
	    Other (Not antibiotic, antimotility
	       or zinc) ....D
	    Unknown pill or syrup...............................E
	Injection
	    Antibiotic... F
	    Non-antibiotic .... G
	    Unknown injection ....H
	
	Intravenous I
	Home remedy/herbal medicine .... J
	
	Other (*specify*) _____ X	

CA2F. Check CA2E: Zinc given? ⧠ Yes.⇨ Continue with CA2G ⬜ *No.⇨ Go to CA3*		
*CA2G. HOW MANY TIME WAS (*name*) GIVEN ZINC?*	Number of times................................. __ __	

CA3. DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none.. 1 About the same (or somewhat less) .... 2 More .... 3 DK 8	
CA4. DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less", probe: MUCH LESS OR A LITTLE LESS?	None.. 1 Much less.. 2 Somewhat less.. 3 About the same... 4 More .... 5 DK 8	
CA4A. Check CA2A: ORS packet used? ☐ Yes. ⇨ Continue with CA4B ☐ No. ⇨ Go to CA5		

CA4B. WHERE DID YOU GET THE ORS PACKET FROM*?*
 	
_____
(*Name of place*)
	Public Sector
	    Government hospital 21
	    Government health center................... 22
	    Government dispensary 23
	    Other public (*specify*) _____ 26
	Private medical sector
	    Mission hospital/clinic......................... 31
	    Private hospital/clinic.......................... 32
	    Nursing/maternity home 33
	    Pharmacy 34
	    Other private medical
	    (*specify*)_____ 36
	Mobile clinic 41
	Community health worker 42
	Other source
	    Shop 51
	    Traditional practitioner........................ 52
	    Relative/friend.................................... 53
	
	Other (*specify*) _____ 96
	
	DK 98	

CA4C. HOW MUCH DID YOU PAY FOR THE (*local name for ORS packet from CA2A)?*	Shillings..................................... __ __ __ __ Free... 9995 DK 9998	
CA5. 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 LAST?	Yes .... 1 No... 2 DK 8	2⇨CA12 8⇨CA12
CA6. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes .... 1 No... 2 DK 8	2⇨CA12 8⇨CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest .... 1 Blocked nose .... 2 Both.. 3 Other (*specify*) _____ 6	 2⇨CA12 6⇨CA12

	DK 8	
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes... 1 No.. 2 DK 8	2⇨CA10 8⇨CA10

CA9. FROM WHERE DID YOU SEEK CARE?
 	
 Probe:
 ANYWHERE ELSE?
 	
 Circle all providers mentioned,
 but do NOT prompt with any suggestions.
 	
 If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.
 	
 _____
 (Name of place)
	Public Sector
	    Government hospital C
	    Government health center...................D
	    Government dispensary ....E
	    Other public (*specify*) _____ F
	
	 Private medical sector
	    Mission hospital/clinic.......................... G
	    Private hospital/clinic...........................H
	    Nursing/maternity home I
	    Pharmacy .... J
	    Other private medical
	    (*specify*)_____ K
	
	 Mobile clinic L
	 Community health worker .... M
	
	 Other source
	    Shop .... O
	    Traditional practitioner..........................P
	    Relative/friend..................................... Q
	
	 Other (*specify*) _____ X	

CA10. WAS (*name*) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes... 1 No.. 2 DK 8	2⇨CA12 8⇨CA12
CA11. WHAT MEDICINE WAS (*name*) GIVEN? Probe: ANYTHING ELSE? Circle all medicines given.	Antibiotic..A Paracetamol/Panadol/Acetaminophen ....P Aspirin .... Q Ibupropfen...R Other (*specify*) _____ X DK ....Z	

CA11A. Check CA11: Antibiotic given?

☐ Yes.⇨ Continue with CA11B

☐ No.⇨ Go to CA12

CA11B. WHERE DID YOU GET THE ANTIBIOTIC?
 	
_____
(*Name of place*)
	Public Sector
	    Government hospital 21
	    Government health center 22
	    Government dispensary 23
	    Other public (*specify*) _____ 26
	
	Private medical sector
	    Mission hospital/clinic...................... 31
	    Private hospital/clinic........................ 32
	    Nursing/maternity home 33
	    Pharmacy 34
	    Other private medical
	    (*specify*)_____ 36
	
	Mobile clinic 41
	Community health worker 42
	
	Other source
	    Shop 51
	    Traditional practitioner...................... 52
	    Relative/friend.................................. 53
	
	Other (*specify*) _____ 96
	
	DK 98	

CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Shillings..................................... __ __ __ __ Free... 9995 DK 9998	
CA12. Check UF11: Child aged under 3? ☐ Yes. ⇨ Continue with CA13 *☐No. ⇨ Go to Next Module*		
CA13. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine.............................. 01 Put/rinsed into toilet or latrine .... 02 Put/rinsed into drain or ditch .... 03 Thrown into garbage (solid waste)............ 04 Buried... 05 Left in the open .... 06 Other (*specify*) _____ 96 DK 98	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST, HAS (*name*) BEEN ILL WITH A FEVER?	Yes .... 1 No... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
ML2. WAS (*name*) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes .... 1 No... 2 DK 8	2⇨ML6 8⇨ML6
ML3. DID (*name*) TAKE MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes .... 1 No... 2 DK 8	2⇨ML5 8⇨ML5

ML4. WHAT MEDICINE DID (*name*) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?
 	
Probe:
ANYTHING ELSE?
 	
Circle all medicines mentioned.
	Anti-malarials:
	    SP/Fansidar ....A
	    Chloroquine...............................B
	    Amodiaquine C
	    Quinine.....................................D
	    Artemisinin-based combinations ....E
	    Other anti-malarial
	        (*specify*)_____ H
	Other medications:
	    Paracetamol/Panadol/Acetaminophen ...P
	    Aspirin ....Q
	    Ibuprofen..................................R
	
	Other (*specify*) _____ X
	DK ....Z	

ML5. WAS (*name*) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes .... 1 No... 2 DK 8	1⇨ML7 2⇨ML8 8⇨ML8
ML6. WAS (*name*) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes .... 1 No... 2 DK 8	2⇨ML8 8⇨ML8

ML7. WHAT MEDICINE WAS (*name*) GIVEN?
 	
Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.
	Anti-malarials:
	    SP/Fansidar ....A
	    Chloroquine...............................B
	    Amodiaquine C
	    Quinine.....................................D
	    Artemisinin-based combinations ....E
	    Other anti-malarial
	        (*specify*)_____ H
	
	Other medications:
	    Paracetamol/Panadol/Acetaminophen ...P
	    Aspirin ....Q
	    Ibuprofen..................................R
	
	Other (*specify*) _____ X
	DK ....Z	

ML8. *Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?* ☐ *Yes.* ⇨ *Continue with ML9* ☐ *No.* ⇨ *Go to Next Module*		
ML9. HOW LONG AFTER THE FEVER STARTED DID	Same day 0	

(*name*) FIRST TAKE (*name of anti-malarial from ML4 or ML7*)? *If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.* *Record the code for the day on which the first anti-malarial was given.*	Next day .... 1 2 days after the fever .... 2 3 days after the fever .... 3 4 or more days after the fever.................... 4 DK 8	

ML9A. WHERE DID YOU GET THE (*name of anti-malarial from ML4 or ML7*)?
 	
If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).
 	
———————————————
(Name of place)
	Public Sector
	    Government hospital 21
	    Government health center.................. 22
	    Government dispensary 23
	    Other public (*specify*) _____ 26
	
	Private medical sector
	    Mission hospital/clinic........................ 31
	    Private hospital/clinic......................... 32
	    Nursing/maternity home 33
	    Pharmacy 34
	    Other private medical
	    (*specify*)_____ 36
	
	Mobile clinic 41
	Community health worker 42
	
	Other source
	    Shop 51
	    Traditional practitioner....................... 52
	    Relative/friend................................... 53
	
	Other (*specify*) _____ 96
	
	DK 98	

ML9B. HOW MUCH DID YOU PAY FOR THE (*name of anti-malarial from ML4 or ML7*)? Refer to the same anti-malarial as in ML9A above	Shillings....................................... __ __ __ __ Free.. 9996 DK 9998	

IMMUNIZATION		IM
If an immunization card is available, copy the dates in IM2-IM8B for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 will only be asked when a card is not available or not shown.		

IM1. IS THERE A VACCINATION CARD FOR (*name*)?	Yes, seen ....1 Yes, not seen ....2 No..3	2⇨IM10 3⇨IM10

(a) Copy dates for each vaccination from the card. (b) **Write '44' in day column** if card shows that vaccination was given but no date recorded.	Date of Immunization			

		DAY	MONTH	YEAR	
IM2. BCG	BCG				
IM3A. POLIO AT BIRTH	OPV0				
IM3B. POLIO 1	OPV1				
IM3C. POLIO 2	OPV2				
IM3D. POLIO 3	OPV3				
IM4A. DPT1–HepB + Hib: 1 (Pentavalent-1)	DPT1				
IM4B. DPT1–HepB + Hib: 2 (Pentavalent-2)	DPT2				
IM4C. DPT1–HepB + Hib: 3 (Pentavalent-3)	DPT3				
IM6. MEASLES	MEASLES				
IM7. YELLOW FEVER	YF				
IM8A. VITAMIN A (1) *(Last but one)*	VITA1				
IM8B. VITAMIN A (2) *(Most recent)*	VITA2				

IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.	Yes ....1 (Probe for vaccinations **and write '66' in the corresponding day column** on IM2 to IM8B.) No..2 DK..8	1⇨IM19 2⇨IM19 8⇨IM19
IM10. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes ....1 No..2 DK..8	2⇨IM19 8⇨IM19
IM11. HAS (*name*) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes ....1 No..2 DK..8	
IM12. HAS (*name*) EVER BEEN GIVEN ANY POLIO VACCINATION, THAT IS, VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM GETTING DISEASES?	Yes ....1 No..2 DK..8	2⇨IM15 8⇨IM15

IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – WITHIN THE TWO WEEKS AFTER BIRTH OR LATER?	Just after birth (within two weeks) ....1 Later 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ....__ __	
IM15. HAS (*name*) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes ....1 No..2 DK..8	2⇨IM17 8⇨IM17
IM16. HOW MANY TIMES?	No. of times ....__ __	
IM17. HAS (*name*) EVER BEEN GIVEN "MEASLES 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..8	
IM18. HAS (*name*) EVER BEEN GIVEN "YELLOW FEVER VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF **9** MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)	Yes ....1 No..2 DK..8	
IM19. Please tell me if (*name*) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days: IM19A. National Immunization Day in 2006? IM19B. Malezibora, in May 2008? IM19C. Malezibora, in November 2008?	Y N DK *National Imm Day 2006*.....................1 2 8 *Malezibora May 2008*........................1 2 8 *Malezibora Nov 2008* 1 2 8	

UT2. *Record the time.*	Hour and minutes.................... __ __ : __ __	

IM20. *Does another eligible child reside in the household for whom this respondent is mother/caretaker?*
Check household listing, column HL8.

☐ *Yes.* ⇨ *End the current questionnaire and then*
Go to Under-5 Questionnaire to administer the questionnaire for the next eligible child.

☐ *No.* ⇨ *End the interview with this respondent by thanking him/her for his/her cooperation.*

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

ANTHROPOMETRY MODULE		AN
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.		
AN0A. Measurer's identification code.	Measurer code .... __ __	
AN0B. Result of measurement.	Measured 1	
	Not present 2	2⇨AN5
	Refused... 3	3⇨AN5
	Other (*specify*) _____ 6	6⇨AN5
AN1. Child's weight.	Kilograms (kg)................. ☐☐ . ☐	

AN2. Child's length or height.
 	
Check age of child in UF11:
 	
☐ Child under 2 years old. ⇨ Measure length (lying down).
 	
☐ Child age 2 or more years. ⇨ Measure height (standing up).
	Length (cm)
	    Lying down........ 1 ☐☐☐ . ☐
	
	Height (cm)
	    Standing up .... 2 ☐☐☐ . ☐	

AN3. WHETHER THE CHILD IS HAVING OEDEMA? (OBSERVE AND RECORD)	Yes, child is having oedema .... 1 No, child is not having oedema................... 2	

AN5. Is there another child in the household who is eligible for measurement?

☐ Yes. ⇨ Record measurements for next child.

☐ No. ⇨ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

REMARKS AND OBSERVATIONS
SUPERVISOR
FIELD EDITOR
FIELD MONITORS/CO-ORDINATORS
OFFICE EDITOR