

B - LIST OF HOUSEHOLD MEMBERS

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
											WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD.
Head											
B.1 Is [NAME] male or female?											
Male	<input type="radio"/> M										
Female	<input type="radio"/> F										
B.2 Has [NAME] been away in the last 12 months and for how long?											
Never	<input type="radio"/> 1										
Less than 6 months	<input type="radio"/> 2										
6 months or more	<input type="radio"/> 3										
B.3 What is [NAME]'s relationship to the head of household?											
Head	<input type="radio"/> 1										
Spouse	<input type="radio"/> 2										
Child	<input type="radio"/> 3										
Parent	<input type="radio"/> 4										
Other relative	<input type="radio"/> 5										
Not related	<input type="radio"/> 6										
B.4 How old was [NAME] at last birthday?											
	<input type="text"/>	RECORD AGE IN COMPLETED YEARS.									
B.5 What is [NAME]'s union status?											
Not in union	<input type="radio"/> 1	IF AGE UNDER 15 GO TO B6									
Legally married	<input type="radio"/> 2										
Common law union	<input type="radio"/> 3										
Visiting partner	<input type="radio"/> 4										
Divorced/Separated	<input type="radio"/> 5										
Widowed	<input type="radio"/> 6										
B.6 Is [NAME]'s father alive?											
Yes	<input type="radio"/> Y	IF AGE OVER 17 GO TO NEXT PERSON									
No	<input type="radio"/> N										
Don't know	<input type="radio"/> X										
B.7 Is [NAME]'s father living in the household?											
Yes	<input type="radio"/> Y										
No	<input type="radio"/> N										
B.8 Is [NAME]'s mother alive?											
Yes	<input type="radio"/> Y	IF NO OR DON'T KNOW GO TO NEXT PERSON									
No	<input type="radio"/> N										
Don't know	<input type="radio"/> X										
B.9 Is [NAME]'s mother living in the household?											
Yes	<input type="radio"/> Y										
No	<input type="radio"/> N										

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
	C.1 Can [NAME] read and write?										IF PERSON IS UNDER AGE 15 GO TO C2.
	Yes	<input type="radio"/> Y									
	C.2 Has [NAME] ever attended school?										IF NO GO TO C9.
	No	<input type="radio"/> N									
C3 and C6	C.3 What is the highest grade [NAME] completed?										
	00 None	<input type="text"/>									
01 Nursery	C.4 Did [NAME] attend school last year?										
	02 Pre-school	<input type="radio"/> Y									
03 Kindergarten/Stage 1	C.5 Is [NAME] currently in school?										IF NO GO TO C9.
	11 G1/Stage 2	<input type="radio"/> N									
12 G2/Stage 3	C.6 What is the current grade [NAME] is attending?										
	13 G3/Std 1	<input type="text"/>									
14 G4/Std 2	C.7 Who runs the school [NAME] is attending?										
	15 G5/Std 3	<input type="radio"/> 1									
16 G6/Std 4	C.8 Did [NAME] have any problems with the school?										YOU MAY MARK MORE THAN ONE ANSWER.
	21 G7/Std 5/Frm 1/SP1	<input type="radio"/> 2									
22 G8/Std 6/Frm 2/SP2	C.9 Why is [NAME] not currently in school?										YOU MAY MARK MORE THAN ONE ANSWER.
	23 G9/Std 7/Frm 3/SP3	<input type="radio"/> 3									
24 G10/Frm 4	GO TO NEXT PERSON.										
	25 G11/Frm 5	<input type="radio"/> 4									
26 G12/Frm 6	GO TO NEXT PERSON.										
	31 Tertiary	<input type="radio"/> 5									
32 University	GO TO NEXT PERSON.										
	41 Vocational/ Technical	<input type="radio"/> 5									
	GO TO NEXT PERSON.										
	No problem (satisfied)	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Lack of books/supplies	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Poor teaching	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Teachers often absent	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Lack of teachers	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Lack of space	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Facilities in bad condition	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Other problem	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Too old/completed	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Too far away	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Too expensive	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Is working (home or job)	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Useless/uninteresting	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Failed exam	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Illness	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Pregnancy	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Got married	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Too young	<input type="radio"/> Y									
	GO TO NEXT PERSON.										
	Other	<input type="radio"/> Y									

D - HEALTH

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	ONLY FOR FEMALES AGE 15 TO 49 YEARS ELSE GO TO D3.
D.1 Did [NAME] have a live birth in the last 12 months?											
Yes	<input type="radio"/> Y	IF NO GO TO D3.									
No	<input type="radio"/> N										
D.2 Did [NAME] receive pre-natal care during the pregnancy?											
Yes	<input type="radio"/> Y										
No	<input type="radio"/> N										
D.3 Is [NAME] physically or mentally handicapped or disabled?											
Yes	<input type="radio"/> Y										
No	<input type="radio"/> N										
D.4 Was [NAME] sick or injured in the last 4 weeks?											
Yes	<input type="radio"/> Y	IF NO GO TO D7.									
No	<input type="radio"/> N										
D.5 What sort of sickness/injury did [NAME] suffer?											
Accident	<input type="radio"/> Y	YOU MAY MARK MORE THAN ONE ANSWER.									
Fever	<input type="radio"/> Y										
Hypertension/diabetes	<input type="radio"/> Y										
Chicken pox	<input type="radio"/> Y										
Red eye/conjunctivitis	<input type="radio"/> Y										
Bronchial infections/flu	<input type="radio"/> Y										
Throat infections	<input type="radio"/> Y										
Other	<input type="radio"/> Y										
D.6 How many days of work/school did [NAME] miss due to illness/injury?											
	<input type="text"/>										
D.7 Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?											
Yes	<input type="radio"/> Y	IF NO GO TO D11.									
No	<input type="radio"/> N										
D.8 What was the last health provider [NAME] saw?											
Public hospital	<input type="radio"/> 1										
Private hospital	<input type="radio"/> 2										
CHC	<input type="radio"/> 3										
Family planning clinic	<input type="radio"/> 4										
Private doctor/dentist	<input type="radio"/> 5										
Traditional healer	<input type="radio"/> 6										
Out of state hospital	<input type="radio"/> 7										
Pharmacy/chemist	<input type="radio"/> 8										
Other	<input type="radio"/> 9										
D.9 How many times did [NAME] use the service in the last 4 weeks?											
	<input type="text"/>										
D.10 Did [NAME] have any problems with the provider/service at the time of the visit?											
No problem (satisfied)	<input type="radio"/> Y	YOU MAY MARK MORE THAN ONE ANSWER.									
Facilities were not clean	<input type="radio"/> Y										
Long waiting time	<input type="radio"/> Y										
No trained professionals	<input type="radio"/> Y										
Too expensive	<input type="radio"/> Y										
No drugs available	<input type="radio"/> Y										
Treatment unsuccessful	<input type="radio"/> Y										
Other	<input type="radio"/> Y										
D.11 Why did [NAME] not use medical care in the last 4 weeks?											
No need	<input type="radio"/> Y	YOU MAY MARK MORE THAN ONE ANSWER.									
Too expensive	<input type="radio"/> Y										
Too far	<input type="radio"/> Y										
Untreatable	<input type="radio"/> Y										
Other	<input type="radio"/> Y										

E - EMPLOYMENT

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	IF PERSON IS UNDER 15 GO TO NEXT PERSON IF YES GO TO E5.
E.1 Did [NAME] do any type of work in the last 7 days?											
Yes	<input type="radio"/> Y	IF YES GO TO E5.									
No	<input type="radio"/> N										
E.2 Was [NAME] absent from work in the last 7 days?											
Yes	<input type="radio"/> Y	IF YES GO TO E5.									
No	<input type="radio"/> N										
E.3 Has [NAME] been looking for work and ready for work in the last 2 months?											
Yes	<input type="radio"/> Y										
No	<input type="radio"/> N										
E.4 What was the main reason [NAME] was not working in the last 7 days?											
No work available	<input type="radio"/> 1	GO TO E12.									
Seasonal inactivity	<input type="radio"/> 2										
Student	<input type="radio"/> 3										
Household/family duties	<input type="radio"/> 4										
Too old/too young	<input type="radio"/> 5										
Infirmity	<input type="radio"/> 6										
Other	<input type="radio"/> 7										
E.5 How many jobs did [NAME] have in the last 7 days?											
	<input type="text"/>										
E.6 What is [NAME'S] status in the main job?											
Employer	<input type="radio"/> 1										
Self employed	<input type="radio"/> 2										
Paid employee	<input type="radio"/> 3										
Paid domestic worker	<input type="radio"/> 4										
Unpaid family worker	<input type="radio"/> 5										
Other	<input type="radio"/> 6										
E.7 For whom did [NAME] work in the main job?											
Government	<input type="radio"/> 1										
Statutory body	<input type="radio"/> 2										
Private business	<input type="radio"/> 3										
Self-employed	<input type="radio"/> 4										
Private person or household	<input type="radio"/> 5										
Other	<input type="radio"/> 6										
E.8 What is the main activity at the place of [NAME's] main job?											
Agriculture/fishing	<input type="radio"/> 0										
Manufacturing	<input type="radio"/> 1										
Construction	<input type="radio"/> 2										
Wholesale & retail	<input type="radio"/> 3										
Hotel & restaurant	<input type="radio"/> 4										
Transport	<input type="radio"/> 5										
Services	<input type="radio"/> 6										
Admin./social security	<input type="radio"/> 7										
Educ./health/social work	<input type="radio"/> 8										
Other	<input type="radio"/> 9										
E.9 Did [NAME] try to increase his or her earnings in the last 7 days?											
Yes	<input type="radio"/> Y	IF NO GO TO E12.									
No	<input type="radio"/> N										
E.10 How did [NAME] try to increase earnings in the last 7 days?											
More hours current activity	<input type="radio"/> 1										
More hours additional activity	<input type="radio"/> 2										
Change activity	<input type="radio"/> 3										
Other	<input type="radio"/> 4										
E.11 Is [NAME] ready to take on additional work in the next 4 weeks?											
Yes	<input type="radio"/> Y										
No	<input type="radio"/> N										
E.12 Does [NAME] contribute to household income?											
Yes	<input type="radio"/> Y										
No	<input type="radio"/> N										

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F.1 Does the household own the dwelling?

- Owns the dwelling 1
- Rents the dwelling 2
- Uses without paying rent 3
- Temporary dwelling 4
- Squatting 5

F.2 Does the household own the land beneath the dwelling?

- Owned with title 1
- Family owned 2
- Rents the land 3
- Leases the land 4
- Squatting 5
- Not owned 6

F.3 How many separate rooms/bedrooms are there in your dwelling? (exclude kitchens and bathrooms)

Rooms

Bedrooms

F.4 How many acres of land are owned by the household? (with one decimal, e.g. 24.7)

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95.0 = 95.0 acres or more
99.9 = don't know

IF F4 = 0 GO TO F6

F.5 Ownership status of land owned by the household?

- Owned with title 1
- Family owned 2
- Other 3

F.6 How does the amount of land owned now compare with one year ago?

- Less now 1
- Same now 2
- More now 3
- Don't know 4

F.7 How many acres of land did the household farm in the last 12 months? (with one decimal, e.g. 24.7)

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95.0 = 95.0 acres or more
99.9 = don't know

For area of land (F4/F7)
40,000 sq. feet = 1.0 acres
30,000 sq. feet = 0.7 acres
20,000 sq. feet = 0.5 acres
10,000 sq. feet = 0.3 acres

F.8 How many of these animals are currently owned by the household?

Cattle

Sheep, goats

Pigs

Poultry

Rabbits

950 = 950 or more
999 = don't know

F.9 Does the household own any of the following (include items only if they are in working condition)?

- Electric iron Y N
- Refrigerator Y N
- Television Y N
- DVD/Video Y N
- Stereo/Radio Y N
- Clock Y N
- Sewing machine Y N
- Stove Y N
- Washing machine Y N
- Computer Y N
- Fixed telephone Y N
- Mobile telephone Y N
- Internet connection Y N
- Motorcycle Y N
- Vehicle Y N

F.10 How often in the last year did you have problems satisfying the food needs of the household?

- Never 1
- Seldom 2
- Sometimes 3
- Often 4
- Always 5

F.11 How do you compare the overall economic situation of the HOUSEHOLD with one year ago?

- Much worse now 1
- A little worse now 2
- Same 3
- A little better now 4
- Much better now 5
- Don't know 6

F.12 How do you compare the overall economic situation of the COMMUNITY with one year ago?

- Much worse now 1
- A little worse now 2
- Same 3
- A little better now 4
- Much better now 5
- Don't know 6

F.13 How do you compare the willingness of people to help each other in your COMMUNITY with one year ago?

- Much worse now 1
- A little worse now 2
- Same 3
- A little better now 4
- Much better now 5
- Don't know 6

F.14 Who contributes most to household income? (record member number from section B).

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G - HOUSEHOLD AMENITIES

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<p>G.1 What is the type of the housing unit?</p> <p>Undivided private house (1) Part of a private house (2) Flat, apartment (3) Duplex, townhouse (4) Combined business and dwelling (5) Other _____ (6)</p> <p>G.2 What is the main material of the floor of the house?</p> <p>Plywood (1) Wood (2) Seasoned wood (3) Concrete (4) Dirt/straw (5) Other (6)</p> <p>G.3 What is the main material of the roof of the house?</p> <p>Sheet metal (1) Shingle (2) Tile (3) Concrete (4) Thatch (5) Other _____ (6)</p>	<p>G.4 What is the main material of the outer walls of the house?</p> <p>Plywood (1) Wood (2) Bricks (3) Stone, concrete blocks (4) Wood and concrete (5) Sheet metal (6) Cardboard, makeshift (7) Other _____ (8)</p> <p>G.5 What is the main source of drinking water?</p> <p>Public piped into dwelling (1) Public into yard (2) Public standpipe (3) Private piped into dwelling (4) Rain water (5) River (6) Bottled (7) Other _____ (8)</p> <p>G.6 What kind of toilet facility does your household use?</p> <p>None (1) Flush to sewer (2) Flush to septic tank (3) Ventilation improved pit latrine (4) Pit latrine (5) Other _____ (6)</p>	<p>G.7 What is the main fuel used for cooking?</p> <p>Firewood (1) Charcoal (2) Kerosene/oil (3) Gas (4) Electricity (5) Other _____ (6)</p> <p>G.8 What is the main fuel used for lighting?</p> <p>Kerosene/paraffin (1) Gas (2) Electricity (3) Electricity shared (4) Generator (5) Other _____ (6)</p> <p>G.9 What is the principal way the household disposes of garbage?</p> <p>Collected government (1) Government skip (2) Burning (3) Dumping (4) Other _____ (5)</p>
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G.10 How long in hours and minutes does it usually take from here to reach the nearest ...?

Hours:Minutes	Hours:Minutes
Supply of drinking water <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>	Super/food market <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>
Primary school <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>	Public transportation <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>
Secondary school <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>	All weather road <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>
Health clinic or hospital <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>	

H - POVERTY PREDICTORS

<p>H.1 Did any member of the household receive remittances in the last 12 months?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.6 Does any member of the household have an insurance policy of any kind?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>
<p>H.2 Did any member of the household receive a pension in the last 12 months?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.7 Has the household been disconnected from electricity in the last 12 months?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>
<p>H.3 Was any member of the household the victim of a crime in the last 12 months?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.8 Has the household eaten at least 2 meals per day in the last week?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>
<p>H.4 Did any member of the household benefit from a school feeding programme in the last 12 months?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.9 Do all members of the household sleep on a bed?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>
<p>H.5 Did any member of the household benefit from a school book programme in the last 12 months?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.10 Does the household have two or more working lighting fixtures?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>

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I.1 For each child under 5 enter the child and mother's number from the list of household members.
Enter 00 as the mother's number if the child's mother is deceased or is not a member of the household.

<p>Child <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Mother <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>I.2 Enter the child's date of birth.</p> <p>Day <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>I.3 Where was the child delivered?</p> <p>Hospital <input type="radio"/> 1 Health clinic/centre <input type="radio"/> 2 At home <input type="radio"/> 3 Other _____ <input type="radio"/> 4</p> <p>I.4 Who delivered the child?</p> <p>Doctor <input type="radio"/> 1 Nurse, midwife <input type="radio"/> 2 Other/self <input type="radio"/> 3</p> <p>I.5 Did the child participate in the following development assessment programmes?</p> <p>6 weeks <input type="radio"/> Y <input type="radio"/> N 8 months <input type="radio"/> Y <input type="radio"/> N 3 years <input type="radio"/> Y <input type="radio"/> N</p> <p>I.6 Has the child been vaccinated against:</p> <p>DPT1 <input type="radio"/> Y <input type="radio"/> N DPT2 <input type="radio"/> Y <input type="radio"/> N DPT3 <input type="radio"/> Y <input type="radio"/> N DPT4 <input type="radio"/> Y <input type="radio"/> N HIB <input type="radio"/> Y <input type="radio"/> N HEP B <input type="radio"/> Y <input type="radio"/> N MMR1 <input type="radio"/> Y <input type="radio"/> N Measles <input type="radio"/> Y <input type="radio"/> N BCG <input type="radio"/> Y <input type="radio"/> N Polio1 <input type="radio"/> Y <input type="radio"/> N Polio2 <input type="radio"/> Y <input type="radio"/> N Polio3 <input type="radio"/> Y <input type="radio"/> N Polio4 <input type="radio"/> Y <input type="radio"/> N</p>	<p>Child <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Mother <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>I.2 Enter the child's date of birth.</p> <p>Day <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>I.3 Where was the child delivered?</p> <p>Hospital <input type="radio"/> 1 Health clinic/centre <input type="radio"/> 2 At home <input type="radio"/> 3 Other _____ <input type="radio"/> 4</p> <p>I.4 Who delivered the child?</p> <p>Doctor <input type="radio"/> 1 Nurse, midwife <input type="radio"/> 2 Other/self <input type="radio"/> 3</p> <p>I.5 Did the child participate in the following development assessment programmes?</p> <p>6 weeks <input type="radio"/> Y <input type="radio"/> N 8 months <input type="radio"/> Y <input type="radio"/> N 3 years <input type="radio"/> Y <input type="radio"/> N</p> <p>I.6 Has the child been vaccinated against:</p> <p>DPT1 <input type="radio"/> Y <input type="radio"/> N DPT2 <input type="radio"/> Y <input type="radio"/> N DPT3 <input type="radio"/> Y <input type="radio"/> N DPT4 <input type="radio"/> Y <input type="radio"/> N HIB <input type="radio"/> Y <input type="radio"/> N HEP B <input type="radio"/> Y <input type="radio"/> N MMR1 <input type="radio"/> Y <input type="radio"/> N Measles <input type="radio"/> Y <input type="radio"/> N BCG <input type="radio"/> Y <input type="radio"/> N Polio1 <input type="radio"/> Y <input type="radio"/> N Polio2 <input type="radio"/> Y <input type="radio"/> N Polio3 <input type="radio"/> Y <input type="radio"/> N Polio4 <input type="radio"/> Y <input type="radio"/> N</p>	<p>Child <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Mother <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>I.2 Enter the child's date of birth.</p> <p>Day <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>I.3 Where was the child delivered?</p> <p>Hospital <input type="radio"/> 1 Health clinic/centre <input type="radio"/> 2 At home <input type="radio"/> 3 Other _____ <input type="radio"/> 4</p> <p>I.4 Who delivered the child?</p> <p>Doctor <input type="radio"/> 1 Nurse, midwife <input type="radio"/> 2 Other/self <input type="radio"/> 3</p> <p>I.5 Did the child participate in the following development assessment programmes?</p> <p>6 weeks <input type="radio"/> Y <input type="radio"/> N 8 months <input type="radio"/> Y <input type="radio"/> N 3 years <input type="radio"/> Y <input type="radio"/> N</p> <p>I.6 Has the child been vaccinated against:</p> <p>DPT1 <input type="radio"/> Y <input type="radio"/> N DPT2 <input type="radio"/> Y <input type="radio"/> N DPT3 <input type="radio"/> Y <input type="radio"/> N DPT4 <input type="radio"/> Y <input type="radio"/> N HIB <input type="radio"/> Y <input type="radio"/> N HEP B <input type="radio"/> Y <input type="radio"/> N MMR1 <input type="radio"/> Y <input type="radio"/> N Measles <input type="radio"/> Y <input type="radio"/> N BCG <input type="radio"/> Y <input type="radio"/> N Polio1 <input type="radio"/> Y <input type="radio"/> N Polio2 <input type="radio"/> Y <input type="radio"/> N Polio3 <input type="radio"/> Y <input type="radio"/> N Polio4 <input type="radio"/> Y <input type="radio"/> N</p>	<p>Child <input style="width: 20px; 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A.8 RESULT

- 1 Complete with selected household
- 2 Complete with replacement - refusal
- 3 Complete with replacement - not found
- 4 Incomplete

A.9 INTERVIEW END

Hour Min.

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AM
 PM