

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Area: Urban.....1 Rural.....2	HH7. Strata: Stratum 1.....1      Stratum 3.....3 Stratum 2.....2      Stratum 4.....4	

WE ARE FROM BARBADOS STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

After all questionnaires for the household have been completed, fill in the following information:	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed..... 01 No household member or no competent respondent at home at time of visit ..... 02 Entire household absent for extended period of time ..... 03 Refused..... 04 Dwelling vacant / Address not a dwelling..... 05 Dwelling destroyed..... 06 Dwelling not found..... 07 Other (specify)..... 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____ HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18.  
Record the time.

Hour ..... \_ \_

Minutes ..... \_ \_

## 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?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the household listing form have been used.

							For women age 15-49	For children age 5-14	For children under age 5	For children age 0-17 years				
HL1. Line No	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE?		HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL11. Is (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	HL13. Is (name)'s NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD?
			1 Male 2 Female		98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line no. if woman is age 15-49	Record line no. of mother/ caretaker	Record line no. of mother/ caretaker	1 Yes 2 No 8 DK HL13	Record line no. of mother or 00 for "No"	1 Yes 2 No 8 DK Next Line	Record line no. of father or 00 for "No"
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
01		0 1	1	2	___	_____	___	01	___	___	1 2 8	___	1 2 8	___
02		___	1	2	___	_____	___	02	___	___	1 2 8	___	1 2 8	___
03		___	1	2	___	_____	___	03	___	___	1 2 8	___	1 2 8	___
04		___	1	2	___	_____	___	04	___	___	1 2 8	___	1 2 8	___
05		___	1	2	___	_____	___	05	___	___	1 2 8	___	1 2 8	___
06		___	1	2	___	_____	___	06	___	___	1 2 8	___	1 2 8	___
07		___	1	2	___	_____	___	07	___	___	1 2 8	___	1 2 8	___
08		___	1	2	___	_____	___	08	___	___	1 2 8	___	1 2 8	___
09		___	1	2	___	_____	___	09	___	___	1 2 8	___	1 2 8	___
10		___	1	2	___	_____	___	10	___	___	1 2 8	___	1 2 8	___

HL1. Line No	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD?					
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line no. if woman is age 15-49	Record line no. of mother/ caretaker	Record line no. of mother/ caretaker	1 Yes 2 No↗ 8 DK↗ HL13 HL13	Record line no. of mother or 00 for "No"	1 Yes 2 No↗ 8 DK↗ Next Line 8 DK↗ Next Line	Record line no. of father or 00 for "No"					
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y	N	DK	Mother	Y	N	DK	Father
11		___	1	2	___	___	___	11	___	___	1	2	8	___	1	2	8	___
12		___	1	2	___	___	___	12	___	___	1	2	8	___	1	2	8	___
13		___	1	2	___	___	___	13	___	___	1	2	8	___	1	2	8	___
14		___	1	2	___	___	___	14	___	___	1	2	8	___	1	2	8	___
15		___	1	2	___	___	___	15	___	___	1	2	8	___	1	2	8	___

Tick here if additional questionnaire used ☐

11		___	1	2	___	___	___	11	___	___	1	2	8	___	1	2	8	___
12		___	1	2	___	___	___	12	___	___	1	2	8	___	1	2	8	___
13		___	1	2	___	___	___	13	___	___	1	2	8	___	1	2	8	___
14		___	1	2	___	___	___	14	___	___	1	2	8	___	1	2	8	___
15		___	1	2	___	___	___	15	___	___	1	2	8	___	1	2	8	___

Tick here if additional questionnaire used ☐

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

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

\* Codes for HL3: Relationship to head of household:

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband/ Partner	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

# EDUCATION

ED

For household members age 4 and above

For household members age 4-24 years

ED1. Line number	ED2. Name and age  Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDE D SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST CLASS/ FORM (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2011- 2012) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHO OL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND CLASS/ FORM IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010- 2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/ FORM DID (name) ATTEND?			
		1 Yes 2 No ✎ Next Line	Level: 0 Preschool 1 Reception 2 Infant 3 Junior 4 Secondary 5 Post Secondary/ Non-tertiary 6 Tertiary/ University 8 DK  If level=0, skip to ED5	Class/ Form:  98 DK  If less than 1 class/ form, enter 00.	1 Yes 2 No ✎ ED7	Level: 0 Preschool 1 Reception 2 Infant 3 Junior 4 Secondary 5 Post Secondary/ Non-tertiary 6 Tertiary/ University 8 DK  If level=0, skip to ED7	Class / Form:  98 DK	1 Yes 2 No ✎ Next Line 8 DK ✎ Next Line	Level: 0 Preschool 1 Reception 2 Infant 3 Junior 4 Secondary 5 Post Secondary/ Non-tertiary 6 Tertiary/ University 8 DK  If level=0, go to Next person	Class / Form:  98 DK	
Line	Name	Age	Yes No	Level	Class/Form	Yes No	Level	Class/Form	Y N DK	Level	Class/Form
01		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
02		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
03		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
04		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
05		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
06		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
07		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
08		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
09		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
10		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
11		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
12		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
13		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
14		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 6 8	___
15		___	1 2	0 1 2 3 4 5 6 8	___	1 2	0 1 2 3 4 5 6 8	___	1 2 8	0 1 2 3 4 5 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 neighbour ..... 13 Public tap / standpipe ..... 14 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51  Bottled water ..... 91  Other ( <i>specify</i> ) ..... 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3  41⇒WS3 42⇒WS3 51⇒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 compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51  Other ( <i>specify</i> ) ..... 96	11⇒WS6 12⇒WS6 13⇒WS6        96
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ..... 1 In own yard / plot ..... 2 Elsewhere ..... 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes .....  DK ..... 998	

WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... _ _ _ DK..... 998	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?  <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) ..... 1 Adult man (age 15+ years) ..... 2 Female child (under 15)..... 3 Male child (under 15)..... 4  DK..... 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No ..... 2  DK..... 8	2⇒WS8  8⇒WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?  <i>Probe:</i> ANYTHING ELSE?  <i>Record all items mentioned.</i>	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 ( <i>specify</i> ) ..... X DK..... Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?  <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?  <i>If necessary, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to well/pit (latrine)..... 13 Flush to unknown place / Not sure / DK where ..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) ... 21 Pit latrine with slab..... 22  No facility, Bush, Field ..... 95 Other ( <i>specify</i> ) ..... 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes ..... 1 No ..... 2	2⇒Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public)..... 1 Public facility ..... 2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number 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?	Anglican ..... 01 Pentecostal ..... 02 Seventh Day Adventist..... 03 Methodist..... 04 Roman Catholic..... 05 Other Christian ( <i>specify</i> ) ..... 06  Other religion ( <i>specify</i> ) ..... 96  No religion ..... 97	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Black ..... 1 White ..... 2 Mixed..... 3  Other ethnic group ( <i>specify</i> ) ..... 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USUALLY USED FOR SLEEPING?	Number of rooms ..... _ _	
HC3. <i>Main material of the dwelling floor.</i>  <i>Record observation or ask.</i>	Natural floor ..... Earth / Sand ..... 11 Rudimentary floor ..... Wood ..... 21 Cement..... 23 Finished floor ..... Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles..... 33 Carpet..... 35 Marley/ linoleum ..... 36  Other ( <i>specify</i> ) ..... 96	
HC4. <i>Main material of the roof.</i>  <i>Record observation.</i>	Rudimentary Roofing ..... Palm / Bamboo..... 22 Wood planks..... 23 Finished roofing ..... Metal (Corrugated Metal Sheets) ..... 31 Ceramic/PVC tiles ..... 34 Cement..... 35 Roofing shingles..... 36 Other corrugated sheets ..... 37  Other ( <i>specify</i> ) ..... 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Rudimentary walls</p> <p>Plywood .....24</p> <p>Cardboard .....25</p> <p>Reused wood .....26</p> <p>Finished walls</p> <p>Cement.....31</p> <p>Stone with lime / cement .....32</p> <p>Bricks.....33</p> <p>Cement blocks.....34</p> <p>Wood planks / shingles .....36</p> <p>Concrete board .....37</p> <p>Other (<i>specify</i>) .....96</p>																																		
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity .....01</p> <p>Liquefied Petroleum Gas (LPG) .....02</p> <p>Natural gas .....03</p> <p>Biogas .....04</p> <p>Kerosene .....05</p> <p>Coal / Lignite .....06</p> <p>Charcoal .....07</p> <p>Wood .....08</p> <p>Straw / Shrubs / Grass .....09</p> <p>Agricultural crop residue .....11</p> <p>No food cooked in household.....95</p> <p>Other (<i>specify</i>) .....96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																																	
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen .....1</p> <p>Elsewhere in the house .....2</p> <p>In a separate building .....3</p> <p>Outdoors .....4</p> <p>Other (<i>specify</i>) .....6</p>																																		
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A CLOCK?</p> <p>[G] A WATER HEATER?</p> <p>[H] A WASHING MACHINE?</p> <p>[I] A MICROWAVE OVEN?</p> <p>[J] AN AIR CONDITIONER?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Clock.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Water heater.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Microwave oven.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Air conditioner.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2	Clock.....	1	2	Water heater.....	1	2	Washing machine.....	1	2	Microwave oven.....	1	2	Air conditioner.....	1	2	
	Yes	No																																	
Electricity.....	1	2																																	
Radio.....	1	2																																	
Television.....	1	2																																	
Non-mobile telephone.....	1	2																																	
Refrigerator.....	1	2																																	
Clock.....	1	2																																	
Water heater.....	1	2																																	
Washing machine.....	1	2																																	
Microwave oven.....	1	2																																	
Air conditioner.....	1	2																																	

[K] INTERNET SERVICE?	Internet service ..... 1 2	
[L] A SEWING MACHINE?	Sewing machine ..... 1 2	
[M] A DVD PLAYER?	DVD player ..... 1 2	
[N] A DIGITAL CAMERA?	Digital camera ..... 1 2	
[O] A DESKTOP COMPUTER?	Desktop computer..... 1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WATCH?	Watch ..... 1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone..... 1 2	
[C] A BICYCLE?	Bicycle..... 1 2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter ..... 1 2	
[E] A CAR OR TRUCK?	Car / Truck ..... 1 2	
[F] A BOAT WITH A MOTOR?	Boat with motor ..... 1 2	
[G] A NOTEBOOK / NETBOOK?	Notebook / Netbook ..... 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?	Own ..... 1 Rent..... 2  Other (Not owned or rented) ..... 6	
<i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>		
<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>		
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/ SQUARE FEET/ SQUARE METERS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Acres (ac) ..... 1 000 ____ Square foot (sq ft) .... 2 ____ Square meter (m <sup>2</sup> ).... 3 ____	
<i>If less than 1 acre/ square foot/ square meter, record "00". If unknown, record '98'.</i>		
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes ..... 1 No..... 2	2⇒HC15

<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] DUCKS?</p> <p>[H] TURKEYS?</p> <p>[I] RABBITS?</p> <p><i>If none, record '00'.</i>  <i>If 95 or more, record '95'.</i>  <i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls.....__ __</p> <p>Horses, donkeys, or mules.....__ __</p> <p>Goats.....__ __</p> <p>Sheep.....__ __</p> <p>Chickens .....__ __</p> <p>Pigs .....__ __</p> <p>Ducks .....__ __</p> <p>Turkeys .....__ __</p> <p>Rabbits.....__ __</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT OR CREDIT UNION ACCOUNT?</p>	<p>Yes.....1</p> <p>No.....2</p>	

# CHILD LABOUR

CL

To be administered for children in the household age 5-14 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 number	CL2. Name and Age  Copy from Household Listing Form, HL2 and HL6		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?  1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4. 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.			CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?  1 Yes 2 No ⇒ CL7			CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?			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			CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?			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			CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		
Line	Name	Age	Yes Paid	No Unpaid	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours								
01		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
02		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
03		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
04		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
05		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
06		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
07		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
08		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
09		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
10		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
11		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
12		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
13		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
14		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
15		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								

**Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. 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 (CD6).
- If there are no children age 2-14 years in the household, skip to next module.

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___

CD6.	Total children age 2-14 years	___
------	-------------------------------	-----

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

**Table 2: Selection of Random Child for Child Discipline Questions**

- Use Table 2 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.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 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 (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	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

CD8. Record the rank number of the selected child.....

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number ..... _ _	
CD10. 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 <i>(name)</i> IN THE PAST MONTH.		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes .....1 No.....2	
CD12. EXPLAINED WHY <i>(name)</i> 'S BEHAVIOR WAS WRONG.	Yes .....1 No.....2	
CD13. SHOOK HIM/HER.	Yes .....1 No.....2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes .....1 No.....2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes .....1 No.....2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes .....1 No.....2	
CD17. 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	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes .....1 No.....2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes .....1 No.....2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes .....1 No.....2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes .....1 No.....2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes .....1 No.....2 Don't know / No opinion .....8	

HANDWASHING		HW
<b>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</b>	Observed ..... 1  Not observed Not in dwelling / plot / yard ..... 2 No permission to see ..... 3 Other reason ..... 6	   2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
<b>HW2. Observe presence of water at the specific place for handwashing.</b>  <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available ..... 1  Water is not available ..... 2	
<b>HW3. Record if soap or detergent is present at the specific place for handwashing.</b>  <i>Circle all that apply.</i>  <i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i>	Bar soap ..... A  Detergent (Powder / Liquid / Paste) ..... B  Liquid soap ..... C  Ash / Mud / Sand ..... D  None ..... Y	A ⇨ HH19  B ⇨ HH19  C ⇨ HH19  D ⇨ HH19
<b>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?</b>	Yes ..... 1  No ..... 2	  2 ⇨ HH19
<b>HW5. CAN YOU PLEASE SHOW IT TO ME?</b>  <i>Record observation. Circle all that apply.</i>	Bar soap ..... A  Detergent (Powder / Liquid / Paste) ..... B  Liquid soap ..... C  Ash / Mud / Sand ..... D  Not able / Does not want to show ..... Y	

HH19. <i>Record the time.</i>	Hour and minutes ..... : ..	
-------------------------------	-----------------------------	--

SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM ..... 1</p> <p>More than 0 PPM &amp; less than 15 PPM..... 2</p> <p>15 PPM or more ..... 3</p> <p>No salt in the house..... 6</p> <p>Salt not tested ..... 7</p>	

<p>HH20. <i>Thank the respondent for his/her cooperation and check the Household Listing Form:</i></p> <p><input type="checkbox"/> <i>A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)</i></p> <p><input type="checkbox"/> <i>A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)</i></p> <p><i>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
---

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

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

*Repeat greeting if not already read to this woman:*

WE ARE FROM BARBADOS STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- *Yes, permission is given* ⇒ Go to WM10 to record the time and then begin the interview.
- *No, permission is not given* ⇒ Complete WM7. Discuss this result with your supervisor.

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

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
---	--

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... _ _ DK month..... 98  Year ..... _ _ _ _ DK year..... 9998	
WB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) ..... _ _	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Reception ..... 1 Infant ..... 2 Junior..... 3 Secondary ..... 4 Post-Secondary/Non-tertiary ..... 5 Tertiary/University ..... 6	0⇒WB7
WB5. WHAT IS THE HIGHEST CLASS/FORM YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 class/form, enter "00"</i>	Class/ form ..... _ _	
WB6. Check WB4:		
<input type="checkbox"/> Secondary or higher (codes 4, 5 or 6) ⇒ Go to Next Module  <input type="checkbox"/> Reception, Infant, or Junior (codes 1, 2 or 3) ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3  No sentence in required language ..... 4 <i>(specify language)</i>  Blind / visually impaired ..... 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
<b>MT1. Check WB7:</b> <input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3		
<b>MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
<b>MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
<b>MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
<b>MT5. Check WB2: Age of respondent 15-24 years?</b> <input type="checkbox"/> Yes, age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module		
<b>MT6. HAVE YOU EVER USED A COMPUTER?</b>	Yes ..... 1 No ..... 2	2⇒MT9
<b>MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</b>	Yes ..... 1 No ..... 2	2⇒MT9
<b>MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
<b>MT9. HAVE YOU EVER USED THE INTERNET?</b>	Yes ..... 1 No ..... 2	2⇒Next Module
<b>MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</b>  <i>If necessary, probe for use from any location, with any device.</i>	Yes ..... 1 No ..... 2	2⇒ Next Module
<b>MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2⇒ Contra ception Module
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?  I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.  <i>Skip to CM12 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day ..... DK day ..... 98  Month ..... DK month ..... 98  Year ..... DK year ..... 9998	⇒ CM12
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... _ _	
CM12. OF ALL THE BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?  <i>Month and year must be recorded.</i>	Date of last birth Day ..... DK day ..... 98  Month .....  Year .....	
CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in <b>2010</b>  <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to CONTRACEPTION Module.  <input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the child  Name of child _____  <i>If child has died, take special care when referring to this child by name in the following modules.</i>  <i>Continue with the next module.</i>		

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

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Community health worker ..... G Other (specify) ..... X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... DK ..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure .....	1	2												
Urine sample .....	1	2												
Blood sample.....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  MAY I SEE IT PLEASE?  <i>If a card is presented, use it to assist with answers to the following questions. If the card is not present, ask the respondent.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK ..... 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE AN INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	1⇒MN17												
MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN17 8⇒MN17												
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?  <i>If less than 1 year, record '00'.</i>	Years ago .....													
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person assisting and circle all answers given.</i>  <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Community health worker ..... G Relative / Friend ..... H Other (specify) ..... X No one ..... Y													

<p><b>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home ..... 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Govt. hospital..... 21</p> <p>Govt. clinic / health centre/ polyclinic..... 22</p> <p>Other public (specify) ..... 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic ..... 32</p> <p>Other private medical (specify) ..... 36</p> <p>Other (specify) ..... 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p><b>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</b></p>	<p>Very large ..... 1</p> <p>Larger than average ..... 2</p> <p>Average ..... 3</p> <p>Smaller than average ..... 4</p> <p>Very small..... 5</p> <p>DK ..... 8</p>	
<p><b>MN21. WAS (name) WEIGHED AT BIRTH?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p><b>MN22. HOW MUCH DID (name) WEIGH?</b></p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kg) ____ . ____</p> <p>From recall ..... 2 (kg) ____ . ____</p> <p>From recall ..... 3 (lbs) ____ . ____</p> <p>DK ..... 99998</p>	
<p><b>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>MN24. DID YOU EVER BREASTFEED (name)?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒Next Module</p>
<p><b>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</b></p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately ..... 000</p> <p>Hours ..... 1 ____</p> <p>Days ..... 2 ____</p> <p>Don't know / remember ..... 998</p>	
<p><b>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒Next Module</p>
<p><b>MN27. WHAT WAS (name) GIVEN TO DRINK?</b></p> <p><i>Probe:</i></p> <p><b>ANYTHING ELSE?</b></p>	<p>Milk (other than breast milk) ..... A</p> <p>Plain water ..... B</p> <p>Sugar or glucose water ..... C</p> <p>Gripe water ..... D</p> <p>Sugar-salt-water solution..... E</p> <p>Fruit juice ..... F</p> <p>Infant formula ..... G</p> <p>Tea / Infusions..... H</p> <p>Honey ..... I</p> <p>Other (specify) ..... X</p>	

# POST-NATAL HEALTH CHECKS

PN

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check child mortality module CM13 and record name of last-born child here \_\_\_\_\_. Use this child's name in the following questions, where indicated.*

PN1. Check MN18: Was the child delivered in a health facility?

- ☐ Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2
- ☐ No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).

YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

*If less than one day, record hours.  
If less than one week, record days.  
Otherwise, record weeks.*

Hours.....1 \_\_\_\_  
Days .....2 \_\_\_\_  
Weeks .....3 \_\_\_\_  
Don't know / remember .....998

PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.

BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?

Yes .....1  
No .....2

PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?

Yes .....1  
No .....2

PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).

DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?

Yes .....1  
No .....2

1⇒PN11  
2⇒PN16

PN6. Check MN17: Did a health professional or community health worker assist with the delivery?

- ☐ Yes, delivery assisted by a health professional or community health worker (MN17=A-G) ⇒ Continue with PN7
- ☐ No, delivery not assisted by a health professional or community health worker (A-G not circled in MN17) ⇒ Go to PN10

<p>PN7. YOU HAVE ALREADY SAID THAT <i>(person or persons in MN17)</i> ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON <i>(name)</i>'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING <i>(name)</i>, CHECKING THE CORD, OR SEEING IF <i>(name)</i> IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE <i>(person or persons in MN17)</i> LEFT YOU, DID <i>(person or persons in MN17)</i> CHECK ON <i>(name)</i>'S HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>PN8. AND DID <i>(person or persons in MN17)</i> CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>PN9. AFTER THE <i>(person or persons in MN17)</i> LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF <i>(name)</i>?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON <i>(name)</i>'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING <i>(name)</i>, CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER <i>(name)</i> WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once ..... 1 More than once ..... 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours ..... 1 ____</p> <p>Days ..... 2 ____</p> <p>Weeks ..... 3 ____</p> <p>Don't know / remember ..... 998</p>	

PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional Doctor..... A Nurse / Midwife..... B Other person Community health worker ..... G Relative / Friend ..... H Other (specify)..... X	
PN14. WHERE DID THIS CHECK TAKE PLACE?  <i>Probe to identify the type of source.</i>  <i>If unable to determine whether public or private, write the name of the place.</i>  _____ (Name of place)	Home Your home..... 11 Other home ..... 12  Public sector Govt. hospital ..... 21 Govt. clinic / health centre/ polyclinic ..... 22 Other public (specify)..... 26  Private medical sector Private hospital..... 31 Private clinic ..... 32 Other private medical (specify)..... 36  Other (specify)..... 96	
PN15. Check MN18: Was the child delivered in a health facility?  <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16  <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17		
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON YOUR HEALTH?	Yes..... 1 No..... 2	1⇒PN20 2⇒Next Module
PN17. Check MN17: Did a health professional or community health worker assist with the delivery?  <input type="checkbox"/> Yes, delivery assisted by a health professional or community health worker (MN17=A-G) ⇒ Continue with PN18  <input type="checkbox"/> No, delivery not assisted by a health professional or community health worker (A-G not circled in MN17) ⇒ Go to PN19		
PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes..... 1 No..... 2	1⇒PN20 2⇒Next Module
PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON YOUR HEALTH?  I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes..... 1 No..... 2	2⇒Next Module

PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once.....1 More than once .....2	1⇒PN21A 2⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?  PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?  <i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i>	Hours.....1 __ __ Days .....2 __ __ Weeks .....3 __ __ Don't know / remember .....998	
PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional Doctor.....A Nurse / Midwife.....B Other person Community health worker .....G Relative / Friend .....H Other ( <i>specify</i> ).....X	
PN23. WHERE DID THIS CHECK TAKE PLACE?  <i>Probe to identify the type of source.</i>  <i>If unable to determine whether public or private, write the name of the place.</i>  _____ ( <i>Name of place</i> )	Home Your home.....11 Other home .....12  Public sector Govt. hospital .....21 Govt. clinic / health centre/ polyclinic .....22 Other public ( <i>specify</i> ).....26  Private medical sector Private hospital.....31 Private clinic .....32 Other private medical ( <i>specify</i> ).....36  Other ( <i>specify</i> ).....96	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.  ARE YOU PREGNANT NOW?	Yes, currently pregnant.....1 No.....2 Unsure or DK .....8	1⇒Next Module
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.  ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes .....1 No.....2	2⇒CP4
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?  <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization.....A Male sterilization.....B IUD.....C Injectables.....D Implants.....E Pill.....F Male condom.....G Female condom.....H Diaphragm.....I Foam / Jelly.....J Lactational amenorrhoea method (LAM).....K Periodic abstinence / Rhythm.....L Withdrawal.....M Other ( <i>specify</i> ).....X	A⇒UN1 B⇒UN1 C⇒UN1 D⇒UN1 E⇒UN1 F⇒UN1 G⇒UN1 H⇒UN1 I⇒UN1 J⇒UN1 K⇒UN1 L⇒UN1 M⇒UN1 X⇒UN1
CP4. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes.....1 No.....2	
CP5. CAN YOU TELL ME WHY YOU ARE NOT USING A METHOD TO PREVENT PREGNANCY?  <i>Do not prompt. If more than one reason is mentioned, circle each one.</i>	Not married.....A  Fertility related reasons Want to get pregnant/ have child.....B Not having sex.....C Infrequent sex.....D Menopausal/hysterectomy.....E Can't get pregnant.....F Not menstruated since last birth.....G Breastfeeding.....H Up to God/ Fatalistic.....I  Opposition to use Respondent opposed.....J Husband/partner opposed.....K Others opposed.....L Religious prohibition.....M  Lack of knowledge Knows no method.....N Knows no source.....O  Method-related reasons Side effects/ health concerns.....P Lack of access/ too far.....Q Costs too much.....R Preferred method not available.....S No method available.....T Inconvenient to use.....U Interferes with body's normal processes.....V  Other ( <i>specify</i> ).....X DK.....Z	

UNMET NEED		UN
<b>UN1. Check CP1. Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
<b>UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</b>	Yes ..... 1 No ..... 2	1⇒UN4
<b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</b>	Later ..... 1 No more ..... 2	
<b>UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?</b>	Have another child ..... 1 No more / None ..... 2 Undecided / Don't know ..... 8	1⇒UN7 2⇒UN13 8⇒UN13
<b>UN5. Check CP3. Currently using "Female sterilization"?</b> <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
<b>UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</b>	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / Don't know ..... 8	2⇒UN9 3⇒UN11 8⇒UN9
<b>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</b>	Months ..... 1 ____ Years ..... 2 ____ Soon / Now ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 Don't know ..... 998	994⇒UN11
<b>UN8. Check CP1. Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK .....8</p>	<p>1 ⇒ UN13</p> <p>8 ⇒ UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex ..... A</p> <p>Menopausal ..... B</p> <p>Never menstruated ..... C</p> <p>Hysterectomy (surgical removal of uterus) ..... D</p> <p>Has been trying to get pregnant for 2 years or more without result ..... E</p> <p>Postpartum amenorrheic ..... F</p> <p>Breastfeeding ..... G</p> <p>Too old ..... H</p> <p>Fatalistic ..... I</p> <p>Health reasons ..... J</p> <p>Other (specify) ..... X</p> <p>Don't know ..... Z</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago .....1 _ _</p> <p>Weeks ago .....2 _ _</p> <p>Months ago .....3 _ _</p> <p>Years ago .....4 _ _</p> <p>In menopause / Has had hysterectomy ..... 994</p> <p>Before last birth ..... 995</p> <p>Never menstruated ..... 996</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV		
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:		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling .....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children .....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him .....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex .....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food .....	1	2	8
[F] IF SHE IS UNFAITHFUL?	Unfaithful .....	1	2	8
[G] IF SHE TRIES TO END THE RELATIONSHIP?	End the relationship .....	1	2	8
[H] IF SHE SPENDS MONEY IRRATIONALLY?	Spends money irrationally .....	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED, LIVING TOGETHER WITH A MAN AS IF MARRIED, OR IN A VISITING RELATIONSHIP?	Yes, currently married ..... 1 Yes, living with a man.....2 Yes, in a visiting relationship .....0 No, not in union .....3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years .....__ __ DK .....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ..... 1 No.....2	2⇒MA7
MA4. HOW MANY OTHER PARTNERS DOES HE HAVE?	Number.....__ __ DK .....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED, LIVED TOGETHER WITH A MAN AS IF MARRIED, OR IN A VISITING RELATIONSHIP?	Yes, formerly married ..... 1 Yes, formerly lived with a man .....2 Yes, formerly in a visiting relationship .....0 No.....3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR NO LONGER IN A VISITING RELATIONSHIP?	Widowed..... 1 Divorced .....2 Separated .....3 No longer in a visiting relationship.....4	
MA7. HAVE YOU BEEN MARRIED, LIVED WITH A MAN, OR IN A VISITING RELATIONSHIP ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once .....2	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY, START LIVING WITH A MAN AS IF MARRIED, OR START THE VISITING RELATIONSHIP?	Date of first marriage/ visiting relationship Month .....__ __ DK month .....98 Year.....__ __ __ __ DK year .....9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER, OR STARTED YOUR FIRST VISITING RELATIONSHIP?	Age in years .....__ __	

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse ..... 00  Age in years .....  First time when started living with (first) husband/partner ..... 95	00⇒Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2  DK / Don't remember ..... 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?  <i>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.</i>	Days ago ..... 1 Weeks ago ..... 2 Months ago ..... 3 Years ago ..... 4	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?  <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i>  <i>If 'boyfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 Friend ..... 5 Visiting partner ..... 0  Other (specify) ..... 6	3⇒SB7 4⇒SB7 5⇒SB7  6⇒SB7
SB6. Check MA1:  <input type="checkbox"/> Currently married or living with a man or in a visiting relationship (MA1 = 1 or 2 or 0) ⇒ Go to SB8  <input type="checkbox"/> Not married / Not in union / Not in a visiting relationship (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner .....  DK ..... 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	

<p><b>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</b></p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i>  <b>WERE YOU LIVING TOGETHER AS IF MARRIED?</b>  <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband.....1  Cohabiting partner.....2  Boyfriend.....3  Casual acquaintance.....4  Friend.....5  Visiting partner.....0</p> <p>Other (<i>specify</i>).....6</p>	<p>3⇒SB12  4⇒SB12  5⇒SB12  6⇒SB12</p>
<p><b>SB11. Check MA1 and MA7:</b></p> <p><input type="checkbox"/> <i>Currently married or living with a man or in a visiting relationship (MA1 = 1, 2 or 0)</i>  AND  <i>Married only once or lived with a man only once or in a visiting relationship only once (MA7 = 1)</i>  ⇒ Go to SB13</p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p><b>SB12. HOW OLD IS THIS PERSON?</b></p> <p><i>If response is DK, probe:</i>  <b>ABOUT HOW OLD IS THIS PERSON?</b></p>	<p>Age of sexual partner.....__ __</p> <p>DK.....98</p>	
<p><b>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</b></p>	<p>Yes.....1  No.....2</p>	<p>2⇒SB15</p>
<p><b>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</b></p>	<p>Number of partners.....__ __</p>	
<p><b>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</b></p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners.....__ __</p> <p>DK.....98</p>	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes ..... 1	2⇒Next Module
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	No ..... 2	
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA3. CAN PEOPLE GET 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 GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		
[A] DURING PREGNANCY?	Yes No DK During pregnancy ..... 1 2 8	
[B] DURING DELIVERY?	During delivery ..... 1 2 8	
[C] BY BREASTFEEDING?	By breastfeeding ..... 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
HA10. 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	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p>																						
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS .....	1	2	8	Offered a test.....	1	2	8	
	Y	N	DK																			
AIDS from mother.....	1	2	8																			
Things to do.....	1	2	8																			
Tested for AIDS .....	1	2	8																			
Offered a test.....	1	2	8																			
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒HA19</p> <p>8⇒HA19</p>																				
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA19. Check MN17: Birth delivered by health professional (A, or B)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>																						
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒HA24</p>																				
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>																					
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1⇒HA25</p>																				

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago.....1	1⇒Next Module
	12-23 months ago .....2	2⇒Next Module
	2 or more years ago .....3	3⇒Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes .....1	2⇒HA27
	No.....2	
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago.....1	
	12-23 months ago .....2	
	2 or more years ago .....3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .....1	1⇒Next Module
	No.....2	2⇒Next Module
	DK .....8	8⇒Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes .....1	
	No.....2	

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No ..... 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ..... 00 Age ..... ____	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1 No ..... 2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ..... ____	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?  <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days ..... 0 ____ 10 days or more but less than a month .... 10 Everyday / Almost every day ..... 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes ..... 1 No ..... 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1 No ..... 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?  <i>Circle all mentioned.</i>	Cigars ..... A Water pipe ..... B Cigarillos ..... C Pipe ..... D  Other (specify) ..... X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?  <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days ..... 0 ____ 10 days or more but less than a month .... 10 Everyday / Almost every day ..... 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes ..... 1 No ..... 2	2 ⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No ..... 2	2 ⇒TA14

<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco ..... A          Snuff ..... B          Dip ..... C          Other (specify) ..... X</p>	
<p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days.          If 10 days or more but less than a month, circle "10".          If "everyday" or "almost every day", circle "30"</i></p>	<p>Number of days ..... 0 ____          10 days or more but less than a month .... 10          Everyday / Almost every day ..... 30</p>	
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes ..... 1          No ..... 2</p>	2⇒Next Module
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER OR STOUT, ONE GLASS OF WINE, OR ONE SHOT OF BRANDY, VODKA, WHISKEY, RUM OR GIN.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol..... 00          Age ..... ____ ____</p>	00⇒Next Module
<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".          If less than 10 days, record the number of days.          If 10 days or more but less than a month, circle "10".          If "everyday" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month . 00          Number of days ..... 0 ____          10 days or more but less than a month .... 10          Everyday / Almost every day ..... 30</p>	00⇒Next Module
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks ..... ____ ____</p>	

LIFE SATISFACTION		LS
<p>LS1. Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to WM11</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2</p>		
<p>LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed by the respondent.</i></p>	<p>Very happy..... 1</p> <p>Somewhat happy ..... 2</p> <p>Neither happy nor unhappy ..... 3</p> <p>Somewhat unhappy ..... 4</p> <p>Very unhappy..... 5</p>	
<p>LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied..... 2</p> <p>Neither satisfied nor unsatisfied..... 3</p> <p>Somewhat unsatisfied..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied..... 2</p> <p>Neither satisfied nor unsatisfied..... 3</p> <p>Somewhat unsatisfied..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS5. DURING THE CURRENT / 2011-2012 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	2⇒LS7

LS6. HOW SATISFIED ARE/WERE YOU WITH YOUR SCHOOL?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?  <i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job ..... 0  Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?  <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?  <i>If the respondent responds that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income ..... 0  Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?	Improved ..... 1 More or less the same ..... 2 Worsened ..... 3	
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better ..... 1 More or less the same ..... 2 Worse ..... 3	






WM11. Record the time.	Hour and minutes ..... ____ : ____	
------------------------	------------------------------------	--

<p>WM12. Check Household Listing Form, column HL9. Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or child under-5 in the household.</p>
--




**Interviewer's Observations****Field Editor's Observations****Supervisor's Observations**

**RESPONSE CARD:**

**SIDE 1**

<b>Very happy</b>	<b>Somewhat happy</b>	<b>Neither happy, nor unhappy</b>	<b>Somewhat unhappy</b>	<b>Very unhappy</b>
				

**SIDE 2**

<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Neither satisfied, nor unsatisfied</b>	<b>Somewhat unsatisfied</b>	<b>Very unsatisfied</b>
				

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM BARBADOS STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

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

UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
--	---

UF12. Record the time.	Hour and minutes..... : ____	
------------------------	------------------------------	--

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... _ _</p> <p>DK day ..... 98</p> <p>Month ..... _ _</p> <p>Year ..... _ _ _ _</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ..... _</p>	

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?  <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen ..... 1	1⇒Next Module
	Yes, not seen ..... 2	2⇒Next Module
	No ..... 3	
	DK ..... 8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH THE REGISTRATION DEPARTMENT?	Yes ..... 1	1⇒Next Module
	No ..... 2	
	DK ..... 8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ..... 1	
	No ..... 2	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p>	<p>None ..... 00</p> <p>Number of children's books ..... 0 ____</p> <p>Ten or more books ..... 10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOME-MADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Home-made toys .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Home-made toys .....	1	2	8	Toys from a shop .....	1	2	8	Household objects or outside objects .....	1	2	8	
	Y	N	DK															
Home-made toys .....	1	2	8															
Toys from a shop .....	1	2	8															
Household objects or outside objects .....	1	2	8															
<p>EC3. 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.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS (name):</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour ..... ____</p> <p>Number of days left with other child for more than an hour ..... ____</p>																	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>																		
<p>EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN, PRE-SCHOOL OR COMMUNITY CHILD CARE?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>																

EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	Number of hours ..... _ _																																										
<p>EC7. 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):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</td> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[B] TOLD STORIES TO (name)?</td> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</td> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</td> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[E] PLAYED WITH (name)?</td> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</td> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	Read books	A	B	X	Y	[B] TOLD STORIES TO (name)?	Told stories	A	B	X	Y	[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	Sang songs	A	B	X	Y	[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y	[E] PLAYED WITH (name)?	Played with	A	B	X	Y	[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	Named/counted	A	B	X	Y	
	Mother	Father	Other	No one																																							
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	Read books	A	B	X	Y																																						
[B] TOLD STORIES TO (name)?	Told stories	A	B	X	Y																																						
[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	Sang songs	A	B	X	Y																																						
[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Took outside	A	B	X	Y																																						
[E] PLAYED WITH (name)?	Played with	A	B	X	Y																																						
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	Named/counted	A	B	X	Y																																						
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																										
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																										
EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																										
EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																										
EC12. IS (name) SOMETIMES TOO SICK TO PLAY?	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																																										

EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes..... 1 No ..... 2  DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes..... 1 No ..... 2  DK..... 8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes..... 1 No ..... 2  DK..... 8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes..... 1 No ..... 2  DK..... 8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes..... 1 No ..... 2  DK..... 8	

BREASTFEEDING		BF
BF1. HAS ( <i>name</i> ) 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 ( <i>name</i> ) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER ( <i>name</i> ) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.  DID ( <i>name</i> ) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF4. DID ( <i>name</i> ) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID ( <i>name</i> ) DRINK INFANT FORMULA?	Number of times ..... _ _	
BF6. DID ( <i>name</i> ) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF7A 8⇒BF7A
BF7. HOW MANY TIMES DID ( <i>name</i> ) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ..... _ _	
BF7A. DID ( <i>name</i> ) DRINK SOYA MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF8 8⇒BF8
BF7B. HOW MANY TIMES DID ( <i>name</i> ) DRINK SOYA MILK?	Number of times ..... _ _	
BF8. DID ( <i>name</i> ) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	

BF9. DID ( <i>name</i> ) DRINK CLEAR SOUP OR BROTH YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK ..... 8	
BF10. DID ( <i>name</i> ) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK ..... 8	
BF11. DID ( <i>name</i> ) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK ..... 8	
BF12. DID ( <i>name</i> ) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK ..... 8	
BF13. DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK ..... 8	2⇒BF15  8⇒BF15
BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF15. DID ( <i>name</i> ) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK ..... 8	
BF16. DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2  DK ..... 8	2⇒BF18  8⇒BF18
BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes ..... 1 No ..... 2  DK ..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (name) HAD DIARRHOEA?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (name) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).  DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?  <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5 DK ..... 8	
CA3. DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?  <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6 DK ..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>  [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORAL REHYDRATION SOLUTION?  [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?  [C] SALT, SUGAR AND WATER DRINK?	Fluid from ORS packet ..... 1 2 8 Pre-packaged ORS fluid ..... 1 2 8 Salt, sugar and water ..... 1 2 8	Y N DK
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒CA7 8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;">(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic ..... A</p> <p>Antimotility ..... B</p> <p>Zinc ..... C</p> <p>Other (Not antibiotic, antimotility or zinc) ..... G</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic ..... L</p> <p>Non-antibiotic ..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous ..... O</p> <p>Home remedy / Herbal medicine ..... Q</p> <p>Other (specify) ..... X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only ..... 1</p> <p>Blocked or runny nose only ..... 2</p> <p>Both ..... 3</p> <p>Other (specify) ..... 6</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital ..... A</p> <p>Govt. health centre/ polyclinic ..... B</p> <p>Public pharmacy ..... F</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... I</p> <p>Private physician ..... J</p> <p>Private pharmacy ..... K</p> <p>Other source</p> <p>Relative / Friend ..... P</p> <p>Shop ..... Q</p> <p>Natural/Herbal shop ..... S</p> <p>Other (specify) ..... X</p>	

CA12. WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (name) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i>  _____ (Names of medicines)	Antibiotic Pill / Syrup ..... A Injection ..... B  Paracetamol / Panadol / Acetaminophen ... P Aspirin ..... Q Ibuprofen ..... R  Other (specify) ..... X DK ..... Z	
CA14. Check AG2: Child aged under 3?  <input type="checkbox"/> Yes ⇒ Continue with CA15  <input type="checkbox"/> No ⇒ Go to UF13		
CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine ..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open ..... 06  Other (specify) ..... 96 DK ..... 98	

UF13. Record the time.	Hour and minutes ..... ____ : ____	
------------------------	------------------------------------	--

<p>UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child</p> <p>Check to see if there are other woman's or under-5 questionnaires to be administered in this household.</p> <p>Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.</p>
---

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child.  Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured ..... 1 Child not present ..... 2 Child or caretaker refused ..... 3 Other (specify) ..... 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) ..... Weight not measured ..... 99.9	
AN4. Child's length or height Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down ..... 1 ..... Height (cm) Standing up ..... 2 ..... Length / Height not measured ..... 9999.9	

AN6. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.
---

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**