

# ANNEX D: SURVEY QUESTIONNAIRES



## HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE BANGLADESH BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number Cluster Name:	<input type="text"/>	HH2. Household number <input type="text"/>
HH3. Interviewer number Interviewer Name:	<input type="text"/>	HH4. Supervisor number Name:
HH5. Day/Month/Year of interview:		<input type="text"/> / <input type="text"/> / 2009 Day Month
HH6. AREA: Rural ..... 1 Urban Urban (Municipality) ..... 2 City Corporation ..... 3 Urban slum ..... 4	HH7. DIVISION: 1 Barisal ..... 1 2 Chittagong ..... 2 3 Dhaka ..... 3 4 Khulna ..... 4 5 Rajshahi ..... 5 6 Sylhet ..... 6	
HH7A. DISTRICT CODE District Name:	<input type="text"/>	HH7B. UPAZILA CODE Upazila Name:
HH8A. Union/ward Code Union/ward Name:	<input type="text"/>	
HH 8B. Name of head of the household: _____		

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

HH9. Result of HH interview: Completed ..... 1 Not at home ..... 2 Refused ..... 3 HH not found/destroyed ..... 4  <b>Other (specify) 6</b>	HH10. Respondent to HH questionnaire: Name: _____ Line No: <input type="text"/>
HH12. No. of women eligible (15-49 years) for interview: <input type="text"/>	HH11. Total number of household members: <input type="text"/>
HH14. No. of children under age 5: <input type="text"/>	HH13. No. of women questionnaires completed: <input type="text"/>
	HH15. No. of under-5 questionnaires completed: <input type="text"/>

Interviewer/supervisor notes: *Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.*

HH16. Data entry operator's name	Number:
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**HOUSEHOLD LISTING**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used.

						Eligible for:	
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?  1 MALE 2 FEM.	HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record in complete years 98=DK*	HL6. WHAT IS (name) MARITAL STATUS?  1. UNMARRIED 2. MARRIED 3. DIVORCED 4. SEPARATE 5. WIDOW	HL7. Circle Line no. if woman is age 15-49	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. OF MOTHER/ CARETAKER
LINE	NAME	REL.	M/F	AGE	AL		MOTHER
01		0 1				01	
02						02	
03						03	
04						04	
05						05	
06						06	
07						07	
08						08	
09						09	
10						10	
11						11	
12						12	
13						13	
14						14	
15						15	

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?

INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.

Then, complete the totals below.

Totals	Woman 15-49	Under-5s

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

Now for each person age 15-49 years, write his/her name and line number and other identifying information in the information panel of the Individual Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five.

You should now have a separate questionnaire for each eligible person and each child under five in the household.

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

01 = Head

02 = Wife or Husband

03 = Son or Daughter

04 = Son or Daughter In-Law

05 = Grandchild

06 = Parent

07 = Parent-In-Law

08 = Brother or Sister

09 = Brother or Sister-In-Law

10 = Uncle/Aunt

11 = Niece/Nephew By Blood

12 = Niece/Nephew By Marriage

13 = Other Relative

14 = Adopted/Foster/Stepchild

15 = Not Related

98 = Don't Know/over age 50 years

EDUCATION MODULE										ED									
For household members age 5 and older										For household members age 5-24 years									
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED4. DURING THE 2009 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THE 2009 SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE 2008 SCHOOL YEAR?	ED8. DURING THE 2008 SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	ED9. DURING THE PAST/LAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?										
		1 YES ⇒ ED3 2 NO ⇒ ED9	LEVEL: 01-06 PRE-SCHOOL 07-16 PRIMARY (I-V) 17 SECONDARY (VI-X) 18 HIGHER SECONDARY (XI-XII) 19 TERTIARY (DGREE & ABOVE) 20 NGO/MOSQUE BASED/QUAMI MADRASA 98 DK GRADE:: 96 OTHER/NO GRADING SYSTEM	1 YES 2 NO ⇒ ED7	Insert number of days in space below.	LEVEL: 01-06 PRE-SCHOOL 07-16 PRIMARY (I-V) 17 SECONDARY (VI-X) 18 HIGHER SECONDARY (XI-XII) 19 TERTIARY (DGREE & ABOVE) 20 NGO/MOSQUE BASED/QUAMI MADRASA 98 DK GRADE:: 96 OTHER/NO GRADING SYSTEM	1 YES 2 NO ⇒ ED9 8 DK ⇒ ED9	LEVEL: 01-06 PRE-SCHOOL 07-16 PRIMARY (I-V) 17 SECONDARY (VI-X) 18 HIGHER SECONDARY (XI-XII) 19 TERTIARY (DGREE & ABOVE) 20 NGO/MOSQUE BASED/QUAMI MADRASA 98 DK GRADE:: 96 OTHER/NO GRADING SYSTEM	1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO										
LINE		YES NO	LEVEL	GRADE	YES/NO	DAYS	LEVEL	GRADE	YES / NO / DK	LEVEL	GRADE	YES (PAID/UNPAID)/NO							
01																			
02																			
03																			
04																			
05																			
06																			
07																			
08																			
09																			
10																			
11																			
12																			
13																			
14																			
15																			

Pre-School: 01. NGO; 02. Private (kindergarten); 03. Mosque based/moktab; 04. Govt - baby class/ pre-center attached to primary school; 05. Govt - paracenter based pre-school; 06. Other Primary; 07 Govt. Primary Schools; 08. Regd. NGPS; 09. Non-regd. NGPS; 10. Experimental Schools; 11. Community Schools; 12. Kindergarten; 13. NGO Schools; 14. Ebtidae Madrasahs; 15. Primary Sections of High Madrasahs; 16. Primary sections of High Schools.

WATER AND SANITATION MODULE		WS																
WS1. NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR DRINKING WATER. CAN YOU PLEASE BRING ME A GLASS OF DRINKING WATER? (RECORD THE SAMPLE WATER BOTTLE CODE)	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3">Dist</td> <td colspan="3">Cluster</td> <td colspan="2">HH</td> </tr> </table> </div>									Dist			Cluster			HH		
Dist			Cluster			HH												
WS2. WHAT IS THE SOURCE OF THIS DRINKING WATER?	Piped water Piped into dwelling .....11 Piped into yard or plot .....12 Public tap/standpipe .....13 Tube well Shallow Tube well (<500 feet).....21 Deep Tube well (500+ feet).....22 Dug well/Ring Well Protected well.....31 Unprotected well.....32 Water from spring Protected spring .....41 Unprotected spring .....42 Rainwater collection .....51 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Pond Sand Filter.....82 Bottled water .....91 Other (specify).....96																	
WS3. HAS THIS DRINKING WATER SOURCE BEEN TESTED FOR ARSENIC?	Not tested .....1 Tested, don't know results .....2 Tested, arsenic level is safe (green) .....3 Tested, arsenic level is unsafe (red) .....4 DK .....8																	
WS4. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?  <i>If "flush" or "pour flush", probe:  WHERE DOES IT FLUSH TO?</i>  <i>If necessary, ask permission to observe the facility.</i>	Flush to piped sewer system..... 11 Flush to septic tank ..... 12 Flush to other/unknown place/DK ..... 13  Pit latrine with slab and water seal..... 21 Pit latrines with no water seal: Ventilated Improved Pit latrine (VIP) ..... 22 Pit latrine with slab and lid, no water seal ..... 23 Pit latrine with slab but no lid nor water seal... 24 Pit latrine with slab and flap, no water seal..... 25 Pit latrine without slab / open pit ..... 26  Composting toilet..... 31 Bucket latrine..... 41 Hanging toilet/hanging latrine..... 51  No facilities or bush or field ..... 95 Other (specify)..... 96	95⇒ NEXT MODULE																
WS5. HOW MANY HOUSEHOLDS USE THIS TOILET FACILITY?	One..... 1 Two..... 2 Three or more ..... 3 DK ..... 8																	



# QUESTIONNAIRE FOR WOMEN AGED 15-49 YEARS

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all household members age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible household member Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number: <input type="text"/>	WM2. Household number: <input type="text"/>	
Cluster Name:		
WM3. Eligible Women's Name:	WM4. Her Line Number: <input type="text"/>	
WM5. Interviewer number: <input type="text"/>	WM6. Day/Month/Year of interview: <input type="text"/> / <input type="text"/> /2009	
Interviewer Name:	Day Month	
WM7. Result of the individual interview	Completed.....1 Not at home .....2 Refused.....3 Partly completed .....4 Incapacitated .....5  <b>Other (specify) 6</b>	

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

WE ARE FROM THE BANGLADESH BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

*If permission is given, begin the interview. If the person does not agree to continue, thank his/her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.*

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month..... <input type="text"/> DK month.....98 Year ..... <input type="text"/> DK year.....9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) ..... <input type="text"/>	
<b>WM10. Check Education Module form:</b> <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> PRE-PRIMARY OR PRIMARY OR NON-STANDARD CURRICULUM. ⇒ CONTINUE WITH WM11		
WM11. YOU HAVE REPORTED IN EDUCATION MODULE FORM THAT YOU HAVE RECEIVED SOME EDUCATION, NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentences to respondent. If respondent cannot read whole sentence, probe:</i>  <b>CAN YOU READ PART OF THE SENTENCE TO ME?</b>  <i>Example sentences for literacy test:</i> 1. Always speak the truth. 2. It is raining. 3. I go to school. 4. Birds chirping. 5. I drink tube well water.	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 Blind/mute, visually/speech impaired ..... 5	

HIV/AIDS MODULE		HA		
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes.....1	2⇒ NEXT MODULE		
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	No .....2			
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes.....1 No .....2 DK.....8			
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No .....2 DK.....8			
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No .....2 DK.....8			
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No .....2 DK.....8			
HA6. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No .....2 DK.....8			
HA7. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?				
		Yes	No	DK
HA7A. DURING PREGNANCY?	During pregnancy .....	1	2	8
HA7B. DURING DELIVERY?	During delivery .....	1	2	8
HA7C. BY BREASTFEEDING?	By breastfeeding .....	1	2	8

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all women age 15-49.</i></p> <p><i>All questions refer only to LIVE births.</i></p>		
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If "No" probe by asking:</i></p> <p>I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes .....1</p> <p>No .....2</p>	2⇒ CM15
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>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.</p> <p><i>Skip to CM3 only if year of first birth is given.</i></p> <p><i>Otherwise, continue with CM2B.</i></p>	<p>Date of first birth</p> <p>Day ..... <input type="text"/> <input type="text"/></p> <p>DK day .....98</p> <p>Month..... <input type="text"/> <input type="text"/></p> <p>DK month.....98</p> <p>Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DK year .....9998</p>	⇒CM3 ↓CM2B
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth ..... <input type="text"/> <input type="text"/></p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes .....1</p> <p>No .....2</p>	2⇒ CM5
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home..... <input type="text"/> <input type="text"/></p> <p>Daughters at home ..... <input type="text"/> <input type="text"/></p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes .....1</p> <p>No .....2</p>	2⇒ CM7
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere ..... <input type="text"/> <input type="text"/></p> <p>Daughters elsewhere..... <input type="text"/> <input type="text"/></p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes .....1</p> <p>No .....2</p>	2⇒ CM9
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead..... <input type="text"/> <input type="text"/></p> <p>Girls dead ..... <input type="text"/> <input type="text"/></p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum ..... <input type="text"/> <input type="text"/></p>	
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM11</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>		

<b>CM11.</b> OF THESE ( <i>total number</i> ) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?  If day is not known, enter '98' in space for day.	Date of last birth <input type="text"/> / <input type="text"/> / <input type="text"/> Day                      Month                      Year	
<b>CM12.</b> WHO ASSISTED WITH THE DELIVERY OF THE LAST CHILD ( <i>name</i> )?  ANYONE ELSE?  <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H  <b>Other (<i>specify</i>) X</b> No one ..... Y	
<b>CM13.</b> DID YOU EVER BREASTFEED ( <i>name</i> )?	Yes ..... 1 No ..... 2	2⇒CM15
<b>CM14</b> HOW LONG AFTER BIRTH DID YOU FIRST PUT ( <i>name</i> ) TO THE BREAST?  <i>If less than 1 hour, record '00' hours.          If less than 24 hours, record hours.          Otherwise, record days.</i>	Immediately ..... 0                      00  Hours ..... 1 <input type="text"/> <i>or</i> Days ..... 2 <input type="text"/>  Don't know/remember ..... 8                      98	
<b>CM15.</b> DOES ANY OTHER ELIGIBLE WOMAN AGE 15-49 RESIDE IN THE HOUSEHOLD? CHECK HOUSEHOLD LISTING, COLUMN HL7. YOU SHOULD HAVE A QUESTIONNAIRE WITH THE INFORMATION PANEL FILLED IN FOR NEXT ELIGIBLE WOMAN.  <input type="checkbox"/> YES. ⇒ GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN TO ADMINISTER THE QUESTIONNAIRE TO THE NEXT ELIGIBLE WOMAN.  <input type="checkbox"/> No. ⇒ Continue (CM16)		
<b>CM16.</b> Does any child under the age of 5 reside in the household? Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.  <input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to caretaker of the first eligible child.  <input type="checkbox"/> No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page		



# QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).  A separate questionnaire should be used for each eligible child.  Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</p>		
UF1. Cluster number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cluster Name: _____	UF2. Household number: <input type="text"/> <input type="text"/>	
UF3. Child's Name: _____	UF4. Child's Line Number: <input type="text"/> <input type="text"/>	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: <input type="text"/> <input type="text"/>	
UF7. Interviewer number: <input type="text"/> <input type="text"/> Interviewer name: _____	UF8. Day/Month/Year of interview: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2009 Day Month	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other (specify) ..... 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM (country-specific affiliation). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (number) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

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

<p>UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW.  NOW I WANT TO ASK YOU ABOUT (name).  IN WHAT MONTH AND YEAR WAS (name) BORN?  Probe:  WHAT IS HIS/HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</p>	<p>Date of birth:  Day ..... <input type="text"/> <input type="text"/>  DK day ..... 98  Month ..... <input type="text"/> <input type="text"/>  Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?  Record age in completed years.</p>	<p>Age in completed years ..... <input type="text"/></p>	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen .....1 Yes, not seen .....2 No .....3  DK .....8	1⇒BR3
BR2. HAS (name's) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes .....1 No .....2 DK .....8	
BR3. Check age of child in UF11: Child is 3 or 4 years old? <input type="checkbox"/> Yes. ⇒ Continue with BR4 <input type="checkbox"/> No. ⇒ Go to BR5		
BR4. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes .....1 No .....2 DK .....8	
BR5. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.  <input type="checkbox"/> Yes. ⇒ End the current questionnaire and then Go to <u>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</u> to administer the questionnaire for the next eligible child.  <input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.  GATHER TOGETHER ALL QUESTIONNAIRES FOR THIS HOUSEHOLD AND TALLY THE NUMBER OF INTERVIEWERS COMPLETED ON THE COVER PAGE (HH12-15)		