

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE **Central Statistical Office**. 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 **30** 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: _____ HH1A. ED 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. District: Corozal..... 1 Orange Walk..... 2 Belize..... 3 Cayo..... 4 Stann Creek..... 5 Toledo..... 6	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed..... 1 Not at home..... 2 Refused..... 3 HH not found/destroyed..... 4 Partially Complete..... 5 Vacant Dwelling/Lot..... 7 No Suitable Respondent..... 8 Other (specify)..... 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
HH12. No. of women eligible for interview: _____		HH11. Total number of household members: _____
HH13. No. of women questionnaires completed: _____		HH14. No. of children under age 5: _____
HH15. No. of under-5 questionnaires completed: _____		HH16. Data entry clerk: _____
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		

HOUSEHOLD LISTING FORM											HL
<p>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO SLEEPS MOST NIGHTS OF THE WEEK (AT LEAST 4 NIGHTS PER WEEK) AND SHARE AT LEAST ONE DAILY MEAL WITH THE HOUSEHOLD, STARTING WITH THE HEAD OF THE HOUSEHOLD.</p> <p>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).</p> <p>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.</p> <p>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 <input type="checkbox"/></p>											
					Eligible for: WOMEN'S INTERVIEW CHILD DISCIPLINE MODULE UNDER-5 INTERVIEW			For children age 0-17 years ask HL9-HL12			
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 completed years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7A. For each child age 2-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'
LINE	NAME	REL.	M F	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 THE HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE ? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in completed years</i> 98=DK*	HL6. <i>Circle Line no. if woman is age 15-49</i>	HL7A. <i>For each child age 2-14:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	HL8. <i>For each child under 5:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. <i>If alive:</i> DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of mother or 00 for 'no'</i>	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. <i>If alive:</i> DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of father or 00 for 'no'</i>
LINE	NAME	REL.	M F	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	___ _

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 BUT WHO SLEEPS MOST NIGHTS OF A WEEK (AT LEAST 4 NIGHTS PER WEEK) **AND** SHARES AT LEAST ONE DAILY MEAL WITH THE HOUSEHOLD?
INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*
Then, complete the totals below.

	Women 15-49	Children 2 - 14	Under-5s	
Totals	___ _	___ _	___ _	

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.

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

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

* Codes for HL3: Relationship to head of household:

- | | |
|-------------------------------|-------------------------------|
| 01 = Head | 11 = Niece/Nephew By Blood |
| 02 = Wife or Husband | 12 = Niece/Nephew By Marriage |
| 03 = Son or Daughter | 13 = Other Relative |
| 04 = Son or Daughter In-Law | 14 = Adopted/Foster/Stepchild |
| 05 = Grandchild | 15 = Not Related |
| 06 = Parent | 98 = Don't Know |
| 07 = Parent-In-Law | |
| 08 = Brother or Sister | |
| 09 = Brother or Sister-In-Law | |
| 10 = Uncle/Aunt | |

EDUCATION MODULE										ED					
For household members age 5 and above					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 / FORM / YEAR (name) COMPLETED AT THIS LEVEL?		ED4. DURING THE (2005-2006) 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 THIS SCHOOL YEAR, WHICH LEVEL AND GRADE/FORM/YEAR IS/WAS (name) ATTENDING?		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004- 2005)?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE/FORM/YEAR DID (name) ATTEND?					
		1 YES ⇒ ED3 2 NO ⇒ NEXT LINE	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 ASSOCIATES 4 BACHELORS 5 MASTERS & HIGHER 6 CET (VOCATIONAL STUDIES) 8 DK GRADE: 98 DK If less than 1 grade, enter 00.		1 YES 2 NO ⇒ ED7	Insert number of days in space below.	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 ASSOCIATES 4 BACHELORS 5 MASTERS & HIGHER 6 CET (VOCATIONAL STUDIES) 8 DK GRADE: 98 DK		1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 ASSOCIATES 4 BACHELORS 5 MASTERS & HIGHER 6 CET (VOCATIONAL STUDIES) 8 DK GRADE: 98 DK					
LINE		YES NO	LEVEL	GRD/FRM/YR	YES NO	DAYS	LEVEL	GRD/FRM/YR	Y N DK	LEVEL	GRD/FRM/YR				
01		1 2⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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⇒NEXT LINE	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 MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into yard or plot 12 Public tap/standpipe 13 Hand pump 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>) 96	11⇒WS5 12⇒WS5 ⇒WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into yard or plot 12 Public tap/standpipe 13 Hand pump 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 96	11⇒WS5 12⇒WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes _ _ _ Water on premises 995 DK 998	995⇒WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman 1 Adult man 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes 1 No 2 DK 8	2⇒WS7 8⇒WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A</p> <p>Add bleach/chlorine..... B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DK..... Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank..... 12</p> <p>Flush to pit (latrine)..... 13</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab..... 22</p> <p>Pit latrine without slab / open pit..... 23</p> <p>Composting toilet..... 31</p> <p>Bucket..... 41</p> <p>Hanging toilet/hanging latrine..... 51</p> <p>No facilities or bush or field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10).... 0 ____</p> <p>Ten or more households 10</p> <p>DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Anglican01 Baptist.....02 Jehovah's Witness.....03 Mennonite04 Methodist05 Nazarene06 Pentecostal07 Roman Catholic.....08 Seventh-Day Adventist.....09 None95 Other religion (<i>specify</i>) 96 Don't Know98	
HC1B. WHAT IS THE FIRST LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	English01 Spanish.....02 Garifuna03 Maya04 German.....05 Indian06 Chinese/Taiwanese07 Creole08 Other language (<i>specify</i>) 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Creole01 East Indian.....02 Garifuna03 Maya (Ketchi/Mopan/Yucatecan)04 Mennonite05 Mestizo/Spanish/Latino/Hispanic06 Asian (China/Hong Kong/Taiwan)07 Caucasian/White08 Other ethnic group (<i>specify</i>) 96 DK/NS.....98	
HC2. HOW MANY ROOMS IN THIS DWELLING ARE USED FOR SLEEPING BY THE MEMBERS OF THIS HOUSEHOLD?	No. of rooms__ __	
HC3. Main material of the dwelling floor: <i>Record observation. Note that if there is more than one kind of material making up the floor, record the main flooring material (the material that covers the largest amount of floor space).</i>	Natural floor Earth/sand11 Rudimentary floor Wood planks21 Plywood23 Finished floor Parquet or polished wood31 Marley / Linoleum32 Ceramic tiles33 Cement34 Carpet35 Other (<i>specify</i>) 96	

<p>HC4. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>Natural roofing Thatch/bay leaf..... 12</p> <p>Rudimentary Roofing Rubber rye 24</p> <p>Finished roofing Sheet metal/corrugated zinc 31 Cement..... 35 Roofing shingles..... 36</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC5. Main material of the outer walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls No Walls 11 Cane / palm/trunks 12 Dirt / mud wall 13</p> <p>Rudimentary walls Bamboo with mud 21 Stone with mud 22 Plywood..... 24 Carton 25 Reused wood 26</p> <p>Finished walls Cement..... 31 Stone with lime/cement..... 32 Bricks 33 Cement blocks 34 Wood planks/shingles 36 Wood & concrete..... 37 Stucco 38</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity 01 Butane..... 02 Biogas 04 Kerosene..... 05 Charcoal..... 07 Wood 08 Agricultural crop residue 11</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 04⇒HC8</p>
<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p> <p><i>Probe for type.</i></p>	<p>Open fire 1 Open stove..... 2 Closed stove 3</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒HC8 6⇒HC8</p>
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes 1 No..... 2</p>	

HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house.....1 In a separate building2 Outdoors3 Other (<i>specify</i>)6	
HC9. DOES YOUR HOUSEHOLD HAVE:	<div style="text-align: right;">Yes No</div> Electricity1 2 A RADIO?1 2 A TELEVISION?1 2 A MOBILE TELEPHONE?1 2 A NON-MOBILE TELEPHONE?1 2 A REFRIGERATOR?1 2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	<div style="text-align: right;">Yes No</div> A WATCH?1 2 A BICYCLE?1 2 A MOTORCYCLE OR SCOOTER?1 2 AN ANIMAL-DRAWN CART?1 2 A CAR OR TRUCK?1 2 A BOAT WITH A MOTOR?1 2	

CHILD DISCIPLINE MODULE

table 1: childREN AgED 2-14 YEARS ELIGIBLE for child Discipline questions

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

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7A.	
RANK	LINE	NAME	M	F	AGE	MOTHER	
01	__ __		1	2	__ __	__ __	
02	__ __		1	2	__ __	__ __	
03	__ __		1	2	__ __	__ __	
04	__ __		1	2	__ __	__ __	
05	__ __		1	2	__ __	__ __	
06	__ __		1	2	__ __	__ __	
07	__ __		1	2	__ __	__ __	
08	__ __		1	2	__ __	__ __	
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					__ __	

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

table 2: selection of random child for child Discipline questions

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

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

CD9. Record the rank number of the selected child	Rank number of child __ __
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CHILD DISCIPLINE MODULE		CD
<p>Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).</p>		
<p>CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.</p>	<p>Name _____</p> <p>Line number _ _</p>	
<p>CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.</p>		
<p>CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE).</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12C. SHOOK HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12K. BEAT HIM/HER UP WITH AN OBJECT (HIT OVER AND OVER AS HARD AS ONE COULD).</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know/no opinion 8</p>	

DISABILITY												DA
To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank												
I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.												
DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSC- IOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. (For 3-9 year olds): Is (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2- year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
13		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
14		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
15		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

SALT IODIZATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1</p> <p>Less than 15 PPM..... 2</p> <p>15 PPM or more 3</p> <p>No salt in home 6</p> <p>Salt not tested 7</p>	

<p>SI2. Does any eligible woman age 15-49 reside in the household? Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.</p> <p><input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No. ⇒ Continue.</p>
<p>SI3. Does any child under the age of 5 reside in the household? Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.</p> <p><input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</p> <p><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.</p>



Repeat greeting if not already read to this woman:

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

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WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes..... 1 No 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school0 Primary 1 Secondary..... 2 Associates 3 Bachelors.....4 Masters and Higher.....5 Vocational Studies(CET) 6	
WM12. WHAT IS THE HIGHEST GRADE/FORM/YEAR YOU COMPLETED AT THAT LEVEL?	Grade/Form/Year..... __ __	
WM13. Check WM11:		
<input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module		
<input type="checkbox"/> Primary or non-standard curriculum. ⇒ Continue with WM14		
WM14. NOW I WOULD LIKE YOU TO READ THIS 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 (specify language) Blind/mute, visually/speech impaired 5	
<p>Show sentences to respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME?</p> <p>Example sentences for literacy test:</p> <ol style="list-style-type: none"> 1. The child is reading a book. 2. The rains came late this year. 3. Parents must care for their children. 4. Farming is hard work. 		

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> 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>	<p>2⇒ CONTRA CEPTION AND UNMET NEED</p>
<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. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth</p> <p>Day 98</p> <p>DK day 98</p> <p>Month 98</p> <p>DK month 98</p> <p>Year 9998</p> <p>DK year 9998</p>	<p>⇒CM3 ↓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth.....</p> <p>DK 8</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>	<p>2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home</p> <p>Daughters at home.....</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>	<p>2⇒CM7</p>
<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.....</p> <p>Daughters elsewhere</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>	<p>2⇒CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead</p> <p>Girls dead</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum</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>		

<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>If day is not known, enter '98' in space for day.</p>	<p>Date of last birth</p> <p>Day/Month/Year..... __/__/__</p>	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to CONTRACEPTION AND UNMET NEED module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13</p> <p style="text-align: center;">Name of child _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU NOT WANT ANY (MORE) CHILDREN AT ALL?</p>	<p>Then..... 1</p> <p>Later..... 2</p> <p>No (more)..... 3</p>	

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

MATERNAL AND NEWBORN HEALTH MODULE		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 CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes..... 1 No 2 DK 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR PRENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Traditional birth attendant..... F Community health worker G Relative/friend H Other (<i>specify</i>) X No one Y</p>	Y⇒MN7															
<p>MN3. AS PART OF YOUR PRENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE? MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight.....</td> <td>1</td> <td>2</td> </tr> <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	Weight.....	1	2	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No															
Weight.....	1	2															
Blood pressure.....	1	2															
Urine sample.....	1	2															
Blood sample.....	1	2															
<p>MN4. DURING ANY OF THE PRENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes..... 1 No 2 DK 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR PRENATAL CARE?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒MN7 8⇒MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes..... 1 No 2 DK..... 8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Traditional birth attendant..... F Community health worker G Relative/friend H Other (<i>specify</i>) X No one Y</p>																

<p>MN8. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</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 center 22</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (specify) 36</p> <p>Other (specify) 96</p>	
<p>MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</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>MN10. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒ MN12</p> <p>8⇒ MN12</p>
<p>MN11A. HOW MUCH DID (name) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 ___ lbs ___ oz</p> <p>From recall 2 ___ lbs ___ oz</p> <p>DK 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</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>or</p> <p>Days 2 ___</p> <p>Don't know/remember 998</p>	

CONTRACEPTION AND UNMET NEED		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, currently pregnant1 No2 Unsure or DK.....8	 2⇒CP2 8⇒CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u> , DID YOU WANT TO WAIT UNTIL <u>LATER</u> , OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?	Then1 Later2 Not want more children3	1⇒CP4B 2⇒CP4B 3⇒CP4B
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes.....1 No2	 2⇒CP4A
CP3. WHICH METHOD ARE YOU USING? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization..... A Male sterilization B Pill C IUD/Coil D Injections E Implants F Condom G Female condom H Diaphragm I Foam/jelly J Lactational amenorrhoea method (LAM)/Breastfeeding..... K Periodic abstinence/Rhythm method.....L WithdrawalM Other (<i>specify</i>)..... X	
CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN? CP4B. <i>If currently pregnant:</i> NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child1 No more/none2 Says she cannot get pregnant.....3 Undecided/don't know8	 2⇒CP4D 3⇒NEXT MODULE 8⇒CP4D
CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months1 ____ Years2 ____ Soon/now.....993 Says she cannot get pregnant.....994 After marriage995 Other.....996 Don't know998	 994⇒NEXT MODULE

CP4D. Check CP1:

☐ Currently pregnant? ⇒ Go to Next Module

☐ Not currently pregnant or unsure? ⇒ Continue with CP4E

CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE
TO GET PREGNANT AT THIS TIME?

Yes	1
No.....	2
DK	8

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1. SOMETIMES A HUSBAND IS ANNOYED OR
ANGERED BY THINGS THAT HIS WIFE DOES. IN
YOUR OPINION, IS A HUSBAND JUSTIFIED IN
HITTING OR BEATING HIS WIFE IN THE
FOLLOWING SITUATIONS:

DV1A. IF SHE GOES OUT WITHOUT TELLING HIM?
DV1B. IF SHE NEGLECTS THE CHILDREN?
DV1C. IF SHE ARGUES WITH HIM?
DV1D. IF SHE REFUSES SEX WITH HIM?
DV1E. IF SHE BURNS THE FOOD?
DV1F. IF SHE CHEATS ON HIM?
DV1G. IF SHE SQUANDERS THE MONEY?

	Yes	No	DK
Goes out without telling	1	2	8
Neglects children.....	1	2	8
Argues	1	2	8
Refuses sex	1	2	8
Burns food	1	2	8
Cheats on him	1	2	8
Squanders money	1	2	8

SEXUAL BEHAVIOUR MODULE		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
SB0. Check WM9: Age of respondent is between 15 and 24?		
<input type="checkbox"/> Age 25-49. ⇒ Go to Next Module <input type="checkbox"/> Age 15-24. ⇒ Continue with SB1		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse 00 Age in years __ __ First time when started living with (first) husband/partner 95 DK 98	00⇒NEXT MODULE
SB2. 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 __ __ DK 8 __ __	4⇒NEXT MODULE
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes 1 No 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>If man is 'boyfriend' or 'fiancée', ask: WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? If 'yes', circle 1 .If 'no', circle 2.</i>	Spouse / cohabiting partner 1 Man is boyfriend / fiancée 2 Other friend 3 Casual acquaintance 4 Other (specify) 6	1⇒SB6
SB5. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner __ __ DK 98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒NEXT MODULE
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes 1 No 2	
SB8. WHAT WAS YOUR RELATIONSHIP TO THIS MAN? <i>If man is 'boyfriend' or 'fiancée', ask: WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? If 'yes', circle 1 .If 'no', circle 2.</i>	Spouse / cohabiting partner 1 Man is boyfriend / fiancée 2 Other friend 3 Casual acquaintance 4 Other (specify) 6	1⇒SB10

SB9. HOW OLD IS THIS PERSON NOW? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner _ _ DK 98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒NEXT MODULE
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners _ _ DK 98	

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes..... 1 No 2	2⇒ HA19
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?		
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND IS FAITHFUL?	Yes..... 1 No 2 DK..... 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT/OBEAH OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No 2 DK..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No 2 DK..... 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes..... 1 No 2 DK..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes..... 1 No 2 DK..... 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes..... 1 No 2 DK..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No 2 DK/not sure/depends 8	

HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes 1 No 2 DK/not sure/depends 8	
HA14. <i>Check MN5: Tested for HIV during prenatal care?</i> <input type="checkbox"/> Yes. ⇒ Go to HA18A <input type="checkbox"/> No. ⇒ Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes 1 No 2	2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes 1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test 1 Offered and accepted 2 Required 3	1⇒ HA19 2⇒ HA19 3⇒ HA19
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS? HA18A. <i>If tested for HIV during prenatal care:</i> OTHER THAN AT THE PRENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	

HA19. <i>Check HL8 in the Household Questionnaire to find out if the woman is the mother or primary caretaker of any children that live with them and are under the age of 5 years.</i> <input type="checkbox"/> Yes. ⇒ Start interviewing her with the <i>QUESTIONNAIRE FOR CHILDREN UNDER 5</i> for those children. <input type="checkbox"/> No. ⇒ Check if there is another eligible woman residing in the same household and go on to administer the <i>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</i> to the next eligible woman. If there are no children under five and no other eligible woman residing in the same household, THANK THE RESPONDENT AND END THE INTERVIEW.
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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).</p> <p>A separate questionnaire should be used for each eligible child.</p> <p>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: _____	UF2. Household number: _____	
UF1A. ED number: _____		
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: _____ / _____ / _____	
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 THE **Central Statistical Office**. 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 **30** 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.

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

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen.....1 Yes, not seen.....2 No3 DK.....8	1⇒BR5
BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE VITAL STATISTICS UNIT (REGISTRY), MAGISTRATES COURT OR VILLAGE REGISTRAR?	Yes.....1 No2 DK.....8	1⇒BR5 8⇒BR4
BR3. WHY IS <i>(name's)</i> BIRTH NOT REGISTERED?	Costs too much.....1 Must travel too far.....2 Did not know it should be registered3 Did not want to pay fine4 Does not know where to register5 Other (<i>specify</i>).....6 DK.....8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....1 No2	
BR5. Check age of child in UF11: Child is 3 or 4 years old? <input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes.....1 No2 DK.....8	 2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?	No. of hours _ _	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i> : <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ?	Books	Mother Father Other No one A B X Y
BR8B. TELL STORIES TO <i>(name)</i> ?	Stories	A B X Y
BR8C. SING SONGS WITH <i>(name)</i> ?	Songs	A B X Y
BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH <i>(name)</i> ?	Play with	A B X Y
BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y

CHILD DEVELOPMENT		CE
Question CE1 is to be administered only once to each caretaker		
CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS If 'none' enter 00	Number of non-children's books 0 __ Ten or more non-children's books 10	
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)? If 'none' enter 00	Number of children's books 0 __ Ten or more books 10	
CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME. WHAT DOES (name) PLAY WITH? DOES HE/SHE PLAY WITH CE3A. HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS? CE3B. OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES? CE3C. HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME? CE3D. TOYS THAT CAME FROM A STORE? If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response Code Y if child does not play with any of the items mentioned.	Household objects (bowls, plates, cups, pots) A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) B Homemade toys (dolls, cars and other toys made at home) C Toys that came from a store D No playthings mentioned Y	
CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)? If 'none' enter 00	Number of times __ __	
CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (name) LEFT ALONE? If 'none' enter 00	Number of times __ __	

VITAMIN A MODULE		VA
VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	Yes 1 No 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?	Months ago __ __ DK 98	
VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?	On routine visit to health facility 1 Sick child visit to health facility 2 Other (<i>specify</i>) 6 DK 8	

BREASTFEEDING MODULE		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. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.	<div style="text-align: right; margin-bottom: 10px;">Y N DK</div> A. Vitamin supplements..... 1 2 8 B. Plain water..... 1 2 8 C. Sweetened water or juice..... 1 2 8 D. ORS 1 2 8 E. Infant formula 1 2 8 F. Milk 1 2 8 G. Other liquids..... 1 2 8 H. Solid or semi-solid food..... 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? <input type="checkbox"/> Yes. ⇒ Continue with BF5 <input type="checkbox"/> No or DK. ⇒ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? If 7 or more times, record '7'.	No. of times..... ____ Don't know 8	

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA5</p> <p>8⇒CA5</p>
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM ORAL REHYDRATION SALT?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?</p> <p>CA2C. PEDIALYTE?</p>	<p style="text-align: right;">Yes No DK</p> <p>A. Fluid from ORS packet 1 2 8</p> <p>B. Recommended homemade fluid... 1 2 8</p> <p>C. Pedialyte 1 2 8</p> <p>X. Other 1 2 8</p>	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none 1</p> <p>About the same (or somewhat less) 2</p> <p>More 3</p> <p>DK 8</p>	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If "less", probe: MUCH LESS OR A LITTLE LESS?</p>	<p>None 1</p> <p>Much less 2</p> <p>Somewhat less 3</p> <p>About the same 4</p> <p>More 5</p> <p>DK 8</p>	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest 1</p> <p>Blocked nose 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) 6</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>6⇒CA12</p>

<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒CA10 8⇒CA10</p>
<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector Govt. hospital A Govt. health centre B Govt. health post..... C Village health worker D Mobile/outreach clinic E Other public (<i>specify</i>) H</p> <p>Private medical sector Private hospital/clinic I Private physician..... J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O</p> <p>Other source Relative or friend..... P Shop Q Traditional practitioner R</p> <p>Other (<i>specify</i>) X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Antibiotic A</p> <p>Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen..... R</p> <p>Other (<i>specify</i>) X DK..... Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>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</p> <p>Other (<i>specify</i>) 96 DK..... 98</p>	

<p>Ask the following question (CA14) only once for each mother/caretaker.</p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeedA</p> <p>Child becomes sickerB</p> <p>Child develops a fever..... C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathingE</p> <p>Child has blood in stoolF</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>	
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IMMUNIZATION MODULE						IM			
If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.									
IM1. IS THERE A VACCINATION CARD FOR (name)?				Yes, seen.....1 Yes, not seen.....2 No3				2⇒IM10 3⇒IM10	
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.				Date of Immunization					
				DAY		MONTH		YEAR	
IM2. BCG		BCG							
IM3A. POLIO AT 2 MONTHS		OPV1							
IM3B. POLIO 1 AT 4 MONTHS		OPV2							
IM3C. POLIO 2 AT 6 MONTHS		OPV3							
IM3D. POLIO 3 AT 4YEARS		OPV4							
IM4D. DPT\HEPB\HIB AT 2 MONTHS		DPT\HEPB\HIB							
IM4E. DPT\HEPB\HIB AT 4 MONTHS		DPT\HEPB\HIB							
IM4F. DPT\HEPB\HIB AT 6 MONTHS		DPT\HEPB\HIB							
IM6A. MMR AT 1 YEAR		MEASLES							
IM6B. MMR BOOSTER AT 2 YEAR		MEASLES							
IM8A. VITAMIN A (1) AT 2 MONTHS		VITA1							
IM8B. VITAMIN A (2) AT 4 – 6 MONTHS		VITA2							
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED AT SCHOOL? Record 'Yes' only if respondent mentions BCG, OPV1-4, DPT/HepB/Hib, MMR and Vitamin A supplements.				Yes1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No2 DK.....8				1⇒IM20 2⇒IM20 8⇒IM20	
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED AT SCHOOL?				Yes1 No2 DK.....8				2⇒IM20 8⇒IM20	

IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes 1 No 2 DK 8	
IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes 1 No 2 DK 8	2⇒IM15 8⇒IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – AT TWO MONTHS OR LATER?	At two months 1 Later 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times — DK 98	
IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT/HEPB/HIB VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH AND TETANUS, HEPATITIS B, AND INFLUENZA TYPE B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes 1 No 2 DK 8	2⇒IM17 8⇒IM17
IM16. HOW MANY TIMES?	No. of times — DK 98	
IM17. HAS (<i>name</i>) EVER BEEN GIVEN A “MMR INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 1 YEAR OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, MUMPS AND RUBELLA?	Yes 1 No 2 DK 8	

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

☐ Yes. ⇒ End the current questionnaire and then

Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to administer the questionnaire for the next eligible child.

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

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

ANTHROPOMETRY MODULE		AN
<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. Child's weight.	Kilograms (kg)..... _ _ . _	
AN2. Child's length or height. Check age of child in UF11: <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 _ _ . _	
AN3. Measurer's identification code.	Measurer code..... _ _	
AN4. Result of measurement.	Measured 1 Not present 2 Refused 3 Other (<i>specify</i>) 6	

<p>AN5. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.</p> <p>Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.</p>
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