

## 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: _____	HH2. Household number: _____	
HH1A. ED 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: _____	
	HH11. Total number of household members: _____	
HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____	
HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____	
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>		
HH16. Data entry clerk: _____		

**HOUSEHOLD LISTING FORM**

**HL**

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.

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

					<i>Eligible for:</i>			<b>For children age 0-17 years ask HL9-HL12</b>			
					WOMEN'S INTERVIEW	CHILD DISCIPLINE MODULE	UNDER-5 INTERVIEW				

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. Circle Line no. <i>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
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	___ ___	
<p>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) <b>AND</b> SHARES AT LEAST ONE DAILY MEAL WITH THE HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? <i>If yes, insert child's name and complete form.</i>  <i>Then, complete the totals below.</i></p>												
					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?  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.		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 ?  Insert number of days in space below.	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE/FORM/YEAR IS/WAS (name) ATTENDING?  LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 ASSOCIATES 4 BACHELORS 5 MASTERS & HIGHER 6 CET (VOCATIONAL STUDIES) 8 DK  GRADE: 98 DK		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)?  1 YES  2 NO ↘ NEXT LINE 8 DK ↘ NEXT LINE			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE/FORM/YEAR DID (name) ATTEND?  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
<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water</p> <p>Piped into dwelling ..... 11</p> <p>Piped into yard or plot ..... 12</p> <p>Public tap/standpipe ..... 13</p> <p>Hand pump ..... 21</p> <p>Dug well</p> <p>Protected well ..... 31</p> <p>Unprotected well ..... 32</p> <p>Water from spring</p> <p>Protected spring ..... 41</p> <p>Unprotected spring ..... 42</p> <p>Rainwater collection ..... 51</p> <p>Tanker-truck ..... 61</p> <p>Cart with small tank/drum ..... 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81</p> <p><b>Bottled water ..... 91</b></p> <p>Other (<i>specify</i>) ..... 96</p>	<p>11⇒WS5</p> <p>12⇒WS5</p> <p>⇒WS3</p> <p>96⇒WS3</p>
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p>	<p>Piped water</p> <p>Piped into dwelling ..... 11</p> <p>Piped into yard or plot ..... 12</p> <p>Public tap/standpipe ..... 13</p> <p>Hand pump ..... 21</p> <p>Dug well</p> <p>Protected well ..... 31</p> <p>Unprotected well ..... 32</p> <p>Water from spring</p> <p>Protected spring ..... 41</p> <p>Unprotected spring ..... 42</p> <p>Rainwater collection ..... 51</p> <p>Tanker-truck ..... 61</p> <p>Cart with small tank/drum ..... 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>11⇒WS5</p> <p>12⇒WS5</p>
<p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes ..... _ _ _</p> <p>Water on premises ..... 995</p> <p>DK ..... 998</p>	<p>995⇒WS5</p>
<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i></p>	<p>Adult woman ..... 1</p> <p>Adult man ..... 2</p> <p>Female child (under 15) ..... 3</p> <p>Male child (under 15) ..... 4</p> <p>DK ..... 8</p>	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒WS7</p> <p>8⇒WS7</p>

<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?	Anglican .....01 Baptist.....02 Jehovah's Witness.....03 Mennonite.....04 Methodist.....05 Nazarene.....06 Pentecostal.....07 Roman Catholic.....08 Seventh-Day Adventist.....09 None.....95 Other religion ( <i>specify</i> ) .....96 Don't Know.....98	
HC1B. WHAT IS THE FIRST LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	English.....01 Spanish.....02 Garifuna.....03 Maya.....04 German.....05 Indian.....06 Chinese/Taiwanese.....07 Creole.....08 Other language ( <i>specify</i> ).....96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Creole.....01 East Indian.....02 Garifuna.....03 Maya (Ketchi/Mopan/Yucatecan).....04 Mennonite.....05 Mestizo/Spanish/Latino/Hispanic.....06 Asian (China/Hong Kong/Taiwan).....07 Caucasian/White.....08 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/sand .....11  Rudimentary floor Wood planks.....21 Plywood.....23  Finished floor Parquet or polished wood.....31 Marley / Linoleum.....32 Ceramic tiles.....33 Cement.....34 Carpet.....35  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 &amp; 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>	

<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house.....1  In a separate building .....2  Outdoors .....3  Other (<i>specify</i>) _____ 6</p>																						
<p>HC9. DOES YOUR HOUSEHOLD HAVE:  ELECTRICITY?  A RADIO?  A TELEVISION?  A MOBILE TELEPHONE?  A NON-MOBILE TELEPHONE?  A REFRIGERATOR?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Radio .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Television .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Mobile Telephone .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Non-Mobile Telephone .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		Yes	No	Electricity .....	1	2	Radio .....	1	2	Television .....	1	2	Mobile Telephone .....	1	2	Non-Mobile Telephone .....	1	2	Refrigerator.....	1	2	
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Television .....	1	2																					
Mobile Telephone .....	1	2																					
Non-Mobile Telephone .....	1	2																					
Refrigerator.....	1	2																					
<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:  A WATCH?  A BICYCLE?  A MOTORCYCLE OR SCOOTER?  AN ANIMAL-DRAWN CART?  A CAR OR TRUCK?  A BOAT WITH A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>Watch .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Bicycle .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Motorcycle/Scooter .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Car/Truck.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Boat with motor.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		Yes	No	Watch .....	1	2	Bicycle .....	1	2	Motorcycle/Scooter .....	1	2	Animal drawn-cart.....	1	2	Car/Truck.....	1	2	Boat with motor.....	1	2	
	Yes	No																					
Watch .....	1	2																					
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## 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 ..... ___
---	--------------------------------

**CHILD DISCIPLINE MODULE**

**CD**

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>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 _____ 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 No ..... 2</p>	
<p>CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>CD12C. SHOOK HIM/HER.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes ..... 1 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 No ..... 2</p>	
<p>CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes ..... 1 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 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 No ..... 2 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**

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?

Not iodized 0 PPM ..... 1  
 Less than 15 PPM..... 2  
 15 PPM or more..... 3  
 No salt in home ..... 6  
 Salt not tested ..... 7

*Once you have examined the salt, circle number that corresponds to test outcome.*

SI2. Does any eligible woman age 15-49 reside in the household?

*Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.*

Yes. ⇒ Go to **QUESTIONNAIRE FOR INDIVIDUAL WOMEN** to administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?

*Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.*

Yes. ⇒ Go to **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to administer the questionnaire to mother or caretaker of the first eligible child.

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



WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes..... 1 No ..... 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school .....0 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..... _ _ _	
<p>WM13. <i>Check WM11:</i></p> <p><input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i></p> <p><input type="checkbox"/> <i>Primary or non-standard curriculum. ⇒ Continue with WM14</i></p>		
<p>WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentences to respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p> <p><i>Example sentences for literacy test:</i></p> <ol style="list-style-type: none"> <li>1. <i>The child is reading a book.</i></li> <li>2. <i>The rains came late this year.</i></li> <li>3. <i>Parents must care for their children.</i></li> <li>4. <i>Farming is hard work.</i></li> </ol>	<p>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/mute, visually/speech impaired ..... 5</p>	

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 ..... __ __</p> <p>DK day ..... 98</p> <p>Month ..... __ __</p> <p>DK month ..... 98</p> <p>Year ..... __ __ __ __</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>	

<b>TETANUS TOXOID (TT) MODULE</b>		<b>TT</b>
<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 _____.</i></p> <p><i>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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Weight.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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>	2⇒MN7 8⇒MN7															
<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>)?   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 (<i>name</i>)?</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>(<i>Name of place</i>)</p>	<p>Home  Your home..... 11  Other home ..... 12</p> <p>Public sector  Govt. hospital .....21  Govt. clinic/health center.....22  Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector  Private hospital..... 31  Private clinic ..... 32  Private maternity home ..... 33  Other private  medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1  Larger than average.....2  Average.....3  Smaller than average.....4  Very small .....5</p> <p>DK .....8</p>	
<p>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1  No.....2  DK .....8</p>	<p>2⇒MN12  8⇒MN12</p>
<p>MN11A. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card.....1 __ __ lbs __ __ oz  From recall.....2 __ __ lbs __ __ oz  DK .....99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1  No.....2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours..... 1 __ __  or  Days .....2 __ __</p> <p>Don't know/remember ..... 998</p>	

CONTRACEPTION AND UNMET NEED		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant ..... 1</p> <p>No ..... 2</p> <p>Unsure or DK..... 8</p>	<p>2⇒CP2</p> <p>8⇒CP2</p>
<p>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?</p>	<p>Then ..... 1</p> <p>Later ..... 2</p> <p>Not want more children ..... 3</p>	<p>1⇒CP4B</p> <p>2⇒CP4B</p> <p>3⇒CP4B</p>
<p>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?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>2⇒CP4A</p>
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization..... A</p> <p>Male sterilization ..... B</p> <p>Pill ..... C</p> <p>IUD/Coil ..... D</p> <p>Injections ..... E</p> <p>Implants ..... F</p> <p>Condom ..... G</p> <p>Female condom ..... H</p> <p>Diaphragm ..... I</p> <p>Foam/jelly ..... J</p> <p>Lactational amenorrhoea method (LAM)/Breastfeeding..... K</p> <p>Periodic abstinence/Rhythm method.....L</p> <p>Withdrawal ..... M</p> <p>Other (<i>specify</i>)..... X</p>	
<p>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?</p> <p>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?</p>	<p>Have (a/another) child ..... 1</p> <p>No more/none..... 2</p> <p>Says she cannot get pregnant..... 3</p> <p>Undecided/don't know ..... 8</p>	<p>2⇒CP4D</p> <p>3⇒NEXT MODULE</p> <p>8⇒CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months..... 1 ___</p> <p>Years ..... 2 ___</p> <p>Soon/now..... 993</p> <p>Says she cannot get pregnant..... 994</p> <p>After marriage..... 995</p> <p>Other..... 996</p> <p>Don't know ..... 998</p>	<p>994⇒NEXT MODULE</p>

CP4D. Check CPI:

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:			
		Yes	No
			DK
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?	Goes out without telling.....	1	2
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2
DV1C. IF SHE ARGUES WITH HIM?	Argues .....	1	2
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex .....	1	2
DV1E. IF SHE BURNS THE FOOD?	Burns food.....	1	2
DV1F. IF SHE CHEATS ON HIM?	Cheats on him.....	1	2
DV1G. IF SHE SQUANDERS THE MONEY?	Squanders money .....	1	2

SEXUAL BEHAVIOUR MODULE		SB
<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.</b>		
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

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

HIV/AIDS MODULE		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes..... 1 No ..... 2	2⇒ HA19																
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? HA9B. DURING DELIVERY? HA9C. BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No ..... 2 DK/not sure/depends..... 8																	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK/not sure/depends..... 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 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	
<p>HA14. <i>Check MN5: Tested for HIV during prenatal care?</i></p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No. ⇒ Continue with HA15</p>		
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
<p>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?</p> <p>HA18A. <i>If tested for HIV during prenatal care: 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?</i></p>	Yes ..... 1 No..... 2	

HA19. *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.*

Yes. ⇒ Start interviewing her with the *QUESTIONNAIRE FOR CHILDREN UNDER 5* for those children.

No. ⇒ Check if there is another eligible woman residing in the same household and go on to administer the *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* 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.***



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 No .....3  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 No .....2 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 registered .....3 Did not want to pay fine .....4 Does not know where to register .....5  Other ( <i>specify</i> ).....6 DK.....8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....1 No .....2	
BR5. Check age of child in UF11: Child is 3 or 4 years old? <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 No .....2 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		
<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p>If 'none' enter 00</p>	<p>Number of non-children's books ..... 0 __</p> <p>Ten or more non-children's books ..... 10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (<i>name</i>)?</p> <p>If 'none' enter 00</p>	<p>Number of children's books ..... 0 __</p> <p>Ten or more books ..... 10</p>	
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (<i>name</i>) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (<i>name</i>) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p>CE3A. HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>CE3B. OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>CE3C. HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>CE3D. TOYS THAT CAME FROM A STORE?</p> <p>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</p> <p>Code Y if child does not play with any of the items mentioned.</p>	<p>Household objects (bowls, plates, cups, pots) ..... A</p> <p>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) ..... B</p> <p>Homemade toys (dolls, cars and other toys made at home) C</p> <p>Toys that came from a store ..... D</p> <p>No playthings mentioned ..... Y</p>	
<p>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 (<i>day of the week</i>) HOW MANY TIMES WAS (<i>name</i>) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>If 'none' enter 00</p>	<p>Number of times ..... __ __</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (<i>name</i>) LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times ..... __ __</p>	

VITAMIN A MODULE		VA
VA1. HAS ( <i>name</i> ) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?	Yes ..... 1	2⇒NEXT MODULE
	No ..... 2	
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.	DK ..... 8	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.		
		Y N DK
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements..... 1 2 8	
BF3B. PLAIN WATER?	B. Plain water..... 1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice..... 1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS ..... 1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula ..... 1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk ..... 1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids..... 1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food..... 1 2 8	
<b>BF4. Check BF3H: Child received solid or semi-solid (mushy) food?</b>		
<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  No ..... 2  DK ..... 8</p>	<p>2⇒CA5  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  B. Recommended homemade fluid... 1 2 8  C. Pedialyte ..... 1 2 8  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  About the same (or somewhat less) ..... 2  More ..... 3  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  Much less ..... 2  Somewhat less ..... 3  About the same ..... 4  More ..... 5  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  No ..... 2  DK ..... 8</p>	<p>2⇒CA12  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  No ..... 2  DK ..... 8</p>	<p>2⇒CA12  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  Blocked nose ..... 2  Both ..... 3  Other (<i>specify</i>) _____ 6  DK ..... 8</p>	<p>2⇒CA12  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?    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  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 breastfeed .....A  Child becomes sicker .....B  Child develops a fever..... C  Child has fast breathing ..... D  Child has difficult breathing .....E  Child has blood in stool .....F  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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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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