

Appendix F. Questionnaires

HOUSEHOLD QUESTIONNAIRE
SIERRA LEONE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Area: Urban1 Rural2	HH7. Region: East.....1 North2 South.....3 West.....4	
	HH7A. District: _____	

WE ARE FROM **Statistics Sierra Leone**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **60** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (<i>specify</i>) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____ HH11. Total number of household members: _____

HH12. Number of women age 15-49 years: ____ ____	HH13. Number of woman's questionnaires completed: ____ ____
HH14. Number of children under age 5: ____ ____	HH15. Number of under-5 questionnaires completed: ____ ____
HH16. Field edited by (Name and number): Name _____ ____ ____	HH17. Data entry clerk (Name and number): Name _____ ____ ____

HH18.
Record the time:

Hour..... _ _

Minutes..... _ _

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

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

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

						For women age 15-49		For children age 5-14		For children under age 5		For all household members		For children age 0-17 years	
HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i>	HL7. <i>Circle line number if woman is age 15-49</i>	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record line number of mother/ caretaker</i>	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record line number of mother/ caretaker</i>	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No HL13 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record line number of mother or 00 for "No"</i>	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No Next Line 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>Record line number of father or 00 for "No"</i>	
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y	N	Y	N	DK
01		0 1	1	2	___	___	___	01	___	___	1	2	1	2	8
02		___	1	2	___	___	___	02	___	___	1	2	1	2	8
03		___	1	2	___	___	___	03	___	___	1	2	1	2	8
04		___	1	2	___	___	___	04	___	___	1	2	1	2	8
05		___	1	2	___	___	___	05	___	___	1	2	1	2	8
06		___	1	2	___	___	___	06	___	___	1	2	1	2	8
07		___	1	2	___	___	___	07	___	___	1	2	1	2	8
08		___	1	2	___	___	___	08	___	___	1	2	1	2	8
09		___	1	2	___	___	___	09	___	___	1	2	1	2	8
10		___	1	2	___	___	___	10	___	___	1	2	1	2	8

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?						
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line number if woman is age 15-49	Record line number of mother/ caretaker	Record line number of mother/ caretaker	1 Yes 2 No	1 Yes 2 No HL13 8 DK HL13	Record line number of mother or 00 for "No"	1 Yes 2 No Next Line 8 DK Next Line	Record line number of father or 00 for "No"						
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father
11		__ __	1	2	__ __	__ __ __ __	__ __	11	__ __	__ __	1	2	1	2	8	__ __	1	2	8	__ __
12		__ __	1	2	__ __	__ __ __ __	__ __	12	__ __	__ __	1	2	1	2	8	__ __	1	2	8	__ __
13		__ __	1	2	__ __	__ __ __ __	__ __	13	__ __	__ __	1	2	1	2	8	__ __	1	2	8	__ __
14		__ __	1	2	__ __	__ __ __ __	__ __	14	__ __	__ __	1	2	1	2	8	__ __	1	2	8	__ __
15		__ __	1	2	__ __	__ __ __ __	__ __	15	__ __	__ __	1	2	1	2	8	__ __	1	2	8	__ __

Tick here if additional questionnaire used ☐

Probe for additional household members.

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

Insert names of additional members in the household list and complete form accordingly.

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

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

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

* Codes for HL3: Relationship to head of household:

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

EDUCATION													ED		
For household members age 5 and above							For household members age 5-24 years								
ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?		ED5. DURING THE (2009- 2010) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008- 2009), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?					
				Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK	Grade: 98 DK		Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK	Grade: 98 DK		Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK	Grade: 98 DK				
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
02		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
03		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
04		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
05		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
06		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
07		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
08		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
09		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
10		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
11		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
12		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling11 Piped into compound, yard or plot.....12 Piped to neighbour13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well.....32 Water from spring Protected spring41 Unprotected spring42 Rainwater collection51 Tanker-truck61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Bottled water91 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6 } 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 dwelling11 Piped into compound, yard or plot.....12 Piped to neighbour13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well.....32 Water from spring Protected spring41 Unprotected spring42 Rainwater collection51 Tanker-truck61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling1 In own yard / plot2 Elsewhere3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes__ __ __ DK.....998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15?</p> <p>WHAT SEX?</p>	<p>Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4</p> <p>DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2</p> <p>DK..... 8</p>	<p>2⇒WS8</p> <p>8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F</p> <p>Other (<i>specify</i>) X DK..... Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system..... 11 Flush to septic tank 12 Flush to pit (latrine)..... 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15</p> <p>Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit..... 23</p> <p>Composting toilet..... 31 Bucket..... 41 Hanging toilet, Hanging latrine 51</p> <p>No facility, Bush, Field..... 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility..... 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ____</p> <p>Ten or more households 10 DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Christian</i> 1 <i>Muslim</i> 2 <i>Traditional</i> 3 Other religion (<i>specify</i>) 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Mende</i> 1 <i>Temne</i> 2 <i>Limba</i> 3 <i>Creole</i> 4 <i>Madingo</i> 5 <i>Loko</i> 6 <i>Sherbro</i> 7 <i>Kono</i> 8 Other language (<i>specify</i>) 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Mende</i> 1 <i>Temne</i> 2 <i>Limba</i> 3 <i>Creole</i> 4 <i>Madingo</i> 5 <i>Loko</i> 6 <i>Sherbro</i> 7 <i>Kono</i> 8 Other ethnic group (<i>specify</i>) 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _	
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor Earth / Sand 11 Dung 12 Rudimentary floor Wood planks 21 Palm / Bamboo 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 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</p> <p>No Roof 11</p> <p>Thatch / Palm leaf 12</p> <p>Sod 13</p> <p>Rudimentary Roofing</p> <p>Rustic mat 21</p> <p>Palm / Bamboo 22</p> <p>Wood planks 23</p> <p>Cardboard 24</p> <p>Finished roofing</p> <p>Metal 31</p> <p>Wood 32</p> <p>Calamine / Cement fibre 33</p> <p>Ceramic tiles 34</p> <p>Cement 35</p> <p>Roofing shingles 36</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls 11</p> <p>Cane / Palm / Trunks 12</p> <p>Dirt 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood 24</p> <p>Cardboard 25</p> <p>Reused wood 26</p> <p>Finished walls</p> <p>Cement 31</p> <p>Stone with lime / cement 32</p> <p>Bricks 33</p> <p>Cement blocks 34</p> <p>Covered adobe 35</p> <p>Wood planks / shingles 36</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</p> <p>Liquefied Petroleum Gas (LPG) 02</p> <p>Natural gas 03</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Coal / Lignite 06</p> <p>Charcoal 07</p> <p>Wood 08</p> <p>Straw / Shrubs / Grass 09</p> <p>Animal dung 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>

<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house In a separate room used as kitchen..... 1 Elsewhere in the house 2 In a separate building..... 3 Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>																									
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2							
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Refrigerator.....	1	2																								
<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone.....	1	2	Bicycle.....	1	2	Motorcycle / Scooter.....	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	Boat with motor.....	1	2	
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own..... 1 Rent..... 2</p> <p>Other (Not owned or rented) 6</p>																									
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes..... 1 No..... 2</p>	2⇒HC13																								
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Hectares..... ____ ____</p>																									
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes..... 1 No..... 2</p>	2⇒HC15																								

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

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets..... ____ ____	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the brand/type of mosquito net <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent</i>	Long-lasting treated nets Olyset 11 Permanet 12 Brand C 13 Other (specify) 16 DK brand 18 Pre-treated nets Olyset 21 Permanet 22 Brand F 23 Other (specify) 26 DK brand 28 Other net (specify) 31 DK brand / type 98	Long-lasting treated nets Olyset 11 Permanet 12 Brand C 13 Other (specify) 16 DK brand 18 Pre-treated nets Olyset 21 Permanet 22 Brand F 23 Other (specify) 26 DK brand 28 Other net (specify) 31 DK brand / type 98	Long-lasting treated nets Olyset 11 Permanet 12 Brand C 13 Other (specify) 16 DK brand 18 Pre-treated nets Olyset 21 Permanet 22 Brand F 23 Other (specify) 26 DK brand 28 Other net (specify) 31 DK brand / type 98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? <i>If less than one month, record "00"</i>	Months ago ____ ____ More than 36 mo. ago... 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. ago... 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. ago... 95 DK / Not sure 98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11

TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago ____ ____ More than 24 mo. ago... 95 DK / Not sure 98	Months ago ____ ____ More than 24 mo. ago... 95 DK / Not sure..... 98	Months ago..... ____ ____ More than 24 mo. ago ...95 DK / Not sure98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes..... 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13	Yes..... 1 No 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13	Yes1 No.....2 ⇒ TN13 DK / Not sure8 ⇒ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the household listing form</i> <i>If someone not in the household list slept under the mosquito net, record "00"</i>	Name _____ Line number..... ____ ____ Name _____ Line number..... ____ ____ Name _____ Line number..... ____ ____ Name _____ Line number..... ____ ____	Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____	Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____
TN13.	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i>
Tick here if additional questionnaire used <input type="checkbox"/>			

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes 1 No 2 DK 8	2⇒Next Module 8⇒Next Module
IR2. WHO SPRAYED THE DWELLING? <i>Circle all that apply.</i>	Government worker / programA Private companyB Non-governmental organizationC Other (<i>specify</i>)X DKZ	

CHILD LABOUR													CL													
To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.																										
Now I would like to ask about any work children in this household may do.																										
CL1. Line number	CL2. Name and Age Copy from Household Listing Form, HL2 and HL6		CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.			CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? 1 Yes 2 No ⇒ CL7			CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?			CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? Include work for a business run by the child, alone or with one or more partners. 1 Yes 2 No ⇒ CL9			CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?			CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No ⇒ Next Line			CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours									
01		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
02		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
03		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
04		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
05		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
06		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
07		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
08		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
09		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
10		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
11		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								
12		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __								

CHILD DISCIPLINE**CD****TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS**

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___
CD6.	Total children age 2-14 years				___

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

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number Of Eligible Children In The Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

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

CD9. Write name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number _ _	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes..... 1 No 2	
CD12. EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.	Yes..... 1 No 2	
CD13. SHOOK HIM/HER.	Yes..... 1 No 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes..... 1 No 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes..... 1 No 2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes..... 1 No 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes..... 1 No 2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes..... 1 No 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes..... 1 No 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes..... 1 No 2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes..... 1 No 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes..... 1 No 2 Don't know / No opinion..... 8	

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

HH19. <i>Record the time.</i>	Hour and minutes : ..	
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SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house..... 6 Salt not tested 7	

<p>HH20. <i>Does any eligible woman age 15-49 reside in the household?</i></p> <p><i>Check household listing, column HL7 for any eligible woman.</i> <i>You should have a questionnaire with the Information Panel filled in for each eligible woman.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</i></p> <p><input type="checkbox"/> <i>No. ⇒ Continue.</i></p>
<p>HH21. <i>Does any child under the age of 5 reside in the household?</i></p> <p><i>Check household listing, column HL9 for any eligible child under age 5.</i> <i>You should have a questionnaire with the Information Panel filled in for each eligible child.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete the relevant information on the cover page.</i></p>



QUESTIONNAIRE FOR INDIVIDUAL WOMEN SIERRA LEONE

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman</i>		
WM1. Cluster number: <div style="text-align: right;">___ _</div>	WM2. Household number: <div style="text-align: right;">___ _</div>	
WM3. Woman's name: Name _____	WM4. Woman's line number: <div style="text-align: right;">___ _</div>	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: <div style="text-align: right;">___ ___ / ___ ___ / ___ ___</div>	

Repeat greeting if not already read to this woman:

WE ARE FROM **Statistics Sierra Leone**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **45** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **45** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

WM7. Result of woman's interview	Completed01 Not at home02 Refused03 Partly completed.....04 Incapacitated05 Other (<i>specify</i>) _____ 96
----------------------------------	--

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

WM10. Record the time.	Hour and minutes__ __ : __ __	
------------------------	-------------------------------------	--

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)__ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes1 No2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool0 Primary1 Secondary2 Higher3	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade__ __	
WB6. Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all1 Able to read only parts of sentence.....2 Able to read whole sentence3 No sentence in required language.....4 <i>(specify language)</i> Blind / mute, visually / speech impaired5	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day DK day 98 Month DK month 98 Year DK year 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth _ _	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home _ _ Daughters at home _ _	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere _ _ Daughters elsewhere _ _	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: 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?</i>	Yes 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead _ _ Girls dead _ _	
CM10. Sum answers to CM5, CM7, and CM9.	Sum _ _	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ Yes. Check below:

☐ No births ⇒ Go to *ILLNESS SYMPTOMS* Module

☐ One or more births ⇒ Continue with CM12

☐ No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12

CM12. OF THESE (*total number*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

Month and year must be recorded.

Date of last birth

Day _ _

DK day.....98

Month _ _

Year _ _ _ _

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2008**

☐ No live birth in last 2 years. ⇒ Go to *ILLNESS SYMPTOMS* Module.

☐ Yes, live birth in last 2 years. ⇒ Ask for the name of the child

Name of child.....

If child has died, take special care when referring to this child by name in the following modules.

Continue with the next module.

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

MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Other (specify) X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes 1 No 2 DK 8	2⇒MN9 8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times DK 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9														

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes 1 No 2 DK 8	2⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times DK 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago	
MN12. Check MN1 for presence of antenatal care during this pregnancy: <input type="checkbox"/> <i>Yes, antenatal care received. ⇒ Continue with MN13</i> <input type="checkbox"/> <i>No antenatal care received ⇒ Go to MN17</i>		
MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes 1 No 2 DK 8	2⇒MN17 8⇒MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i>	SP / Fansidar A Chloroquine B Other (specify) X DK Z	
MN15. Check MN14 for medicine taken: <input type="checkbox"/> <i>SP / Fansidar taken. ⇒ Continue with MN16</i> <input type="checkbox"/> <i>SP / Fansidar not taken. ⇒ Go to MN17</i>		
MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times DK 98	
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative / Friend H Other (specify) X No one Y	

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Govt. clinic / health centre 22</p> <p>Govt. health post 23</p> <p>Other public (<i>specify</i>) 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 (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS <i>(name)</i> DELIVERED BY CAESEREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN20. WHEN <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</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>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kg) ____ . ____ ____</p> <p>From recall 2 (kg) ____ . ____ ____</p> <p>DK 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>
<p>MN25. 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.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours 1 ____</p> <p>Days 2 ____</p> <p>Don't know / remember 998</p>	

MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒Next Module
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) A Plain water..... B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Fruit juice..... F Infant formula G Tea / Infusions..... H Honey I Other (<i>specify</i>) X	

ILLNESS SYMPTOMS		IS
<p>IS1. Check Household Listing, column HL9</p> <p>Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with IS2.</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module.</p>		
<p>IS2. 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><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</p> <p>Circle all symptoms mentioned, but do NOT prompt with any suggestions</p>	<p>Child not able to drink or breastfeed A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathing E</p> <p>Child has blood in stool F</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>	

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK..... 8</p>	1⇒Next Module
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒Next Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</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>IUD C</p> <p>Injectables D</p> <p>Implants..... E</p> <p>Pill..... F</p> <p>Male condom..... G</p> <p>Female condom..... H</p> <p>Diaphragm..... I</p> <p>Foam / Jelly J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence/Rhythm L</p> <p>Withdrawal..... M</p> <p>Other (<i>specify</i>) X</p>	

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

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

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No 2	1⇒FG3
FG2. IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes 1 No 2	2⇒Next Module
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 No 2	2⇒FG9
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 No 2 DK..... 8	1⇒FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No 2 DK..... 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED? <i>If necessary, probe: WAS IT SEALED?</i>	Yes 1 No 2 DK..... 8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>If the respondent does not know the exact age, probe to get an estimate</i>	Age at circumcision __ __ DK / Don't remember / Not sure 98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor 11 Nurse/Midwife 12 Other health professional (<i>specify</i>) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant..... 22 Other traditional (<i>specify</i>) 26 DK..... 98	
FG9. Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here	Total number of living daughters __ __	
FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (<i>total number in FG9</i>) LIVING DAUGHTERS. IS THIS CORRECT? <input type="checkbox"/> Yes <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22 <input type="checkbox"/> No ⇒ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes		

FG11. ASK THE RESPONDENT TO TELL YOU THE NAME(S) OF HER DAUGHTER(S), BEGINNING WITH THE YOUNGEST DAUGHTER (IF MORE THAN ONE DAUGHTER). WRITE DOWN THE NAME OF EACH DAUGHTER IN FG12. THEN, ASK QUESTIONS FG13 TO FG20 FOR EACH DAUGHTER AT A TIME.

THE TOTAL NUMBER OF DAUGHTERS IN FG12 SHOULD BE EQUAL TO THE NUMBER IN FG9

IF MORE THAN 4 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12. Name of daughter	_____	_____	_____	_____
FG13. HOW OLD IS (<i>name</i>)?	Age ____	Age ____	Age ____	Age ____
FG14. Is (<i>name</i>) younger than 15 years of age?	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>
FG15. IS (<i>name</i>) CIRCUMCISED?	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>	Yes 1 No 2 <i>If “No”, go to FG13 for next daughter. If no more daughters, go to FG22</i>
FG16. HOW OLD WAS (<i>name</i>) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i>	Age ____ DK 98	Age ____ DK 98	Age ____ DK 98	Age ____ DK 98
FG17. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (<i>name</i>) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 ⇒ FG19 No 2 DK 8	Yes 1 ⇒ FG19 No 2 DK 8	Yes 1 ⇒ FG19 No 2 DK 8	Yes 1 ⇒ FG19 No 2 DK 8
FG18. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8

FG19. WAS HER GENITAL AREA SEWN CLOSED? <i>If necessary, probe: WAS IT SEALED?</i>	Yes1 No.....2 DK8	Yes1 No.....2 DK8	Yes1 No.....2 DK8	Yes1 No.....2 DK8
FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor..... 11 Nurse/midwife. 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant.....22 Other traditional (specify) ____ 26 DK98	Health professional Doctor..... 11 Nurse/midwife. 12 Other health professional (specify) ____16 Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant22 Other traditional (specify) ____26 DK98	Health professional Doctor..... 11 Nurse/midwife. 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant22 Other traditional (specify) ____ 26 DK98	Health professional Doctor..... 11 Nurse/midwife. 12 Other health professional (specify) ____ 16 Traditional persons Traditional 'circumciser' ...21 Traditional birth attendant22 Other traditional (specify) ____26 DK98
FG21.	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 for next daughter. If no more daughters, go to FG22</i>	<i>Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22</i>
				<i>Tick here if additional questionnaire used</i> <input type="checkbox"/>

FG22. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued..... 1 Discontinued 2 Depends..... 3 DK..... 8	
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ATTITUDES TOWARD DOMESTIC VIOLENCE				DV
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues.....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food.....	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man.....2 No, not in union3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years.....__ __ DK.....98	
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes 1 No2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number.....__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man2 No3	⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once.....2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

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

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband1 Cohabiting partner2 Boyfriend.....3 Casual acquaintance4</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2)</i> AND <i>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</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>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes.....1 No2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... _ _</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners _ _</p> <p>DK 98</p>	

HIV/AIDS	HA		
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK 8	2⇒WM11	
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8		
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8		
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8		
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8		
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8		
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8		
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<div style="text-align: right; margin-bottom: 5px;">Yes No DK</div> During pregnancy 1 2 8 During delivery 1 2 8 By breastfeeding 1 2 8		
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8		
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8		
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8		
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8		

<p>HA13. Check CM13: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to HA24.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.</p>																						
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with HA15</p> <p><input type="checkbox"/> No antenatal care received ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test.....	1	2	8	
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Offered a test.....	1	2	8																			
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒HA19</p> <p>8⇒HA19</p>																				
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA19. Check MN17: Birth delivered by health professional (A, B or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>																						
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒HA24</p>																				
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes1</p> <p>No2</p>																					
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes1</p> <p>No2</p>	<p>1⇒HA25</p>																				

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	1⇒WM11 2⇒WM11 3⇒WM11
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	1⇒WM11 2⇒WM11 8⇒WM11
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	

WM11. <i>Record the time.</i>	Hour and minutes : ..	
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<p>WM12. <i>Check Household Listing Form, column HL9.</i></p> <p><i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.</i></p>



QUESTIONNAIRE FOR CHILDREN UNDER FIVE SIERRA LEONE

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

Repeat greeting if not already read to this respondent:

WE ARE FROM **Statistics Sierra Leone**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT **60** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from UF3**)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **60** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed01 Not at home02 Refused03 Partly completed.....04 Incapacitated05 Other (<i>specify</i>) _____ 96
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UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
--	---

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

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

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1 Yes, not seen.....2 No3 DK.....8	1⇒Next Module 2⇒ Next Module
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No2 DK.....8	1⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No2	

EARLY CHILDHOOD DEVELOPMENT		EC																
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None00 Number of children's books.....0 ____ Ten or more books10																	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	<table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>Homemade toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects	1	2	8	
	Y	N	DK															
Homemade toys	1	2	8															
Toys from a shop.....	1	2	8															
Household objects or outside objects	1	2	8															
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i> : [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD) FOR MORE THAN AN HOUR? If 'none' enter '0'. If 'don't know' enter '8'	Number of days left alone for more than an hour____ Number of days left with other child for more than an hour____																	
EC4. Check AG2: Age of child <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5 <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module																		
EC5. 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?	Yes1 No2 DK.....8	2⇒EC7 8⇒EC7																

EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	Number of hours.....__ __																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p>	<table> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> <tr> <td>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[B] TOLD STORIES TO (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[E] PLAYED WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </table>		Mother	Father	Other	No one	[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	A	B	X	Y	[B] TOLD STORIES TO (name)?	A	B	X	Y	[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	A	B	X	Y	[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A	B	X	Y	[E] PLAYED WITH (name)?	A	B	X	Y	[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A	B	X	Y	
	Mother	Father	Other	No one																																	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?	A	B	X	Y																																	
[B] TOLD STORIES TO (name)?	A	B	X	Y																																	
[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?	A	B	X	Y																																	
[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	A	B	X	Y																																	
[E] PLAYED WITH (name)?	A	B	X	Y																																	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
EC12. IS (name) SOMETIMES TOO SICK TO PLAY?	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				

EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes1 No2 DK.....8	
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes1 No2 DK.....8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No2 DK.....8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No2 DK.....8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes1 No2 DK.....8	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF4. DID (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID (<i>name</i>) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF8. DID (<i>name</i>) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF9. DID (<i>name</i>) DRINK (<i>local name for clear broth/clear soup</i>) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF10. DID (<i>name</i>) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF11. DID (<i>name</i>) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	

BF12. DID (<i>name</i>) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BF13. DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF15. DID (<i>name</i>) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID</u> <u>(SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) <u>DRINK ANYTHING FROM A BOTTLE</u> <u>WITH A NIPPLE?</u>	Yes1 No2 DK.....8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> HAD DIARRHOEA?	Yes1 No2 DK.....8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH <i>(name)</i> WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less1 Somewhat less2 About the same3 More4 Nothing to drink5 DK.....8	
CA3. DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less1 Somewhat less2 About the same3 More4 Stopped food5 Never gave food6 DK.....8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS <i>(name)</i> GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SPECIAL PACKET CALLED <i>(local name for ORS packet solution)</i> ? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? [C] GOVERNMENT-RECOMMENDED HOMEMADE SSS FLUID? [D] (Government-recommended homemade fluid Y)? [E] (Government-recommended homemade fluid Z)?	Y N DK Fluid from ORS packet.....1 2 8 Pre-packaged ORS fluid1 2 8 Recommended homemade SSS.....1 2 8 Govt. recommended homemade fluid Y1 2 8 Govt. recommended homemade fluid Z1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes1 No2 DK.....8	2⇒CA7 8⇒CA7

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

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

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK..... 8	2⇒Next Module 8⇒Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID <i>(name)</i> HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes 1 No 2 DK..... 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML4. WAS <i>(NAME)</i> TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML5. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS <i>(name)</i> GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (Name)	Anti-malarials: SP / Fansidar A Chloroquine B Amodiaquine..... C Quinine D Combination with Artemisinin E Other anti-malarial <i>(specify)</i> _____ H Antibiotic drugs Pill / Syrup I Injection J Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin..... Q Ibuprofen R Other <i>(specify)</i> _____ X DK..... Z	
ML7. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	1⇒ML9 2⇒ML10 8⇒ML10
ML8. WAS <i>(name)</i> GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML10 8⇒ML10

<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p>(Name)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar A</p> <p>Chloroquine B</p> <p>Amodiaquine C</p> <p>Quinine D</p> <p>Combination with Artemisinin E</p> <p>Other anti-malarial (<i>specify</i>) H</p> <p>Antibiotic drugs</p> <p>Pill / Syrup I</p> <p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol/ Acetaminophen . P</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML11</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</i></p> <p><i>Record how long after the fever started the first anti-malarial was given.</i></p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever 4</p> <p>DK 8</p>	

IMMUNIZATION										IM
If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.										
IM1. DO YOU HAVE A CARD WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?				Yes, seen 1 Yes, not seen 2 No card..... 3				1⇒IM3 2⇒IM6		
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR <i>(name)</i> ?				Yes 1 No 2				1⇒IM6 2⇒IM6		
IM3. (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		
BCG	BCG									
POLIO AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
DPT1	DPT1									
DPT2	DPT2									
DPT3	DPT3									
HEPB AT BIRTH	H0									
HEPB1	H1									
HEPB2	H2									
HEPB3	H3									
PENTA AT BIRTH	P0									
PENTA1	P1									
PENTA2	P2									
PENTA3	P3									
MEASLES (OR MMR)	MEASLES									
YELLOW FEVER	YF									

VITAMIN A (MOST RECENT)	VITA									
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IM4. Check IM3. Are all vaccines (BCG to Vitamin A) recorded?

☐ Yes ⇒ Go to IM18

☐ No ⇒ Continue with IM5

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p>Record ‘Yes’ only if respondent mentions vaccines shown in the table above.</p>	<p>Yes 1 (Probe for vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. Then skip to IM18)</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks 1</p> <p>Later 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM13 8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM15A 8⇒IM15A</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours 1</p> <p>Later 2</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times _</p>	

<p>IM15A. HAS (<i>name</i>) EVER BEEN GIVEN A PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, AND HEPATITIS B?</p> <p><i>Probe by indicating that the Pentavalent vaccine is sometimes given at the same time as the Polio vaccine.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM15B. WAS THE FIRST PENTAVALENT VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours 1</p> <p>Later 2</p>	
<p>IM15C. HOW MANY TIMES WAS A PENTAVALENT VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM17. HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER?</p> <p><i>Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?</p> <p><i>Show common types of ampules / capsules / syrups</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:</p> <p>[A] Date/type of campaign A, antigens</p> <p>[B] Date/type of campaign B, antigens</p> <p>[C] Date/type of campaign C, antigens</p>	<p style="text-align: right;">Y N DK</p> <p>Campaign A 1 2 8</p> <p>Campaign B 1 2 8</p> <p>Campaign C 1 2 8</p>	

<p>UF13. Record the time.</p>	<p>Hour and minutes _ _ : _ _</p>	
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UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

- ☐ *Yes. ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later.
Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*
- ☐ *No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child..*

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present 2 Child or caretaker refused 3 Other (<i>specify</i>) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) Weight not measured 99.9	
AN4. Child's length or height Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down 1 Height (cm) Standing up 2 Length / Height not measured 9999.9	
AN4C. Child's mid-upper arm circumference Check age of child in AG2: <input type="checkbox"/> Child under 3 months old. ⇒ skip to AN5 <input type="checkbox"/> Child age 3 months or more ⇒ Measure mid-upper arm circumference.	Circumference (cm) Circumference not measured 99.9	
AN5. Oedema Observe and record	Checked Oedema present 1 Oedema not present 2 Unsure 3 Not checked (<i>specify reason</i>) 7	

AN6. Is there another child in the household who is eligible for measurement?

☐ Yes. ⇒ Record measurements for next child.

☐ No. ⇒ End the interview with this household by thanking all participants for their cooperation.

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.