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I



# C W I Q

## Core Welfare Indicators Questionnaire

Statistics Sierra Leone  
A.J. Momoh Street  
Freetown, Sierra Leone  
Tel: 022-223287

### PRINTING AND SHADING INSTRUCTIONS

For optimum accuracy, please print carefully  
and avoid contact with the edges of the box.  
The following will serve as an example:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

### A - INTERVIEW INFORMATION

Q.1 INTERVIEWER'S NAME

Q.2 NAME OF HEAD OF HOUSEHOLD

Q.3 PROVINCE/REGION

Q.4 DISTRICT

Q.5 LOCAL COUNCIL

Q.6 CHIEFDOM/WARD

Q.7 SECTION

Q.8 VILLAGE/LOCALITY

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A.1 CLUSTER

A.2 HOUSEHOLD

A.3 SEQ.

A.4 INTERVIEWER

A.5 DATE

A.6 TIME

A.7 RESPONDENT

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Quest. No.

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Day

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Month

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Year

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Hour

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|  |  |
|--|--|

Min.

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|  |  |
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○ AM

○ PM

Member No.

|  |  |
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|  |  |
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### IMPORTANT

Create a reference number by combining the household and questionnaire numbers.  
Write this number NOW on the top of all pages.

Comments

### A.8 RESULT

- ① Complete with selected household  
② Complete with replacement - refusal  
③ Complete with replacement - not found  
④ Incomplete

### A.9 INTERVIEW END

|      |      |
|------|------|
| Hour | Min. |
|      |      |

○ AM

○ PM

## B - LIST OF HOUSEHOLD MEMBERS

Reference Number

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| MEMBER NUMBER   | 1                       | 2                       | 3                       | 4                       | 5                       | 6                       | 7                       | 8                       | 9                       | 10                      |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD. |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| Head  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| <b>B.1</b> Is [NAME] male or female?  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| Male  | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M |
| Female  | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F |
| <b>B.2</b> How long has [NAME] been away in the last 12 months?   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| Never   | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| Less than 6 months  | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| 6 months or more  | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <b>B.3</b> What is [NAME]'s relationship to the head of household?  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| Head  | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| Spouse  | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| Child   | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| Parent  | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| Other relative  | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| Not related   | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <b>B.4</b> How old was [NAME] at last birthday? (RECORD AGE IN COMPLETED YEARS.)                                  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
|   | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    |
| <b>B.5</b> IF PERSON IS UNDER AGE 10 GO TO B.6  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| <b>What is [NAME]'s marital status?</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| Never married   | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| Married(monogamous)   | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| Married(polygamous)   | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| Divorced  | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| Separated   | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |
| Widowed   | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <b>B.6</b> IF PERSON IS AGED 18 OR ABOVE GO TO NEXT PERSON  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| <b>Is [NAME]'s father alive?</b>  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| Yes   | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y |
| No  | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N |
| Don't know  | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X |
| <b>IF RESPONSE IS NO OR DON'T KNOW GO TO B.8</b>  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| <b>B.7</b> Is [NAME]'s father living in the household?  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| Yes   | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y |
| No  | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N |
| <b>B.8</b> Is [NAME]'s mother alive?  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| Yes   | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y |
| No  | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N |
| Don't know  | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X |
| <b>IF RESPONSE IS NO OR DON'T KNOW GO TO NEXT PERSON</b>  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| <b>B.9</b> Is [NAME]'s mother living in the household?  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |
| Yes   | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y |
| No  | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N |

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| MEMBER NUMBER  | 1  | 2  | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                       |
|--|--|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>ASK C.1 IF PERSON IS AGE 15 OR ABOVE OTHERWISE GO TO C.2</b>  |  |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>C3 - Highest grade completed</b><br>00 None<br>01 Pre-school<br>11 P1 21 JSS1 31 University<br>12 P2 22 JSS2 41 Vocational<br>13 P3 23 JSS3 42 Teacher training<br>14 P4 24 SSS1 43 Technical<br>15 P5 25 SSS2<br>16 P6 26 SSS3 | <b>C.1</b>   | <b>Can [NAME] read and write in any language?</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  | Yes  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | No   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | <b>C.2</b>   | <b>Has [NAME] ever attended school?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  | Yes  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
|  | No   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
|  | <b>IF C2 IS NO AND [NAME] IS BELOW 19 YEARS GO TO C.10; ELSE GO TO NEXT PERSON</b> |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  | <b>C.3</b>   | <b>What is the highest grade [NAME] completed?</b>                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
|  | <b>C.4</b>   | <b>Did [NAME] attend school last year?</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Yes  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| No   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| <b>C.5</b>   | <b>Is [NAME] currently in school?</b>  |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Yes  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| No   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| <b>IF C5 RESPONSE IS NO GO TO C.9</b>  |  |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>C6 - Current grade attending</b><br>01 Pre-school<br>11 P1 21 JSS1 31 University<br>12 P2 22 JSS2 41 Vocational<br>13 P3 23 JSS3 42 Teacher training<br>14 P4 24 SSS1 43 Technical<br>15 P5 25 SSS2<br>16 P6 26 SSS3            | <b>C.6</b>   | <b>What is the current grade [NAME] is attending?</b>                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
|  | <b>C.7</b>   | <b>Who runs the school [NAME] is attending?</b>                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  | Government   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | Religious organization   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | Private  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | Community  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | Other  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | <b>C.8</b>   | <b>Did [NAME] have any problems with school? (YOU MUST MARK AT LEAST ONE ANSWER)</b> |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  | a No problem (satisfied)   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b Lack of books/supplies   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| c Poor teaching  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| d Not enough teachers  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| e Teachers often absent  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| f Lack of space  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| g Facilities in bad condition  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| h High fees  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| i Other problem  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| <b>GO TO NEXT PERSON</b>   |  |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  | <b>C.9</b>   | <b>Why is [NAME] not currently in school? (YOU MUST MARK AT LEAST ONE ANSWER)</b>    |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  | a Completed school   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | b Too far away   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | c Too expensive  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | d Is working (home or job)   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | e Illness  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | f Drug related problem   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | g Pregnancy  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | h Got married  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | i Useless/uninteresting  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j Failed exam  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| k Awaiting admission   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| l Dismissed  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| m Other  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| <b>GO TO NEXT PERSON</b>   |  |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>C.10 ASK C10 IF PERSON IS BELOW 19 YEARS</b>  |  |  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  |  | <b>Why has [NAME] not started school? (YOU MUST MARK AT LEAST ONE ANSWER)</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|  | a Too young  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | b Too far away   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | c Too expensive  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | d Is working (home or job)   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | e Useless/uninteresting  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | f Illness  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | g Other  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| MEMBER NUMBER                   | 1   | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
|---------------------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>D.1</b>                      | <b>Is [NAME] physically or mentally handicapped or disabled?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                                 | Include person only if handicap prevents him or her from maintaining a significant activity or schooling. |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Yes                             | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No                              | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>D.2</b>                      | <b>Was [NAME] sick or injured in the last 4 weeks?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Yes                             | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No                              | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| IF RESPONSE IS NO GO TO D.4     |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>D.3</b>                      | <b>What sort of sickness/injury did [NAME] suffer? (YOU MUST MARK AT LEAST ONE ANSWER)</b>                |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| a Fever/malaria                 | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b Diarrhea/abdominal pains      | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Pain in back, limbs or joints | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Cough/breathing difficulties  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e Skin problems                 | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f Ear, nose or throat           | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Eye                           | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Dental                        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i Accident                      | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j Other                         | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>D.4</b>                      | <b>Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?</b>     |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Yes                             | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No                              | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| IF RESPONSE IS NO GO TO D.8     |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>D.5</b>                      | <b>What kind of health provider did [NAME] see?</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Government hospital             | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community health centre         | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community health post           | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maternal/child health post      | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Village health worker           | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mobile outreach clinic          | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Private health facility         | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pharmacist/chemist              | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Private physician/dentist       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Traditional healer              | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Drug peddler                    | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>D.6</b>                      | <b>How did [NAME] pay for the consultation?</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Free                            | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Household paid                  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employer                        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Insurance                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relative                        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>D.7</b>                      | <b>Did [NAME] have any problems at the time of the visit? (YOU MUST MARK AT LEAST ONE ANSWER)</b>         |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| a No problem (satisfied)        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b Facilities were not clean     | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Long waiting time             | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d No trained professionals      | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e Too expensive                 | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f No drugs available            | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g Treatment unsuccessful        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h Other                         | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| GO TO NEXT PERSON               |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>D.8</b>                      | <b>Why did [NAME] not use medical care in the last 4 weeks? (YOU MUST MARK AT LEAST ONE ANSWER)</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| a No need                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b Too expensive                 | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c Too far                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Lack of confidence            | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e Other                         | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| GO TO NEXT PERSON               |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |

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| MEMBER NUMBER                                     | 1  | 2                       | 3                       | 4                       | 5                       | 6                                  | 7                               | 8                       | 9   | 10                                    |
|---|--|-------------------------|-------------------------|-------------------------|-------------------------|------------------------------------|---------------------------------|-------------------------|---|---------------------------------------|
| <b>IF PERSON IS UNDER AGE 5 GO TO NEXT PERSON</b> |  |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| <b>E.1</b>  | <b>Did [NAME] do any type of work in the last 7 days, even if only for one hour?</b> |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| Yes   | <input type="radio"/> Y  | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y            | <input type="radio"/> Y         | <input type="radio"/> Y | <input type="radio"/> Y                         | <input type="radio"/> Y               |
| No  | <input type="radio"/> N  | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N            | <input type="radio"/> N         | <input type="radio"/> N | <input type="radio"/> N                         | <input type="radio"/> N               |
| <b>IF RESPONSE IS YES GO TO E.5</b>               |  |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| <b>E.2</b>  | <b>Was [NAME] absent from work in the last 7 days?</b>                               |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| Yes   | <input type="radio"/> Y  | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y            | <input type="radio"/> Y         | <input type="radio"/> Y | <input type="radio"/> Y                         | <input type="radio"/> Y               |
| No  | <input type="radio"/> N  | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N            | <input type="radio"/> N         | <input type="radio"/> N | <input type="radio"/> N                         | <input type="radio"/> N               |
| <b>IF RESPONSE IS YES GO TO E.5</b>               |  |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| <b>E.3</b>  | <b>Has [NAME] been looking for work and ready for work in the last 4 weeks?</b>      |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| Yes   | <input type="radio"/> Y  | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y            | <input type="radio"/> Y         | <input type="radio"/> Y | <input type="radio"/> Y                         | <input type="radio"/> Y               |
| No  | <input type="radio"/> N  | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N            | <input type="radio"/> N         | <input type="radio"/> N | <input type="radio"/> N                         | <input type="radio"/> N               |
| <b>E.4</b>  | <b>What was the main reason [NAME] was not working in the last 7 days?</b>           |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| No work available                                 | <input type="radio"/> 1  | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1            | <input type="radio"/> 1         | <input type="radio"/> 1 | <input type="radio"/> 1                         | <input type="radio"/> 1               |
| Seasonal inactivity                               | <input type="radio"/> 2  | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2            | <input type="radio"/> 2         | <input type="radio"/> 2 | <input type="radio"/> 2                         | <input type="radio"/> 2               |
| Student   | <input type="radio"/> 3  | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3            | <input type="radio"/> 3         | <input type="radio"/> 3 | <input type="radio"/> 3                         | <input type="radio"/> 3               |
| Household/family duties                           | <input type="radio"/> 4  | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4            | <input type="radio"/> 4         | <input type="radio"/> 4 | <input type="radio"/> 4                         | <input type="radio"/> 4               |
| Too old   | <input type="radio"/> 5  | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5            | <input type="radio"/> 5         | <input type="radio"/> 5 | <input type="radio"/> 5                         | <input type="radio"/> 5               |
| Too young   | <input type="radio"/> 6  | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6            | <input type="radio"/> 6         | <input type="radio"/> 6 | <input type="radio"/> 6                         | <input type="radio"/> 6               |
| Infirmary   | <input type="radio"/> 7  | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7 | <input type="radio"/> 7            | <input type="radio"/> 7         | <input type="radio"/> 7 | <input type="radio"/> 7                         | <input type="radio"/> 7               |
| Retired   | <input type="radio"/> 8  | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8 | <input type="radio"/> 8            | <input type="radio"/> 8         | <input type="radio"/> 8 | <input type="radio"/> 8                         | <input type="radio"/> 8               |
| Other   | <input type="radio"/> 9  | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9 | <input type="radio"/> 9            | <input type="radio"/> 9         | <input type="radio"/> 9 | <input type="radio"/> 9                         | <input type="radio"/> 9               |
| <b>GO TO NEXT PERSON</b>                          |  |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| <b>E.5</b>  | <b>How many jobs did [NAME] have in the last 7 days?</b>                             |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
|   | <input type="text"/>   | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>               | <input type="text"/>            | <input type="text"/>    | <input type="text"/>                            | <input type="text"/>                  |
| <b>E.6</b>  | <b>What is the main activity at the place of [NAME's] main job?</b>                  |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
|   | <input type="text"/>   | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>               | <input type="text"/>            | <input type="text"/>    | <input type="text"/>                            | <input type="text"/>                  |
|   | 01 Crop farming  | 02 Livestock/poultry    | 03 Forestry/logging     | 04 Fishing              | 05 Mining/quarrying     | 06 Manufacturing/processing        | 07 Electricity/gas/water supply | 08 Construction         | 09 Wholesale/retail trades/hotels & restaurants | 10 Transport, storage, communications |
|   | 11 Banking/financial services  | 12 Community services   | 13 Other                |                         |                         |                                    |                                 |                         |   |                                       |
| <b>E.7</b>  | <b>For whom did [NAME] work in the main job?</b>                                     |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
|   | <input type="text"/>   | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>    | <input type="text"/>               | <input type="text"/>            | <input type="text"/>    | <input type="text"/>                            | <input type="text"/>                  |
|   | <b>Government/public sector</b>  |                         |                         |                         |                         | <b>Private sector</b>              |                                 |                         |   |                                       |
|   | 1 Central government/Civil service   |                         |                         |                         |                         | 4 Private enterprise > 5 employees |                                 |                         |   |                                       |
|   | 2 Local government/public sector   |                         |                         |                         |                         | 5 Private enterprise ≤ 5 employees |                                 |                         |   |                                       |
|   | 3 NGO/International organization/<br>diplomatic mission/Parastatal/                  |                         |                         |                         |                         | 6 Family farm/business             |                                 |                         |   |                                       |
|   |  |                         |                         |                         |                         | 7 Other private sector             |                                 |                         |   |                                       |
| <b>E.8</b>  | <b>What is [NAME'S] employment status in the main job?</b>                           |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| Regular wage or salaried employee                 | <input type="radio"/> 1  | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1            | <input type="radio"/> 1         | <input type="radio"/> 1 | <input type="radio"/> 1                         | <input type="radio"/> 1               |
| Casual paid employee                              | <input type="radio"/> 2  | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2            | <input type="radio"/> 2         | <input type="radio"/> 2 | <input type="radio"/> 2                         | <input type="radio"/> 2               |
| Self employed with employees                      | <input type="radio"/> 3  | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3            | <input type="radio"/> 3         | <input type="radio"/> 3 | <input type="radio"/> 3                         | <input type="radio"/> 3               |
| Self employed no employees                        | <input type="radio"/> 4  | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4            | <input type="radio"/> 4         | <input type="radio"/> 4 | <input type="radio"/> 4                         | <input type="radio"/> 4               |
| Unpaid family worker                              | <input type="radio"/> 5  | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5            | <input type="radio"/> 5         | <input type="radio"/> 5 | <input type="radio"/> 5                         | <input type="radio"/> 5               |
| Apprentice  | <input type="radio"/> 6  | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6            | <input type="radio"/> 6         | <input type="radio"/> 6 | <input type="radio"/> 6                         | <input type="radio"/> 6               |
| <b>E.9</b>  | <b>Did [NAME] seek to increase his or her earnings in the last 7 days?</b>           |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| Yes   | <input type="radio"/> Y  | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y            | <input type="radio"/> Y         | <input type="radio"/> Y | <input type="radio"/> Y                         | <input type="radio"/> Y               |
| No  | <input type="radio"/> N  | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N            | <input type="radio"/> N         | <input type="radio"/> N | <input type="radio"/> N                         | <input type="radio"/> N               |
| <b>IF RESPONSE IS NO GO TO NEXT PERSON</b>        |  |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| <b>E.10</b>                                       | <b>How did [NAME] seek to increase earnings in the last 7 days?</b>                  |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| More hours current activity                       | <input type="radio"/> 1  | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1            | <input type="radio"/> 1         | <input type="radio"/> 1 | <input type="radio"/> 1                         | <input type="radio"/> 1               |
| More hours additional activity                    | <input type="radio"/> 2  | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2            | <input type="radio"/> 2         | <input type="radio"/> 2 | <input type="radio"/> 2                         | <input type="radio"/> 2               |
| Change activity                                   | <input type="radio"/> 3  | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3            | <input type="radio"/> 3         | <input type="radio"/> 3 | <input type="radio"/> 3                         | <input type="radio"/> 3               |
| Other   | <input type="radio"/> 4  | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4            | <input type="radio"/> 4         | <input type="radio"/> 4 | <input type="radio"/> 4                         | <input type="radio"/> 4               |
| <b>E.11</b>                                       | <b>Is [NAME] ready to take on additional work in the next 4 weeks?</b>               |                         |                         |                         |                         |                                    |                                 |                         |   |                                       |
| Yes   | <input type="radio"/> Y  | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y            | <input type="radio"/> Y         | <input type="radio"/> Y | <input type="radio"/> Y                         | <input type="radio"/> Y               |
| No  | <input type="radio"/> N  | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N            | <input type="radio"/> N         | <input type="radio"/> N | <input type="radio"/> N                         | <input type="radio"/> N               |

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**F.1 Does the household or a household member own the dwelling?**

- Owns the dwelling (1)  
 Rents the dwelling (2)  
 Uses without paying rent (3)  
 Nomadic or temporary dwelling (4)

**F.2 What type of documents do you have to prove your occupancy?**

- Certificate of occupancy (1)  
 Leasehold (2)  
 Freehold (3)  
 Tenancy agreement (4)  
 Receipt for payment (5)  
 None (6)

**F.3 How many acres of cultivable land are owned by the household? (with one decimal, e.g. 24.7)**

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**F.4 How does the amount of land owned compare with one year ago?**

- Less now (1)  
 Same now (2)  
 More now (3)  
 Don't know (4)

**F.5 Does the household use land it does not own?**

- No (1)  
 Rented (2)  
 Sharecropped (3)  
 Private land provided free (4)  
 Communal land (5)

IF RESPONSE IS NO GO TO F.7

**F.6 How many acres of land does the household use that it does not own? (with one decimal, e.g. 24.7)**

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**F.7 How does the amount of other land used compare with one year ago?**

- Less now (1)  
 Same now (2)  
 More now (3)  
 Don't know (4)

**F.8 Does the household own any of the following?**

Include items only if they are in working condition

- a) Electric Iron (Y) (N)  
 b) Charcoal iron (Y) (N)  
 c) Refrigerator (Y) (N)  
 d) Television (Y) (N)  
 e) VCR/DVD (Y) (N)  
 f) Radio (Y) (N)  
 g) Land line phone (Y) (N)  
 h) Mobile/cell phone (Y) (N)  
 i) Computer (Y) (N)  
 j) Generator (Y) (N)  
 k) Fan (Y) (N)  
 l) Mattress or bed (Y) (N)  
 m) Watch or clock (Y) (N)  
 n) Sewing machine (Y) (N)  
 o) Modern stove (Y) (N)  
 p) Bicycle (Y) (N)  
 q) Motorcycle (Y) (N)  
 r) Car or truck (Y) (N)  
 s) Push cart/Omolankay (Y) (N)

**F.9 How often in the last year did you have problems satisfying the following needs of the household?**

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- a) Food needs (1) (2) (3) (4) (5)  
 b) School fees (1) (2) (3) (4) (5)  
 c) House rent (1) (2) (3) (4) (5)  
 d) Utility bills (1) (2) (3) (4) (5)  
 e) Health care (1) (2) (3) (4) (5)

**F.10 How do you compare the overall economic situation of the HOUSEHOLD with one year ago?**

- Much worse now (1)  
 A little worse now (2)  
 Same (3)  
 A little better now (4)  
 Much better now (5)  
 Don't know (6)

**F.11 How do you compare the overall economic situation of the COMMUNITY with one year ago?**

- Much worse now (1)  
 A little worse now (2)  
 Same (3)  
 A little better now (4)  
 Much better now (5)  
 Don't know (6)

**F.12 How do you compare the level of crime and safety in your NEIGHBORHOOD with one year ago?**

- Much worse now (1)  
 A little worse now (2)  
 Same (3)  
 A little better now (4)  
 Much better now (5)  
 Don't know (6)

**F.13 Who contributes most to household income? (record member number from section B).**

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**F.14 How far from here is it to reach the nearest ...?**

|                          |                                   |                                   | Hours:Minutes                     | MILES                             |                        |                                   |                                   | Hours:Minutes                     | MILES                             |
|--------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Supply of drinking water | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | Secondary school       | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> |
| Food market              | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | Health clinic/hospital | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> |
| Public transportation    | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | All season road        | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> |
| Primary school           | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | Any road (vehicle)     | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> | <div><div></div><div></div></div> |

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**G.1 What is the material of the floors of the house?**

- Earth/mud (1)  
 Wood planks (2)  
 Stone (3)  
 Tiles (4)  
 Cement/concrete (5)  
 Polished wood (6)  
 Other (7) \_\_\_\_\_

**G.2 What is the material of the roof of the house?**

- Thatch/grass/straw (1)  
 Wood (2)  
 Corrugated iron sheets/zinc/tin (3)  
 Tarpaulin/plastic sheet (4)  
 Cement/concrete (5)  
 Roofing tiles (6)  
 Asbestos (7)  
 Other (8) \_\_\_\_\_

**G.3 What is the material of the walls of the house?**

- Mud and wattle (1)  
 Mud bricks (2)  
 Corrugated iron sheets/zinc/tin (3)  
 Stone/burnt bricks/clay bricks (4)  
 Sandcrete/cement blocks (5)  
 Timber/wood (6)  
 Poles/reeds (7)  
 Tarpaulin/plastic sheet (8)  
 Other (9) \_\_\_\_\_

**G.4 What is the type of the housing unit?**

- Single room (1)  
 Flat (2)  
 Duplex (3)  
 Whole building (4)  
 Other (5) \_\_\_\_\_

**G.5 How many rooms does this household occupy?**

EXCLUDE BATHROOMS,  
 TOILETS, KITCHEN, PANTRY,  
 AND STOREROOMS

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**G.6 What is the main source of drinking water?**

- Piped into dwelling/yard/plot (1)  
 Public tap/standpipe (2)  
 Bore hole/tube well/mechanical well (3)  
 Protected well/spring (4)  
 Unprotected well/spring (5)  
 Surface water (river, lake, pond) (6)  
 Collected rain water (7)  
 Water vendor/bowser/bottled (8)  
 Other (9) \_\_\_\_\_

**G.7 What kind of toilet facility does your household use?**

- None/bush/field/water (1)  
 Flush to sewer (2)  
 Flush to septic tank (3)  
 Ventilated covered pit latrine (VIP) (4)  
 Covered pit latrine (with slab) (5)  
 Uncovered pit latrine (without slab) (6)  
 Pan/bucket (7)  
 Hanging toilet/latrine (over water) (8)  
 Other (9) \_\_\_\_\_

**G.8 What is the main fuel used for cooking?**

- Firewood (1)  
 Charcoal (2)  
 Kerosene/oil (3)  
 Gas (4)  
 Electricity (5)  
 Crop residue/sawdust (6)  
 Animal waste (7)  
 Other (8) \_\_\_\_\_

**G.9 What is the main source used for lighting?**

- Kerosene (1)  
 Gas (2)  
 Mains electricity (3)  
 Generator (4)  
 Battery (5)  
 Candles (6)  
 Firewood (7)  
 None (8)  
 Other (9) \_\_\_\_\_

**G.10 What kind of refuse collection does your household use?**

- Collected government (1)  
 Collected private (2)  
 Government bin (3)  
 Disposal within compound (4)  
 None/Unauthorized heap (5)  
 Other (6) \_\_\_\_\_

**G.11 What measures does your household take to prevent malaria? (YOU MUST MARK AT LEAST ONE ANSWER)**

- a) None (Y)  
 b) Bed net (Y)  
 c) Insecticide (Y)  
 d) Anti-malaria drug (Y)  
 e) Fumigation (Y)  
 f) Insecticide treated net (Y)  
 g) Maintain good drainage (Y)  
 h) Maintain good sanitation (Y)  
 i) Herbs (Y)  
 j) Burn leaf (tobacco, etc.) (Y)  
 k) Window/door net (Y)  
 l) Other (Y) \_\_\_\_\_

**G.12 May I see a sample of the salt used to cook the main meal eaten by members of the household last night?**

- Not iodized 0 ppm (1)  
 < 15 ppm (2)  
 15 ppm or more (3)  
 No salt (4)  
 Salt not tested (5)

**H - POVERTY PREDICTORS****H.1 To which ethnic group does the head of household belong?**

- Krio (1)  
 Mende (2)  
 Temne (3)  
 Limba (4)  
 Loko (5)  
 Kissi (6)  
 Sherbro (7)  
 Kono (8)  
 Mandingo (9)  
 Other (10) \_\_\_\_\_

**H.2 Has the household purchased any matches in the last 3 months?**

- Yes (Y)  
 No (N)

**H.3 Has the household purchased any aspirin in the last 3 months?**

- Yes (Y)  
 No (N)

**H.4 Has the household purchased any rice in the last 3 months?**

- Yes (Y)  
 No (N)

**H.5 Has the household purchased any bread in the last 3 months?**

- Yes (Y)  
 No (N)

**H.6 Do you consider your household to be very poor, somewhat poor, or not poor?**

- Very poor (1)  
 Somewhat poor (2)  
 Not poor (3)

**H.7 Was the head of household (respondent) born in this village or town?**

- Yes (Y)  
 No (N)

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| <b>I.1 For each child under 5 enter the child and mother's number from the list of household members.</b><br>Enter 00 if the child's mother is deceased or is not a member of the household.   |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
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| Child<br><table border="1"> <tr><td></td><td></td></tr> </table>   |  |  | Mother<br><table border="1"> <tr><td></td><td></td></tr> </table>  |  |            | Child<br><table border="1"> <tr><td></td><td></td></tr> </table> |   |  | Mother<br><table border="1"> <tr><td></td><td></td></tr> </table> |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
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|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.2 Enter the child's date of birth.</b>  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Day Month Year<br><table border="1"> <tr><td></td><td></td><td></td></tr> </table>   |  |  |  | Day Month Year<br><table border="1"> <tr><td></td><td></td><td></td></tr> </table> |            |  |   | Day Month Year<br><table border="1"> <tr><td></td><td></td><td></td></tr> </table> |   |  |                       | Day Month Year<br><table border="1"> <tr><td></td><td></td><td></td></tr> </table> |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.3 Has the child ever been breastfed?</b>  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| IF NO OR DON'T KNOW GO TO I.5  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.4 Is the child still being breastfed?</b>   |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.5 Since this time yesterday, did the child eat solid, semi-solid or soft food or drink water, juice or other liquid during the day or night?</b>  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.6 Record each child's weight (kg with one decimal, e.g. 4.6 kg) and height (cm with one decimal, e.g. 51.3 cm).</b>   |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Weight<br><table border="1"> <tr><td></td><td></td></tr> </table>  |  |  | Height<br><table border="1"> <tr><td></td><td></td><td></td></tr> </table>   |  |            |  | Weight<br><table border="1"> <tr><td></td><td></td></tr> </table> |  |   | Height<br><table border="1"> <tr><td></td><td></td><td></td></tr> </table> |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.7 Did the child participate in the following?</b>   |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Nutrition program <input type="radio"/> <input type="radio"/><br>Weigh-ins <input type="radio"/> <input type="radio"/>   | Nutrition program <input type="radio"/> <input type="radio"/><br>Weigh-ins <input type="radio"/> <input type="radio"/>   | Nutrition program <input type="radio"/> <input type="radio"/><br>Weigh-ins <input type="radio"/> <input type="radio"/>   | Nutrition program <input type="radio"/> <input type="radio"/><br>Weigh-ins <input type="radio"/> <input type="radio"/>   |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.8 Has the child been vaccinated against:</b>  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Card</th> <th>Resp.</th> </tr> </thead> <tbody> <tr><td>a) Measles</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>b) BCG</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>c) 5 in 1/DPT1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>d) 5 in 1/DPT2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>e) 5 in 1/DPT3</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>f) Polio0</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>g) Polio1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>h) Polio2</td><td><input 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type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>g) Polio1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>h) Polio2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>i) Polio3</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>j) Yellow fever</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table> |  | No | Card | Resp. | a) Measles | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b) BCG | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c) 5 in 1/DPT1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d) 5 in 1/DPT2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e) 5 in 1/DPT3 | <input type="radio"/> | <input 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| a) Measles   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| b) BCG   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| c) 5 in 1/DPT1   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| d) 5 in 1/DPT2   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| e) 5 in 1/DPT3   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| f) Polio0  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| g) Polio1  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| h) Polio2  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| i) Polio3  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| j) Yellow fever  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  | No   | Card   | Resp.  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| a) Measles   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| b) BCG   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| c) 5 in 1/DPT1   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| d) 5 in 1/DPT2   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| e) 5 in 1/DPT3   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| f) Polio0  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| g) Polio1  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| h) Polio2  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| i) Polio3  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| j) Yellow fever  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  | No   | Card   | Resp.  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| a) Measles   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| b) BCG   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| c) 5 in 1/DPT1   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| d) 5 in 1/DPT2   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| e) 5 in 1/DPT3   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| f) Polio0  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| g) Polio1  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| h) Polio2  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| i) Polio3  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| j) Yellow fever  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
|  | No   | Card   | Resp.  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| a) Measles   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| b) BCG   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| c) 5 in 1/DPT1   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| d) 5 in 1/DPT2   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| e) 5 in 1/DPT3   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| f) Polio0  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| g) Polio1  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| h) Polio2  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| i) Polio3  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| j) Yellow fever  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.9 Has the child received a vitamin A dose during the last 6 months? (SHOW VITAMIN A CAPSULE)</b>  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.10 Did the child sleep under a mosquito net last night?</b>   |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| IF NO OR DON'T KNOW GO TO I.12   |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.11 Has the bed net been treated with insecticide to repel insects?</b>  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| GO TO I.13   |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.12 Why didn't the child sleep under a mosquito net last night?</b>  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| No net <input type="radio"/><br>No mosquitos <input type="radio"/><br>Too hot/net is a prison <input type="radio"/><br>Can't afford net <input type="radio"/><br>Other <input type="radio"/>   | No net <input type="radio"/><br>No mosquitos <input type="radio"/><br>Too hot/net is a prison <input type="radio"/><br>Can't afford net <input type="radio"/><br>Other <input type="radio"/> | No net <input type="radio"/><br>No mosquitos <input type="radio"/><br>Too hot/net is a prison <input type="radio"/><br>Can't afford net <input type="radio"/><br>Other <input type="radio"/> | No net <input type="radio"/><br>No mosquitos <input type="radio"/><br>Too hot/net is a prison <input type="radio"/><br>Can't afford net <input type="radio"/><br>Other <input type="radio"/> |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.13 Has the child had diarrhea in the last 2 weeks?</b>  |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| IF NO OR DON'T KNOW GO TO NEXT CHILD   |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| <b>I.14 During the episode of diarrhea did the child drink any of the following? YOU MAY MARK MULTIPLE ANSWERS</b>   |  |  |  |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |
| a) ORS packet solution <input type="radio"/><br>b) Home made sugar-salt solution <input type="radio"/><br>c) More fluid than usual <input type="radio"/>   | a) ORS packet solution <input type="radio"/><br>b) Home made sugar-salt solution <input type="radio"/><br>c) More fluid than usual <input type="radio"/>                                     | a) ORS packet solution <input type="radio"/><br>b) Home made sugar-salt solution <input type="radio"/><br>c) More fluid than usual <input type="radio"/>                                     | a) ORS packet solution <input type="radio"/><br>b) Home made sugar-salt solution <input type="radio"/><br>c) More fluid than usual <input type="radio"/>                                     |  |            |  |   |  |   |  |                       |  |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |  |  |    |      |       |            |                       |                       |                       |        |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |                |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |           |                       |                       |                       |                 |                       |                       |                       |



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| <b>J.1</b>                                       | <b>For each woman in the household age 15 to 49 enter the women's number from the list of household members.</b>  |   |   |   |   |  |   |  |  |   |  |  |
|  | <table border="1"><tr><td></td><td></td></tr></table>   |   |   | <table border="1"><tr><td></td><td></td></tr></table>   |   |  | <table border="1"><tr><td></td><td></td></tr></table>                 |  |  | <table border="1"><tr><td></td><td></td></tr></table>                 |  |  |
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| <b>J.2</b>                                       | <b>Did [NAME] have a live birth in the last 24 months?</b>  |   |   |   |   |  |   |  |  |   |  |  |
|  | Yes <input type="radio"/><br>No <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/>   |   |  |   |  |  |   |  |  |
| <b>IF RESPONSE IS NO GO TO NEXT WOMAN</b>        |   |   |   |   |   |  |   |  |  |   |  |  |
| <b>J.3</b>                                       | <b>Was the birth registered?</b>  |   |   |   |   |  |   |  |  |   |  |  |
|  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>   |   |  |   |  |  |   |  |  |
| <b>J.4</b>                                       | <b>Did [NAME] visit a health facility for antenatal care during the pregnancy?</b>  |   |   |   |   |  |   |  |  |   |  |  |
|  | Yes <input type="radio"/><br>No <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/>   |   |  |   |  |  |   |  |  |
| <b>IF RESPONSE IS NO GO TO J.8</b>               |   |   |   |   |   |  |   |  |  |   |  |  |
| <b>J.5</b>                                       | <b>How many times did [NAME] visit a health facility during the pregnancy?</b>  |   |   |   |   |  |   |  |  |   |  |  |
|  | 88 = Don't know <table border="1"><tr><td></td><td></td></tr></table>   |   |   | 88 = Don't know <table border="1"><tr><td></td><td></td></tr></table>   |   |  | 88 = Don't know <table border="1"><tr><td></td><td></td></tr></table> |  |  | 88 = Don't know <table border="1"><tr><td></td><td></td></tr></table> |  |  |
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| <b>J.6</b>                                       | <b>Did [NAME] receive an injection in the arm to prevent tetanus during the pregnancy?</b>  |   |   |   |   |  |   |  |  |   |  |  |
|  | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>   | Yes <input type="radio"/><br>No <input type="radio"/><br>Don't know <input type="radio"/>   |   |  |   |  |  |   |  |  |
| <b>IF RESPONSE IS NO OR DON'T KNOW GO TO J.8</b> |   |   |   |   |   |  |   |  |  |   |  |  |
| <b>J.7</b>                                       | <b>How many times did [NAME] get this injection during the pregnancy?</b>   |   |   |   |   |  |   |  |  |   |  |  |
|  | 8 = Don't know <table border="1"><tr><td></td></tr></table>   |   | 8 = Don't know <table border="1"><tr><td></td></tr></table>   |   | 8 = Don't know <table border="1"><tr><td></td></tr></table> |  | 8 = Don't know <table border="1"><tr><td></td></tr></table>           |  |  |   |  |  |
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| <b>J.8</b>                                       | <b>Where was the child delivered?</b>   |   |   |   |   |  |   |  |  |   |  |  |
|  | Government hospital/maternity <input type="radio"/><br>Government health clinic/center <input type="radio"/><br>Private facility <input type="radio"/><br>At home <input type="radio"/><br>Other <input type="radio"/>  | Government hospital/maternity <input type="radio"/><br>Government health clinic/center <input type="radio"/><br>Private facility <input type="radio"/><br>At home <input type="radio"/><br>Other <input type="radio"/>  | Government hospital/maternity <input type="radio"/><br>Government health clinic/center <input type="radio"/><br>Private facility <input type="radio"/><br>At home <input type="radio"/><br>Other <input type="radio"/>  | Government hospital/maternity <input type="radio"/><br>Government health clinic/center <input type="radio"/><br>Private facility <input type="radio"/><br>At home <input type="radio"/><br>Other <input type="radio"/>  |   |  |   |  |  |   |  |  |
| <b>J.9</b>                                       | <b>Who assisted [NAME] with the delivery of the child? (YOU MUST MARK AT LEAST ONE ANSWER)</b>  |   |   |   |   |  |   |  |  |   |  |  |
|  | a) Doctor <input type="radio"/><br>b) Nurse/midwife <input type="radio"/><br>c) Auxiliary midwife <input type="radio"/><br>d) Traditional birth attendant <input type="radio"/><br>e) Relative/friend <input type="radio"/><br>f) Other <input type="radio"/> | a) Doctor <input type="radio"/><br>b) Nurse/midwife <input type="radio"/><br>c) Auxiliary midwife <input type="radio"/><br>d) Traditional birth attendant <input type="radio"/><br>e) Relative/friend <input type="radio"/><br>g) Other <input type="radio"/> | a) Doctor <input type="radio"/><br>b) Nurse/midwife <input type="radio"/><br>c) Auxiliary midwife <input type="radio"/><br>d) Traditional birth attendant <input type="radio"/><br>e) Relative/friend <input type="radio"/><br>g) Other <input type="radio"/> | a) Doctor <input type="radio"/><br>b) Nurse/midwife <input type="radio"/><br>c) Auxiliary midwife <input type="radio"/><br>d) Traditional birth attendant <input type="radio"/><br>e) Relative/friend <input type="radio"/><br>g) Other <input type="radio"/> |   |  |   |  |  |   |  |  |
| <b>GO TO NEXT WOMAN</b>                          |   |   |   |   |   |  |   |  |  |   |  |  |
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**K.1 Did your household harvest any tree or plant crops in the 2006 agricultural season?**

Yes ☐ Y

No ☐ N

**IF NO GO TO K.24 ON PAGE 12**

**K.2 What was the total area in acres cultivated by your household in the 2006 agricultural season?**

|  |  |  |
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**K.3 In the 2006 agricultural season did you or anyone from your household participate in a farming work group?**

Yes ☐ Y

No ☐ N

**K.4 In the 2006 agricultural season did you or anyone from your household pay people (in cash or in kind) to work on your farm?**

Yes ☐ Y

No ☐ N

| Crop  | Upland rice  | Lowland rice   | Cassava  | Sweet potato   | Yam/Cocoyam  | Ground nuts  | Palm oil   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>K.5 Did your household harvest [CROP] in the 2006 agricultural season?</b> | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>IF NO GO TO K.7</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>K.6 Quantity harvested in the 2006 agricultural season:</b>                | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  |
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| <b>Unit</b>   | Bushel   | Bushel   | Bags   | Bags   | Bags   | Bags   | Batta  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>K.7 Quantity harvested compared to the previous agricultural seasons:</b>  | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>IF NO HARVEST NEXT CROP</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>K.8 Portion of harvest used for:</b>                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Food</b>   | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  |
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| <b>Seed</b>   | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  |
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| <b>Repayment</b>  | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  |
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| <b>Sale</b>   | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table>   |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  | <table border="1"><tr><td></td><td></td><td></td></tr></table> |  |  |  |
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| <b>IF NO SALE GO TO K.11</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>K.9 Immediate point of sale:</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| By self in market   | <input type="radio"/> 1  | <input type="radio"/> 1  | <input type="radio"/> 1  | <input type="radio"/> 1  | <input type="radio"/> 1  | <input type="radio"/> 1  | <input type="radio"/> 1  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| To private trader in market   | <input type="radio"/> 2  | <input type="radio"/> 2  | <input type="radio"/> 2  | <input type="radio"/> 2  | <input type="radio"/> 2  | <input type="radio"/> 2  | <input type="radio"/> 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Buyer comes to house  | <input type="radio"/> 3  | <input type="radio"/> 3  | <input type="radio"/> 3  | <input type="radio"/> 3  | <input type="radio"/> 3  | <input type="radio"/> 3  | <input type="radio"/> 3  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Taken to buyer in town  | <input type="radio"/> 4  | <input type="radio"/> 4  | <input type="radio"/> 4  | <input type="radio"/> 4  | <input type="radio"/> 4  | <input type="radio"/> 4  | <input type="radio"/> 4  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sold through business organization/Chief                                      | <input type="radio"/> 5  | <input type="radio"/> 5  | <input type="radio"/> 5  | <input type="radio"/> 5  | <input type="radio"/> 5  | <input type="radio"/> 5  | <input type="radio"/> 5  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other   | <input type="radio"/> 6  | <input type="radio"/> 6  | <input type="radio"/> 6  | <input type="radio"/> 6  | <input type="radio"/> 6  | <input type="radio"/> 6  | <input type="radio"/> 6  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>K.10 Was any produce processed for sale?</b>                               | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  | Yes <input type="radio"/> Y<br>No <input type="radio"/> N  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>K.11 Income from sales compared to the previous agricultural season:</b>   | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 | Less now <input type="radio"/> 1<br>Same now <input type="radio"/> 2<br>More now <input type="radio"/> 3<br>Don't know <input type="radio"/> 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Crop  | Maize                 | Cocoa   | Coffee                | Cashews               | Ginger                | Citrus                | Vege-<br>tables       |
|---|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>K.12a Did your household harvest any [CROP] in the 2006 agricultural season?</b>   |                       |   |                       |                       |                       |                       |                       |
| Yes   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>IF NO HARVEST GO TO NEXT CROP</b>  |                       |   |                       |                       |                       |                       |                       |
| <b>K.12b Did your household sell any of [CROP] harvested in the 2006 agricultural season?</b>   |                       |   |                       |                       |                       |                       |                       |
| Yes   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>IF NO SALE GO TO K.15</b>  |                       |   |                       |                       |                       |                       |                       |
| <b>K.13 Immediate point of sale:</b>  |                       |   |                       |                       |                       |                       |                       |
| By self in market   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| To private trader in market   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Buyer comes to house  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Taken to buyer in town  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sold through business organization/Chief  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>K.14 Was any produce processed for sale?</b>   |                       |   |                       |                       |                       |                       |                       |
| Yes   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>K.15 Income from sales compared to previous agricultural season:</b>   |                       |   |                       |                       |                       |                       |                       |
| Less now  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Same now  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| More now  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Don't know  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>K.16 Did you or any member of your household have to travel to sell any produce (SEE K.9 AND K.13)?</b>  |                       |   |                       |                       |                       |                       |                       |
| Mode of transport: 1=Poda Poda 2=Truck 3=Head load 4=Private vehicle 5=Boat 6=Other   |                       |   |                       |                       |                       |                       |                       |
| Point of sale   | Distance (miles)      | Mode of transport   | Total cost of journey |                       |                       |                       |                       |
| a By self in market   | <input type="text"/>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| b To private trader at market   | <input type="text"/>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| c To buyer in town  | <input type="text"/>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <b>K.17 How does your household total income from sales of agricultural produce in the 2006 agricultural season compare to the previous season?</b> |                       |   |                       |                       |                       |                       |                       |
| Less now <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| Same now <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| More now <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| Don't know <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| <b>K.18 During the last 12 months has the household received any information about the market prices of agricultural produce?</b>                   |                       |   |                       |                       |                       |                       |                       |
| Yes <input type="radio"/>   |                       |   |                       |                       |                       |                       |                       |
| No <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| Don't know <input type="radio"/> <b>IF NO OR DON'T KNOW GO TO K.20</b>  |                       |   |                       |                       |                       |                       |                       |
| <b>K.19 What sources provided information? (YOU MUST MARK AT LEAST ONE ANSWER)</b>  |                       |   |                       |                       |                       |                       |                       |
| a Extension staff <input type="radio"/> b Farmer association <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| c Farmer field school <input type="radio"/> d Agricultural business unit <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| e Radio <input type="radio"/> f Newspaper/publications <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| g NGO <input type="radio"/> h Friends/relatives <input type="radio"/>   |                       |   |                       |                       |                       |                       |                       |
| i Other <input type="radio"/>   |                       |   |                       |                       |                       |                       |                       |
| <b>K.20 Was any produce left in the field without harvesting?</b>   |                       |   |                       |                       |                       |                       |                       |
| Yes <input type="radio"/>   |                       |   |                       |                       |                       |                       |                       |
| No <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| Don't know <input type="radio"/> <b>IF NO OR DON'T KNOW GO TO K.22</b>  |                       |   |                       |                       |                       |                       |                       |
| <b>K.21 Why was the produce not harvested?</b>  |                       |   |                       |                       |                       |                       |                       |
| No labor to harvest <input type="radio"/>   |                       |   |                       |                       |                       |                       |                       |
| Not needed/no market <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| Can not get it to market <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| Other <input type="radio"/>   |                       |   |                       |                       |                       |                       |                       |
| <b>K.22 Was any produce lost after harvest?</b>   |                       |   |                       |                       |                       |                       |                       |
| Yes <input type="radio"/>   |                       |   |                       |                       |                       |                       |                       |
| No <input type="radio"/>  |                       |   |                       |                       |                       |                       |                       |
| Don't know <input type="radio"/> <b>IF NO OR DON'T KNOW GO TO K.24</b>  |                       |   |                       |                       |                       |                       |                       |

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**K.23 What was the main reason for the post harvest crop losses?**

- Poor storage (1)  
 Pests (2)  
 Disease (3)  
 Rotting (4)  
 Other (5)

**K.24 For each of the following animals: record (A) the number owned now and (B) the number now compared to the number owned 12 months ago.**

|                    | B Number compared to number owned 12 months ago        |                 |                    | B Number compared to number owned 12 months ago        |                 |
|--------------------|--|-----------------|--------------------|--|-----------------|
|                    | 1 Less now<br>2 Same now<br>3 More now<br>4 Don't know |                 |                    | 1 Less now<br>2 Same now<br>3 More now<br>4 Don't know |                 |
| A Number owned now |  |                 | A Number owned now |  |                 |
| Cattle             | <input type="text"/>                                   | (1) (2) (3) (4) | Ducks              | <input type="text"/>                                   | (1) (2) (3) (4) |
| Sheep              | <input type="text"/>                                   | (1) (2) (3) (4) | Guinea fowl        | <input type="text"/>                                   | (1) (2) (3) (4) |
| Goats              | <input type="text"/>                                   | (1) (2) (3) (4) | Guinea pigs        | <input type="text"/>                                   | (1) (2) (3) (4) |
| Pigs               | <input type="text"/>                                   | (1) (2) (3) (4) | Rabbits            | <input type="text"/>                                   | (1) (2) (3) (4) |
| Chickens           | <input type="text"/>                                   | (1) (2) (3) (4) | Work oxen          | <input type="text"/>                                   | (1) (2) (3) (4) |

IF NO CROP PRODUCTION AND NO LIVESTOCK OWNED END INTERVIEW AND GO TO A.8 (FRONT PAGE)

**K.25 Did your household use any of the following agricultural inputs during the 2006 agricultural season?**

| Agricultural input                 | Use/source of agricultural inputs  |     |     |     |     |     |     |     |     |     |
|------------------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|                                    | 0 Not used<br>1 MAFFS<br>2 Local council<br>3 ABU<br>4 Other donor/NGO<br>5 Purchased<br>6 Credit/loan<br>7 Exchange/barter<br>8 Gift<br>9 other |     |     |     |     |     |     |     |     |     |
| A - Rice seeds not from own stock  | (0)  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| B - Other seeds not from own stock | (0)  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| C - Chemical fertilizer            | (0)  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| D - Insecticides or herbicides     | (0)  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| E - Animal parent stock            | (0)  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| F - Animal feed                    | (0)  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| G - Animal vaccines/drugs          | (0)  | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |

**K.26 Agricultural services: Which of the following services/ installations exist in your area and are accessible to your household? Work across the form taking each service in turn and answering all questions as appropriate, before moving to the next service.**

| SERVICE                     | IF NO GO TO NEXT SERVICE<br>A. Is the service accessible? |     | IF YES GO TO NEXT SERVICE<br>B. Do you use the service? |     | C. If service not used, why not? |                |         |
|-----------------------------|---|-----|---|-----|----------------------------------|----------------|---------|
|                             | Yes   | No  | Yes   | No  | 1 Cost                           | 2 Poor service | 3 Other |
| 1 Drying floor              | (Y)   | (N) | (Y)   | (N) | (1)                              | (2)            | (3)     |
| 2 Store for rice            | (Y)   | (N) | (Y)   | (N) | (1)                              | (2)            | (3)     |
| 3 Rice hauler/mill          | (Y)   | (N) | (Y)   | (N) | (1)                              | (2)            | (3)     |
| 4 Cassava grinder           | (Y)   | (N) | (Y)   | (N) | (1)                              | (2)            | (3)     |
| 5 Palm oil mill             | (Y)   | (N) | (Y)   | (N) | (1)                              | (2)            | (3)     |
| 6 Tractor/power tiller hire | (Y)   | (N) | (Y)   | (N) | (1)                              | (2)            | (3)     |
| 7 Animal holding area       | (Y)   | (N) | (Y)   | (N) | (1)                              | (2)            | (3)     |
| 8 Veterinary facilities     | (Y)   | (N) | (Y)   | (N) | (1)                              | (2)            | (3)     |

YOU MAY MARK MORE THAN ONE ANSWER IN COLUMN C

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**K.27 In the last 12 months have you or any members of your household taken credit or loans for agricultural purposes (to grow crops, raise livestock, process agricultural produce)?**

Yes ☐ Y  
 No ☐ N  
 Don't know ☐ X **IF NO OR DON'T KNOW GO TO K.29**

**K.28 From whom did you or members of your household obtain credit or loans for agricultural purposes (to grow crops, raise livestock, process agricultural produce) in the last 12 months?**

- a Family/friends ☐ 0 ☐ 1 ☐ 2 0 No  
 b Community based association ☐ 0 ☐ 1 ☐ 2 1 Yes, for a season  
 c Trader or buyer ☐ 0 ☐ 1 ☐ 2 2 Yes, for long term  
 d Microfinance scheme ☐ 0 ☐ 1 ☐ 2  
 e Commercial bank ☐ 0 ☐ 1 ☐ 2  
 f Other private organization ☐ 0 ☐ 1 ☐ 2  
 g Other ☐ 0 ☐ 1 ☐ 2

**K.29 In the last 12 months have you or any members of your household benefitted from the activities of the following farmer based organizations? (YOU MUST MARK AT LEAST ONE ANSWER)**

- a Farmer association for men ☐ Y  
 b Farmer association for women ☐ Y  
 c Farmer association for youth ☐ Y  
 d Farmer field school ☐ Y  
 e Agricultural business unit as individual ☐ Y  
 f Agricultural business unit through association ☐ Y  
 g No ☐ Y **IF NO OR DON'T KNOW GO TO K.31**  
 h Don't Know ☐ Y

**K.30 In what way have you benefited from the activities of the farmer based organizations? (YOU MAY MARK MORE THAN ONE ANSWER)**

- a Provision of employment ☐ Y  
 b Provision of credit facilities ☐ Y  
 c Provision of agricultural equipment ☐ Y  
 d Provision of agricultural inputs (seeds, fertilizer) ☐ Y  
 e Marketing advice - food crops ☐ Y  
 f Marketing advice - cash crops ☐ Y  
 g Access to irrigation ☐ Y  
 h Record/book keeping ☐ Y  
 i Provision of communal labor ☐ Y  
 j Other ☐ Y

**K.31 Did an extension worker visit your household in the last year?**

Yes ☐ Y  
 No ☐ N  
 Don't know ☐ X **IF NO OR DON'T KNOW GO TO K.36**

**K.32 How many times did the extension worker visit your household?**

- Once or twice ☐ 1  
 About 3-10 times ☐ 2  
 About once a month ☐ 3  
 About twice a month ☐ 4  
 Three times a month ☐ 5  
 Weekly ☐ 6  
 Don't know ☐ 7

**K.33 For whom does the extension worker work?**

- Government ☐ 1  
 NGO ☐ 2  
 Co-operative ☐ 3  
 CBO ☐ 4  
 Other (specify) \_\_\_\_\_ ☐ 5

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**K.34 Did the extension worker provide training and/or advice on any of the following?  
(YOU MUST MARK AT LEAST ONE ANSWER)**

- a Use of seeds ☐
- b Use of fertilizer ☐
- c Use of tillers/tractors ☐
- d Irrigation ☐
- e Animal husbandry ☐
- f Use of chemicals ☐
- g Insecticides ☐
- h Post harvest services ☐
- i Provision of farming tools & equipment ☐
- j Promotion of swampland cultivation ☐
- k None of the above ☐ **IF NONE OF THE ABOVE GO TO K.36**

**K.35 Did your household use any of the extension worker's advice?**

- Yes ☐  
No ☐

**K.36 What are the 3 main constraints to improving your household income from agricultural production?**

- Lack of access to land 01 ☐
- Insufficient labor availability 02 ☐
- Lack of finance/credit 03 ☐
- Insufficient seeds/poor quality of seeds 04 ☐
- Lack of pesticides/fertilizer 05 ☐
- Lack of tools/tcchnology e.g. power tiller/tractor 06 ☐
- Crop damage in the field before harvest 07 ☐
- Crop damage/losses in storage 08 ☐
- Lack of access to markets 09 ☐
- Lack of knowledge about markets 10 ☐