■■■MICS

HOUSEHOLD QUESTIONNAIRE
MACEDONIA

HOUSEHOLD INFORMATION PANEL   HH

HH1. Cluster number: ☐ ☐ ☐   **HH2.** Household number: ☐ ☐ ☐

HH3. Interviewer's name and number: **HH4.** Supervisor's name and number:

Name ☐   Name ☐

HH5. Day / Month / Year of interviewing:

☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

Day   Month   Year

HH6. Area:

Urban	1
Rural	2

HH7. Region:

Vardar	1	Pelagonia	5
East	2	Polog	6
Southwest	3	Northeast	7
Southeast	4	Skopje	8

We are from Ipsos Strategic Puls. We are working on a project related to family health and education. I would like to talk to you about these issues. The interview will last for about 30 minutes. All information obtained will remain strictly confidential and your answers will only be analysed as group data by the project team, without any direct correlations to your personal data.

 Can we start now?

☐ *Yes, permission is given ⇨ Go to HH18 to record time and start the interview.*

☐ *No, permission is not given ⇨ Complete HH9. Talk to your supervisor about this result.*

HH8. Name of the head of household:

HH9. Results from the household interview:

Completed	01
No household member or no competent respondent was found at home during all the 4 visits	02
The entire household is absent for a longer period	03
Refused	04
Vacant dwelling / Address is not a dwelling	05
Ruined dwelling	06
Dwelling not found	07
Other (specify)	96

HH10. The respondent who answers the household questionnaire:

Name: ☐

Row number: ☐

HH11. Total number of household members: ☐ ☐

HH12. Number of women aged between 15-49 years: ☐   **HH13.** Number of women questionnaires completed: ☐

HH14. Number of children aged 5 or less: ☐   **HH15.** Number of under-5 children questionnaires completed: ☐

HH15A. Number of children aged between 2-9 years: ☐   **HH15B.** Number of questionnaires for child disability (children 2-9) completed: ☐

HH16. Editor in the field (Name and number):   **HH17.** Data entered by (Name and number):

Name ☐   Name ☐

HOUSEHOLD LIST   HL

HH18. **Record momentary time.**	As first, can you please tell me the name of each person who usually lives here, starting with the head of household? List the head of the household in row 01. List all household members (HL2), their relationship to the household head (HL3), and their gender (HL4) Then ask: Are there any other persons living here, even if they are not at home at the moment? If yes, fill in the list for questions HL2-HL4. Then, ask all the questions starting with HL5 for each person individually. Use an additional questionnaire if all the rows in the household roster form have been used.

Hour				For women aged **15-49**
Minutes				

HL1. Row number	HL2. Name	HL3. What is the relation-ship of (name) to the head of house-hold? (See codes for relationship below the table)	HL4. Is (name) male or female? 1 Male 2 Female		HL5. What is (name)'s birth date? 98 DK	9998 DK	HL6. How old is (name)? *Record full years. If the age is 95 or above, record '95'*	HL7. Circle row number if the woman is aged 15-49
Row	Name	Relation*	M	F	Month	Year	Age	15-49
01		0 1	1	2				01
02			1	2				02
03			1	2				03
04			1	2				04
05			1	2				05
06			1	2				06
07			1	2				07
08			1	2				08
09			1	2				09
10			1	2				10
11			1	2				11
12			1	2				12
13			1	2				13
14			1	2				14
15			1	2				15

Tick this box if an additional questionnaire is used

Check for additional household members.
Probe in particular for any **newborns** or small children not listed above and other persons who are not family members (like for ex. **retainers**, friends) but they happen to live in the household.
Insert the names of all the additional members in the household roster and complete the for each of them.

Now, for each woman aged between 15 and 49, write the name and the row number and other information in the data panel of the separate Individual Women's Questionnaire.

For each child under 5 years of age, write his/her name and row number AND the raw number of his/her mother or guardian in the data panel of the separate Under-5 Questionnaire.

And, for each child aged between 2 and 9, write his/her name and row number AND the raw number of his/her mother or guardian in the data panel of the separate Child Disability Questionnaire.

Now, you should have a separate questionnaire per each eligible woman, per each child under five, and per each child aged between 2 and 9 in the household.

If there are children aged from 0 to 5 within this household, inform the mother/guardian that these children will have to be measured after the interviewing process is complete.

For children aged **5-14**	For children under **5**	For children aged **2-9**	For children aged 0-17 years				
HL8. who is this child's mother or primary guardian? Record row number for mother/ guardian	**HL9.** who is this child's mother or primary guardian? Record row number for mother/ guard-ian	**HL9a.** Copy child's mother or primary guardian raw number for each child between 2 and nine. Use the previous 2 columns – HL8 and HL9. don't ask again	**HL11.** Is (name)'s birth mother alive? 1 Yes 2 No↴ HL13 8 DK↴ HL13	**HL12.** Does (name)'s birth mother live in this household? Record row number for the mother or 00 for "No"	**HL13.** Is (name)'s natural father alive? 1 Yes 2 No↴ Next Row 8 DK↴ Next Row	**HL14.** Does (name)'s natural father live in this household? Record row number for the father or 00 for "No"
Mother	Mother	Mother	y n dk	Mother	y n dk	Father
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	
			1 2 8		1 2 8	

Codes for HL3: Relationship to the head of household:

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

EDUCATION

For <u>ALL</u> the household members aged 5 and above, including the adult members as well

ED1. Row number	ED2. Name and age *Copy from the Household List, HL2 and HL6*		ED3. Has (*name*) ever attended school or pre-school education? 1 Yes 2 No ↳ Next Row		ED4a. What is the highest level of education (*name*) attended? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED5	ED4b. What is the highest grade (*name*) completed at this level (ED4a)? Grade/year: 98 DK If less than 1, enter 00.	ED5. During the school year (**2010-2011**), has (*name*) attended school or preschool at any time? 1 Yes 2 No ↳
Row	Name	Age	Yes	No	Level	Grade/year	Yes	No
01			1	2	0 1 2 3 4 8		1	2
02			1	2	0 1 2 3 4 8		1	2
03			1	2	0 1 2 3 4 8		1	2
04			1	2	0 1 2 3 4 8		1	2
05			1	2	0 1 2 3 4 8		1	2
06			1	2	0 1 2 3 4 8		1	2
07			1	2	0 1 2 3 4 8		1	2
08			1	2	0 1 2 3 4 8		1	2
09			1	2	0 1 2 3 4 8		1	2
10			1	2	0 1 2 3 4 8		1	2
11			1	2	0 1 2 3 4 8		1	2
12			1	2	0 1 2 3 4 8		1	2
13			1	2	0 1 2 3 4 8		1	2
14			1	2	0 1 2 3 4 8		1	2
15			1	2	0 1 2 3 4 8		1	2

For those household members aged 5-24

ED6. During this/that school year, which level and grade does/did (*name*) attend?		ED7. During the previous school year, (**2009-2010**), did (*name*) attend school or preschool at any time?			ED8. During that previous school year, which level and grade did (name) attend?	
Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED7	Grade/year: 98 DK	1 Yes 2 No ↶ Next Row 8 DK ↶ Next Row			Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, go to next person	Grade/year: 98 DK
Level	Grade/year	y	n	dk	Level	Grade/year
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	
0 1 2 3 4 8		1	2	8	0 1 2 3 4 8	

HOUSEHOLD CHARACTERISTICS HC

HC1a. What is the religion the head of household practices?	Orthodox Christian Catholic Muslim Protestant Other religion (*specify*) None	01 02 03 04 06 07
HC1b. What is head household's mother tongue?	Macedonian Albanian Roma Turkish Serbian Vlach Bosnian Other language (*specify*) Does not **want to** specify	01 02 03 04 05 06 07 96 15
HC1c. What ethnic group does the head of household belong to?	Macedonian Albanian Roma Turkish Serbian Vlach Bosnian Other ethnic group (*specify*) Does not **want to** specify	01 02 03 04 05 06 07 96 15
HC2. How many rooms in this household do you use for sleeping?	Number of rooms .... __ __	

HC3. *Main material the dwelling floor is made from.*
 	
Record your own observation.
	Natural floor
	   Soil/ Sand
	   Dung floor
	Rudimentary floor
	   Wood planks
	Refined floor
	   Parquet or polished wood
	   Vinyl or asphalt stripes
	   Ceramic tiles
	   Cement
	   Carpet
	   Laminate
	Other (*specify*)
		
		11
		12
		
		21
		
		31
		32
		33
		34
		35
		36
		96

HC4. *Main material the dwelling roof is made from.*
 	
Record your own observation.
	Natural roofing
	   No Roof at all
	   Thatch / Palm leaf roof
	   Sod
	   Stone slabs / leaf stone
	Rudimentary Roofing
	   Rustic rug
	   Wood planks
	   Cardboard
	Refined roofing
	   Metal
	   Wood
	   Calamine / Cement fibre
	   Ceramic tiles
	   Cement
	   Shingles
	   Salonit / Asbestos
	Other (*specify*)
		
		11
		12
		13
		14
		
		21
		23
		24
		
		31
		32
		33
		34
		35
		36
		37
		96

HC5. Main material the exterior walls are made from. *Record your own observation.*	Natural walls		
	No walls	11	
	Cane / Wood trunks	12	
	Soil	13	
	Rudimentary walls		
	Hey and mud (plitar)	21	
	Stone and mud ('clayed')	22	
	Uncovered adobe	23	
	Plywood	24	
	Cardboard	25	
	Recycled wood/boards,planks	26	
	Refined walls		
	Cement	31	
	Limestone/ cement (constructed)	32	
	Bricks	33	
	Cement blocks	34	
	Covered adobe	35	
	Wood planks / shingles	36	
	Other (*specify*)	96	
HC6. What type of fuel does your household <u>mostly</u> utilise for cooking?	Electricity	01	01⇨HC8
	Liquefied Petroleum Gas (LPG)	02	02⇨HC8
	Biogas	04	04⇨HC8
	Coal / Lignite	06	95⇨HC8
	Charcoal	07	
	Wood	08	
	Hay / Shrubs / Grass	09	
	Animal dung	10	
	Agricultural crop residue	11	
	No food is cooked in the household	95	
	Other (*specify*)	96	
HC7. Does cooking usually take place in the house, in a separate construction, or outdoors? *If 'In the house', check*: does it take place in a separate room used as a kitchen?	In the house		
	In a separate room used as a kitchen	1	
	Elsewhere in the house	2	
	In a separate construction	3	
	Outdoors	4	
	Other (*specify*)	6	

HC8. Is there in your household:		Yes	No
[A] Electricity?	Electricity	1	2
[B] Radio?	Radio	1	2
[C] Television – classical (CRT)?	Television – classical (CRT)	1	2
[D] Plasma/ LCD TV?	Plasma/ LCD TV	1	2
[E] Landline telephone?	Landline telephone	1	2
[F] Refrigerator?	Refrigerator	1	2
[G] Washing machine?	Washing machine	1	2
[H] Cooker?	Cooker	1	2
[I] Water boiler?	Water boiler	1	2
[J] Air-conditioning?	Air-conditioning	1	2
[K] Dish-washer?	Dish-washer	1	2
[L] Microwave-oven?	Microwave-oven	1	2
[M] Dryer?	Dryer	1	2
[N] Sitting set/sofa?	Sitting set/sofa	1	2
[O] sleeping bed?	Sleeping bed	1	2
[P] Dining table?	Dining table	1	2

HC9. Does any member in your household own:		Yes	No	
[A] A watch?	Watch	1	2	
[B] A mobile phone?	Mobile phone	1	2	
[C] A bicycle?	Bicycle	1	2	
[D] A motorcycle or a scooter?	Motorcycle / Scooter	1	2	
[E] A cart pulled by animals?	Cart pulled by animals	1	2	
[F] A car or a truck?	Car / Truck	1	2	
[G] A motor boat?	Motor boat	1	2	
[H] Computer/PC	Computer	1	2	
[I] Laptop	Laptop	1	2	
[J] Caravan	Caravan	1	2	
HC10. Are you or someone else living in this household an owner of this dwelling? *If the answer is "No", ask:* Do you rent this dwelling from someone who does not live in this household? *If the answer is "Rented from someone else", circle "2". For other responses, circle "6".*	Owner Rented Other (neither owned nor rented)		1 2 6	
HC11. Does any member of this household own any land that can be utilized for agricultural purposes?	Yes No 2		1	2⇨HC13
HC12. How many hectares of agricultural land do the members of this household possess? *If less than 1, record "00". If 95 or more, record '95'. If don't know, record '98'.*	Hectares	___ ___		
HC13. Does this household own any livestock herds, other animals, or poultry?	Yes No 2		1	2⇨HC15
HC14. How many of the mentioned animals does this household have?				
[A] Cattle, milk cows or bulls?	Cattle, milk cows or bulls	___ ___		
[B] Horses, donkeys or mules?	Horses, donkeys or mules	___ ___		
[C] Goats?	Goats	___ ___		
[D] Sheep?	Sheep	___ ___		
[E] Chickens?	Chickens	___ ___		
[F] Pigs?	Pigs	___ ___		
If none, record '00'. *If 95 or more, record '95'.* *If unknown, record '98'.*				
HC15. Does any member of this household own a bank account?	Yes No 2		1	

CHILD LABOUR

*To be filled in for those children in the household aged **5-17**. For those household members that are below 5 or above 17 years of age, leave rows as blank.*
Now I would like to ask you about each work that the children in this household may be doing.

CL1. *Row number*	CL2. *Name and Age* Copy from the Household Roster HL2 and HL6		CL3. During the last week, did (*name*) do any kind of work for a person who is not a member of this household? *If yes*: For payment in cash or in kind? 1 Yes, for payment (cash or kind) 2 Yes, but no payment 3 No ⇨CL5			CL4. Since last (*day of the week*), how many hours did he/she work for the person who is not a member of this household? *If more than one job, include all hours for all the jobs executed.*	CL5. During the last week, did (*name*) bring any water or collect firewood for the household's use? 1 Yes 2 No ⇨CL7	
			Yes		No	Number		
Row	Name	Age	Paid	Unpaid		of hours	Yes	No
01			1	2	3		1	2
02			1	2	3		1	2
03			1	2	3		1	2
04			1	2	3		1	2
05			1	2	3		1	2
06			1	2	3		1	2
07			1	2	3		1	2
08			1	2	3		1	2
09			1	2	3		1	2
10			1	2	3		1	2
11			1	2	3		1	2
12			1	2	3		1	2
13			1	2	3		1	2
14			1	2	3		1	2
15			1	2	3		1	2

	CL6. Since last (*day of the week*), how many working hours did he/she spend to bring water or collect firewood for the household?	CL7. During the last week, did (*name*) perform any paid or unpaid work on a family farm or in a family business or by selling goods in the street? *Include also the work from a business run by the child, alone or with one or more partners.* 1 Yes 2 No ⇨CL9		CL8. Since last (*day of the week*), working hours did he/she spend for his/her family or himself/ herself?	CL9. During the last week, did (*name*) help with household chores such as shopping, cleaning, washing the clothes, cooking; or taking care for the children, older or sick people? 1 Yes 2 No ⇨ Next child		CL10. Since last (*day of the week*), how many working hours did he/she spend on these chores?
	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	
		1	2		1	2	

CHILD DISCIPLINE   CD

TABLE 1: CHILDREN AGED BETWEEN 2-14 YEARS ARE ELIGIBLE FOR THE CHILD DISCIPLINE QUESTIONS

- *Record each of the children aged 2-14 years below according to the order they appear in the Household List. Do not include other household members who are outside the age range of 2-14 years.*
- *Indicate the row number, the name, the sex, and the age for each child.*
- *Then insert the total number of children aged between 2-14, in the appropriate box below (CD6).*
- *If there are no children aged 2 to14 in this household, go to next module.*

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

- *If there is only one child in the household aged 2-14 years, skip table 2 and go to CD8; write down'1' and carry on with CD9*

TABLE 2: RANDOM SELECTION OF A CHILD FOR THE CHILD DISCIPLINE QUESTIONS

- *Use Table 2 to select one child between the age of 2 and 14, if there is more than one child in the household belonging to this age group.*
- *Check the last digit of the household number (HH2) from the front page. This is the number of the row you should move to in the table given below.*
- *Check the total number of the eligible children (2-14) in CD6 above. This is the number of the column you should move to.*
- *Find the box where the row and the column cross along and circle the number that appears in that box. This is the rank number of the child (CD1) that is going to be the subject of the questions you will be asking.*

CD7. Last digit from the household number (HH2)	Total number of the eligible children in the household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. *Record the rank number of the selected child (CD1)*		
CD9. *Write the name and the row number for the child selected for this module from CD3 and CD2, according to the rank number in CD8.*	Name(CD3)	
	Row number (CD2)	

CD10. Adults exercise certain ways to teach children to proper behaviour or to approach a behavioural problem. I will read you some methods that are used and I would like you to tell me if <u>you or any other person in your household</u> has ever used this method with *(name)* <u>in the past month</u>.

CD11. Took privileges, or have forbidden something *(name)* wanted to do or grounded him/her not to leave the house.	Yes	1
	No	2
CD12. Explained why (*name*)'s behavior was incorrect.	Yes	1
	No	2
CD13. Shook him/her with hands.	Yes	1
	No	2

CD14. Shouted, or yelled at him/her.	Yes	1	
	No	2	
CD15. Gave him/her something else to do.	Yes	1	
	No	2	
CD16. Spanked, or slapped him/her on the bottom.	Yes	1	
	No	2	
CD17. Hit him/her on the bottom or somewhere else on the body with something like a belt, a hairbrush, a stick or another hard object.	Yes	1	
	No	2	
CD18. Called him/her stupid, lazy, or with similar adjectives.	Yes	1	
	No	2	
CD19. Hit or slapped him/her in the face, head, or ears.	Yes	1	
	No	2	
CD20. Hit or slapped him/her on his/her hand, arm, or leg.	Yes	1	
	No	2	
CD21. Beat him/her up, that is hit him/her over and over as hard as one could.	Yes	1	
	No	2	
CD22. Do you believe that for the purpose of properly bringing up, rising, or educating a child, one needs to physically punish the child?	Yes	1	
	No	2	
	Don't know / No opinion	8	

HH19. *Record the momentary time.* Hour and minutes

HH20. *Thank the respondent for his/her cooperation and check the Household List:*

☐ *One Questionnaire for Women is issued for each eligible woman listed in the Household List(HL7)*

☐ *One Questionnaire for Children Under 5 is issued for each eligible child under the age of 5 listed in the Household List(HL9)*

☐ *One Questionnaire for Child Disability is issued for each eligible child between the age of 2 and 9 listed in the Household List(HL9a)*

Return to the cover page and confirm that all the information about the number of eligible women (HH12), all children under 5 (HH14), and all children aged between 2 and 9 (HH15A) is properly entered.

Make all the necessary steps for all the individual questionnaires to be filled in correctly for this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

◼◼◼ MICS

WOMEN'S INFORMATION PANEL — WM

This questionnaire is to be filled for all women aged 15 to 49 (see Household List, column HL7). A separate questionnaire should be used for each woman qualified.

WM1. Cluster number:	**WM2.** Household number:
WM3. Woman's name: Name	**WM4.** Woman's line number:
WM5. Interviewer's name and number: Name	**WM6.** Day / Month / Year of interviewing:

Repeat the introduction if you haven't read it to this woman already:

We are from *Ipsos Strategic Puls*. We are working on a project related to family health and education. I would like to talk to you about these issues. The interview will last about 30 minutes. All information obtained will remain strictly confidential and your answers will only be analysed as group data by the project team without any direct correlations to your personal data..

If you have already read it to this woman at the beginning from the household questionnaire, then read the following:

We are working on a project related to family health and education. I would like to talk to you about these issues. This interview will last about 30 minutes. All information obtained will remain strictly confidential and your answers will only be analysed as group data by the project team without any direct correlations to your personal data..

Can we start now?

☐ Yes, permission is given ⇨ *Go to WM10 to record time and start the interview.*

☐ No, permission is not given ⇨ *Complete WM7. Talk to your supervisor about this result.*

WM7. Result of woman's interview	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (*specify***)**	**96**

WM8. Editor in the field (Name and number): Name	WM9. Data entered by (Name and number): Name

WM10. *Record the momentary time.* Hour and minutes	

WOMAN'S BACKGROUND — WB

WB1. In what month and year were you born?	Birth date	
	Month	
	DK month	98
	Year	
	DK year	9998
WB2. How old are you? *Probe:* How old were you at your last birthday? *Compare age with the given date and immediately correct WB1 and/or WB2 if the answers are not consistent*	Age (completed years)	
WB3. Have you ever attended school or preschool?	Yes No	1 2 2⇨WB7
WB4. What is the highest level of education that you have attended?	Preschool Primary Secondary Higher	0 0⇨WB7 1 2 3

WB5. What is the highest grade/year you completed at that level? *If less than 1 grade, enter "00"*	Grade/year	
WB6. *Check WB4:* ☐ Secondary or higher. ⇨ Go to Next Module ☐ Primary ⇨ Continue with WB7		
WB7. Now I would like you to read this sentence to me. *Show the sentence on the card to the respondent.* *If the respondent cannot read whole sentence, probe:* Can you read one part of the sentence to me?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in the language she understands 4 *(specify language)* Blind / mute, visually / speech impaired 5	

CHILD MORTALITY   CM

Questions CM0 – CM12 refer to LIVE BIRTHS only.

CM0. *Check in WM1, for cluster number:*
- ☐ If the number of the cluster where you currently are interviewing belongs to the additional clusters with mostly Roma population ⇨ Go to CM1
- ☐ Other cases⇨ Continue with CM0A

CM0A. Now i want to ask you about the births you have had during your lifetime. How many live born children have you had in your entire life? What I mean is have you given birth to a child who ever breathed or cried or shown any signs of life – even if that child had lived for only few minutes or hours? *If none, circle '00'.*	None 00 Number of live born children	⇨CM12A
CM0B. When did you gave your last birth (even if the child has died)? Month and year must be recorded.	Date of last birth Day Doesn't know day 98 Month Year	⇨CM12A
CM1. Now I'd like to ask you about all the births you have given in your lifetime. Have you ever given any birth?	Yes 1 No 2	2⇨CM8
CM2. What is the date of your first birth? What I mean is the very first time you gave birth, even if the child is not alive anymore, or even if his/her father is not your current partner. *Move to CM4 only if the year of her first birth is given, if not, continue with CM3.*	Date of first birth Day Doesn't know day 98 Month DK month 98 Year Doesn't know year 9998	⇨CM4
CM3. How many years ago did you you first give birth to a child?	Total completed years since first birth	
CM4. Are any sons or daughters you have given birth to living with you now?	Yes 1 No 2	2⇨CM6

CM5. How many sons are living with you? How many daughters are living with you? *If none, record '00'.*	Sons at home		
	Daughters at home		
CM6. Are there any sons or daughters you have given birth to who are alive but are not living with you?	Yes	1	2⇨CM8
	No	2	
CM7. How many sons are alive but are not living with you? How many daughters are alive but are not living with you? *If none, record '00'.*	Sons living elsewhere		
	Daughters living elsewhere		
CM8. Have you ever given birth to a boy or a girl that was born alive but died later? *If the answer is "No" probe:* What I mean is given birth to a child who breathed, or cried, or showed any other signs of life, even if it had lived for only a few minutes or hours?	Yes	1	
	No	2	2⇨CM10
CM9. How many boys have died? How many girls have died? *If none, record '00'.*	Dead boys		
	Dead girls		
CM10. Sum all the answers in CM5, CM7, and CM9 and write down the total number of live born children.	Sum		

CM11. Let's make sure I have understood you correctly, you have had (*total number in CM10*) live born children in total during your lifetime. Is this right?

☐ Yes. Check below:

    ☐ No live born children (i.e. the sum equals 0)⇨ Go to CM12A
    ☐ One or more live born children ⇨ Continue with CM12

☐ No ⇨ Check the answers from CM1-CM10 and make any necessary corrections, before you proceed and move to CM12

CM12. Out of all these (*total number in CM10*) live born children you have had, tell me when did you deliver the last one (even if that child has died)? *Month and year must be recorded.*	Date of last birth		
	Day		
	DK day	98	
	Month		
	Year		
CM12A. Sometimes women have pregnancies that might not end with a live birth. Have you ever had any pregnancy that was miscarried, ended in a stillbirth, or that was aborted?			2⇨CM13
	Yes	1	
	No2		
CM12B. How many miscarriages have you had during your lifetime? By miscarriage, I mean an early and involuntary end of pregnancy within the first 5th month of pregnancy	None	00	
	Number of miscarriages		
CM12C. How many of your pregnancies have ended with a stillbirth? By stillbirth, I mean a birth that took place after the 5th month of pregnancy, but the child did not show any signs of life.	None	00	
	Number of stillbirths		
CM12D. And how many abortions have you had during your lifetime? By abortion, i mean a pregnancy that was voluntarily terminated within the first 5 months of pregnancy	None	00	00⇨CM13
	Number of abortions		

CM12E. When did your (last) abortion took place?
Month and year must be recorded.

Date of (last) abortion

Month

Year

CM12F. *Check in CM12E when the last abortion took place and if:*

☐ There are no abortions during the last 2 years. ⇨ Go to CM13
☐ The last abortion took place during the last 2 years, that is, since (the month of interviewing) in 2009, ⇨ Continue with CM12G

CM12G. *If the respondent has mentioned more than one abortion, i.e. CM12D is higher than 1, then ask her for the exact month and year of each mentioned abortion that took place during the last 2 years, i.e. since (the month of interviewing) 2009. Write down month and year for each abortion in CM12H, starting from the last, and for each recorded abortion ask the respondent to tell you how many weeks/months she was pregnant when she aborted and record this appropriately.*

	Last abortion	Previous to the last abortion	Second last from the last abortion	Third last from the last abortion
CM12H. What month and year your (last) abortion took place?	*Don't ask, it is given in CM12E*	Month Year	Month Year	Month Year
CM12I. How many Months (weeks) were you pregnant when your pregnancy was aborted? *If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months*	Weeks1 Months2	Weeks1 Months2	Weeks1 Months2	Weeks1 Months2

CM13. *Check CM0B or CM12: Her last birth occurred during the last 2 years, i.e., since (the day and month of interview) in* **2009**

☐ *No live births during the last 2 years.* ⇨ *Go to ILLNESS SYMPTOMS Module.*
☐ *One or more live births during the last 2 years.* ⇨ *Ask about the name of the last born child*

Child's name_____

If the child has passed away, please be very careful when you are referring to this child by its name in the modules that follow. If the child has passed away right after it was given birth and it did not get any name at all, refer to this child as 'the baby/the infant' and be very careful in your approach.

Continue with the next module.

DESIRE FOR LAST BIRTH   DB

This module is to be filled with all the women with a live birth in the last 2 years, preceding the date of the interview.

Check the module for Child Mortality CM13 and record the name of the last-born child here _____.
Use this child's name in the questions that follow, where indicated.

DB1. When you became pregnant with (*name*), did you want to get pregnant at that period?	Yes No	1 2	1⇨Next Module
DB2. Did you want to become pregnant sometime later, or you did not want to have any (more) children?	Later No more	1 2	2⇨Next Module
DB3. How much longer did you want to wait?	Months Years DK	1 2 998	

MATERNAL AND NEWBORN HEALTH   MN

This module is to be filled with all the women with live births during the last 2 years.
Record the name of the last-born child here _____.
Use this child's name in the following questions, where indicated in brackets, like this: (name).

MN1. Did you see anyone for care during your pregnancy with (*name of child*)?	Yes 1 No2	2⇨MN17

MN2. Whom did you see?
 	
 Probe:
 Anyone else?
 	
 Probe until you are sure about the type of person seen and circle all the answers given, if more than one mentioned.
	Health professional:
	     Doctor A
	     Auxiliary midwife C
	     Midwife D
	     Nurse E
	 Other person
	     Non-medical person that traditionally attends birth in the local community F
	     Community health worker G
	
	 Other (*specify*) X	

MN3. How many times did you receive care during this pregnancy?	Number of times __ __ DK 98	
MN4. As part of your care during this pregnancy, were any of the following done at least once: [A] Was your blood pressure measured? [B] Did you give a urine sample? [C] Did you give a blood sample?	Yes No Blood pressure 1 2 Urine sample 1 2 Blood sample 1 2	

MN17. Who assisted you with the delivery of (*name of child*)?
 	
 Probe:
 Anyone else?
 	
 Probe for the type of person assisting and circle all answers given.
 	
 If respondent says 'No one' assisted, probe to determine whether any adults were present at the delivery and write down under 'Other' if the given answer is not listed as an option.
	Health professional:
	     Doctor A
	     Auxiliary midwife C
	     Midwife D
	     Nurse E
	
	 Other person
	     Non-medical person that traditionally attends birth in the local community F
	     Community health worker G
	     Relative / Friend H
	
	 Other (*specify*) **X**
	 No one Y	

MN18. Where did you give birth to (*name of child*)?
 	
Probe to closely identify the type of place before you circle any of the given answer codes.
 	
If unable to determine whether it is a public or private institution, write the name of the place where birth was given on the line below.
 	
....
(Name of place)
	Home
	    Your home
	    Other home
	
	Public sector
	    Clinical Hospital
	    General Hospital
	    Health post (birth post)
	    Clinical Centre – Skopje
	    Gynaecology Hospital – Chair
	    Other public institution (*specify*)
	
	Private Medical Sector
	    Private hospital
	    Private clinic
	    Private maternity home
	    Other private
	        medical (*specify*)
	
	Other (*specify*)
		
		11
		12
		
		21
		22
		23
		24
		25
		26
		
		31
		32
		33
		
		36
		
		96
			11⇨MN20
			12⇨MN20
			
			96⇨MN20

MN19. Was (*name*) delivered by caesarean section? That is, did they cut your belly open to take the baby out?	Yes No	1 2	
MN20. When (*name*) was born, was he/she a very large, larger than average, average, smaller than average, or very small baby?	Very large Larger than average Average Smaller than average Very small DK	1 2 3 4 5 8	
MN21. Was (*name*) weighed at birth?	Yes No DK	1 2 8	2⇨MN23 8⇨MN23
MN22. How much did (*name*) weigh? *If card is available, give it a priority and copy the answer from there.*	From card 1 (kg) ☐ From recall 2 (kg) ☐ DK	 99998	
MN23. Has your menstrual period returned since the birth of (*name*)?	Yes No	1 2	
MN24. Did you ever breastfeed (*name*)?	Yes No	1 2	2⇨Next Module
MN25. How long after birth did you first put (*name*) on your breast for feeding? *If less than 1 hour, record '00' hours.* *If less than 24 hours, circle code 1 and write down the exact number of hours.* *Otherwise, record the number of days and circle code 2.*	Immediately Hours 1 ☐ Days 2 ☐ Don't know / remember	000 998	
MN26. In the first three days after delivery, was (*name*) given anything to drink other than breast milk?	Yes No	1 2	2⇨Next Module

| MN27. What else was (*name*) given to drink?

Probe:
Anything else?

Record all mentioned answers | Milk (other than breast milk)
Plain water
Sugar or glucose water
Gripe water
Sugar-salt-water solution
Fruit juice
Infant formula (artificial milk)
Tea
Honey
Other (*specify*) | A
B
C
D
E
F
G
H
I
X | |

ILLNESS SYMPTOMS   IS

IS1. *Check Household List, column HL9 in the Household Questionnaire* Is the respondent the mother or guardian of at least one child aged under 5? ☐　*Yes ⇨ Continue with IS2.* ☐　*No ⇨ Go to Next Module.*			
IS2. Sometimes children have severe illnesses and should be taken immediately to a health facility. 　　　What types of symptoms would cause you to take your child to a health facility right away? 　　　*Probe additionally:* 　　　Any other symptoms? Keep asking for more signs or symptoms until the mother/guardian cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions and write down all additional answers not listed in the given answer options under 'other'	Child not able to drink or breastfeed Child becomes sicker Child develops a fever Child has fast breathing Child has difficult breathing Child has blood in stool Child is drinking poorly Child has a rush **Other (*specify*)** **Other (*specify*)** **Other (*specify*)**	A B C D E F G H **X** **Y** **Z**	

CP0. Couples use different ways or methods in order to postpone or avoid pregnancy.

Have you heard of :

[A]Sterilization of Female?

Probe: Women can have an operation in order to avoid having more children.

Yes	1	
No	2	

[B]Sterilization of Male?

Probe: Men can have an operation in order to avoid having more children.

Yes	1	
No	2	

[C]Coil?

Probe: Women can have a coil placed inside them by a doctor or a nurse.

Yes	1	
No	2	

[D] Injections?

Probe: Women can use injections from a health provider, which have effects on their hormones and stop them from getting pregnant for one or more months.

Yes	1	
No	2	

[E] Implants?

Probe: Women can have one or more small rods implanted in their upper arm (by a doctor or a nurse) and thus prevent pregnancy for one or more years.

Yes	1	
No	2	

[F] Pills?

Probe: Women can take pills on every day basis to avoid getting pregnant.

Yes	1	
No	2	

[G] Male Condom?

Probe: Men can put a rubber cover on their penis before the sexual intercourse.

Yes	1	
No	2	

[H] Female Condom?

Probe: Women can put a cover in their vagina before the sexual intercourse.

Yes	1	
No	2	

[I] Diaphragm?

Probe: Women can insert a soft rubber cup in their vagina to block the sperm from entering their uterus or tubes

Yes	1	
No	2	

[J] Foam, Jelly?

Probe: Women may use spermicidal products (like for ex. foam, jelly, cream) that can kill or prevent the sperm from moving and reaching the egg.

Yes	1	
No	2	

[K] Lactational Amenorrhea Method (LAM)?

Yes	1	
No	2	

[L] Rhythm Method?

Probe: Every month when the woman is sexually active, she can avoid pregnancy by not having a sexual intercourse on the fertile days in the month, i.e. days she is most likely to get pregnant.

Yes	1	
No	2	

[M] Withdrawal?

Probe: Men can be cautious and pull out before reaching climax.

Yes	1	
No	2	

[N]Urgent Contraception?

Probe: As an emergency measure, within a period of 3 days, after having unprotected sexual intercourse, women can take special pills to prevent getting pregnant.

Yes	1	
(specify)		

[X] Have you heard of any other ways or methods that men or women can utilise in order to avoid pregnancy?

(specify)		
No	2	

CP1. Now, I would like to talk to you about another topic – planning the family.

Are you pregnant at the moment?

Yes, she is pregnant	1	1⇨Next Module
No	2	
Not sure or don't know	8	

CP2. At the moment, are you doing anything or using any method to postpone or avoid pregnancy?	Yes	1	2⇨Next Module
	No	2	
CP3. What are you doing to postpone or avoid pregnancy? If more than one method is mentioned, circle each one as appropriate.	Female sterilization	A	
	Male sterilization	B	
	IUD	C	
	Injections	D	
	Implants	E	
	Pills	F	
	Male condom	G	
	Female condom	H	
	Diaphragm	I	
	Foam / Jelly	J	
	Lactational amenorrhoea method (LAM)	K	
	Rhythm / Periodic abstinence	L	
	Withdrawal	M	
	Other (specify)	X	

UNFULFILLED NEED FOR CONTRACEPTION   UN

UN1. *Check CP1. Is she currently pregnant?*

☐ Yes, she is currently pregnant ⇨ Continue with UN2
☐ No, not sure or doesn't know ⇨ Go to UN5

UN2. Now I'd like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant?	Yes	1	1⇨UN4
	No	2	
UN3. Did you want to have a baby sometime later or you did not want to have any (more) children?	Later	1	
	No more	2	
UN4. Now I'd like to ask a few questions about the future. After the child you are expecting right now, would you like to have another child, or you would rather not have any more children?	To have another child	1	1⇨UN7
	No more / None	2	2⇨UN13
	Indecisive / Doesn't know	8	8⇨UN13

UN5. *Check CP3. Currently using "Female sterilization"?*

☐ Yes ⇨ Go to UN13
☐ No ⇨ Continue with UN6

UN6. Now I would like to ask you about the future. Would you like to have (another) child, or you would rather not have any (more) children?	Wants to have (other) children	1	2⇨UN9
	Doesn't want any/no more children	2	3⇨UN11
			8⇨UN9
	She says she cannot get pregnant	3	
	Indecisive / Doesn't know	8	
UN7. For how long would you like to wait before you give birth to (another) child?	Months	1 [＿＿＿]	
	Years	2 [＿＿＿]	
	Soon / Now	993	994⇨UN11
	She says she cannot get pregnant	994	
	After the marriage	995	
	Other	996	
	Don't know	998	

UN8. *Check CP1. Currently pregnant?*

☐ Yes, currently pregnant ⇨ Go to UN13
☐ No, not sure or doesn't know ⇨ Continue with UN9

UN9. *Check CP2. At the moment is she using any method?*

☐ Yes ⇨ Go to UN13
☐ No ⇨ Continue with UN10

UN10. Do you think that you are physically able to get pregnant at the moment?	Yes	1	1 ⇨UN13
	No	2	
	Don't know	8	8 ⇨UN13

UN11. Why do you think you are not physically able to get pregnant? Multiple answers are possible	Irregular sex / No sex	A	
	Menopause	B	
	Never menstruated	C	
	Hysterectomy (surgical removal of uterus)	D	
	Trying to get pregnant for 2 years or more without any results	E	
	Postpartum amenorrhea	F	
	Breastfeeding	G	
	Too old	H	
	Fatalistic	I	
	Other (*specify*)	X	
	Don't know	Z	

UN12. *Check UN11. "Never menstruated"- has it been mentioned?*

☐ Mentioned ⇨ Go to Next Module
☐ Not mentioned ⇨ Continue with UN13

UN13. When did your last menstrual cycle start?			
	Days ago	1	
	Weeks ago	2	
	Months ago	3	
	Years ago	4	
	In menopause / Has had hysterectomy	994	
	Before her last birth	995	
	Has never menstruated	996	

ATTITUDES TOWARD DOMESTIC VIOLENCE   DV

DV1. Sometimes a husband can be annoyed or irritated by things that his wife does. In your opinion, is a husband justified to hit or beat his wife in the following situations:

[A]   If she goes out without telling him?

[B]   If she neglects the children?

[C]   If she argues with him?

[D]   If she refuses to have sex with him?

[E]   If she burns the food?

	Yes	No	DK
Goes out without telling	1	2	8
Neglects children	1	2	8
Argues with him	1	2	8
Refuses sex	1	2	8
Burns food	1	2	8

MARRIAGE/UNION   MA

MA1. Are you currently married or living together with a man as married?	Yes, currently married 1 Yes, living with a man 2 No, not in union 3	3⇨MA5
MA2. How old is your husband/partner? *Probe additionally*: How old was your husband/partner on his last birthday?	Age in years ☐☐ DK 98	⇨MA7 98⇨MA7
MA5. Have you ever been married or lived together with a man as if married?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3 ⇨Next Module
MA6. What is your marital status now: are you widowed, divorced or separated?	Widowed 1 Divorced 2 Separated 3	
MA7. Have you been married or lived with a man only once or more than once?	Only once 1 More than once 2	
MA8. In what month and year did you <u>first</u> marry or start living with a man as if married?	Date of first marriage/ living together Month ☐☐ DK month 98 Year ☐☐☐☐ DK year 9998	⇨Next Module ⇨MA9
MA9. How old were you when you started living with your first husband/partner?	Age in years ☐☐	

TOBACCO AND ALCHOHOL CONSUMPTION   TA

TA1. have you ever tried smoking, at least one or two puffs?	Yes 1 No 2	2⇨TA6
TA2. At what age did you first smoke a whole cigarette?	I have never smoked a whole cigarette 00 Age ☐☐	00⇨TA6
TA3. Do you smoke cigarettes today?	Yes 1 No 2	2⇨TA6
TA4. During the last 24 hours, how many cigarettes have you smoked?	Number of cigarettes ☐☐	

TA5. During the last month, for how many days have you smoked cigarettes? *If less than 10 days, write the number of days.* *If 10 days or more, circle „10".* *If „every day" or „almost every day", circle „30"*	Number of days 0		
	10 days or more	10	
	Every day/Almost every day	30	
TA6. Have you ever tried to smoke tobacco products, except cigarettes, like for example, cigars, water pipe, cigarillo or dry tobacco?	Yes No	1 2	2⇨TA10
TA7. During the last month, have you consumed any type of smoking tobacco products, excluding cigarettes?	Yes No	1 2	2⇨TA10
TA8. What type of smoked tobacco product did you use or smoke during the last one month? *Circle all mentioned.*	Cigars Water pipe Cigarillos Pipe Other (*specify*)( )	A B C D X	
TA9. During the last one month, on how many days did you use smoked tobacco products, excluding cigarettes? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days 0		
	10 days or more but less than a month	10	
	Everyday / Almost every day	30	
A10. Have you ever tried any type of product made from tobacco, like for example tobacco chewing gum, burmut, or tobacco for soaking?	Yes No	1 2	2 ⇨TA14
TA11. During the last month, have you consumed any type of products from non-smoking tobacco?	Yes No	1 2	2 ⇨TA14
TA12. What type of smokeless tobacco product did you use during the last one month? *Circle all mentioned.*	Chewing tobacco Snuff Dip Other (*specify*)	A B C X	
TA13. During the last one month, on how many days did you use smokeless tobacco products? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days 0		
	10 days or more but less than a month	10	
	Everyday / Almost every day	30	
TA14. Now a few questions about alcohol consumption. Have you ever tried consuming alcohol?	Yes No	1 2	2⇨NEXT MODULE
TA15. One intake of alcohol refers to one can or bottle of beer, one glass of wine or a glass of Rakia, cognac, vodka, whiskey, or rum. At what age did you drink your first glass of alcohol, excluding any time you had a few sips?	I have never drank a whole glass Age	00	

TA 16. During the last month, how many days have you had at least one glass of alcohol? *If the respondent has drunk zero glasses, circle „00″* *If less than 10 days, write the number of days.* *If 10 days or more, circle „10″.* *If „every day″ or „almost every day″, circle „30″*	Has not drank any glass during the last month 00 Number of days 0 [ ] 10 days or more 10 Every day/almost every day 30	00⇨ NEXT MODULE
TA 17. During the last month, on days you had alcohol, how many glasses have you mostly had?	Number of glasses [ ]	

LIFE SATISFACTION Is

LS1. *Check WB2: Is respondent's age between 15и 24?*

☐ Aged 25-49 ⇨ go to WM11
☐ Aged 15-24 ⇨ continue with LS2

LS2. Now, I would like to ask you a few simple questions about happiness and satisfaction. First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy? You can also look at these pictures to help you with your response. *Show response card 1 to the respondent and explain what each symbol represents. Circle the answer pointed by the respondent.*	Very happy .... 1 Somewhat happy .... 2 Neither happy nor unhappy .... 3 Somewhat unhappy .... 4 Very unhappy 5	
LS3. Now I'd like to ask a few simple questions about the level of your satisfaction from various fields. For any of the questions, we have five possible answers: please let me know, for each question, are you very or somewhat satisfied, neither satisfied nor unsatisfied, or somewhat or very unsatisfied? Once again, you can take a look at these images that might help you with your answer. *Please hand the answer card 2 to the respondent and explain what each of the symbols represents. For each question from LS3 to LS13, circle the response given by the respondent* how satisfied are you from your family life?	Very satisfied .... 1 Somewhat satisfied .... 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied .... 4 Very unsatisfied 5	
LS4. How satisfied are you from your friendships?	Very satisfied .... 1 Somewhat satisfied .... 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied .... 4 Very unsatisfied 5	
LS5. During the current (2010-2011) school year, have you attended school at all?	Yes .... 1 No 2	2⇨LS7
LS6. How satisfied are /were you from the school you have attended?	Very satisfied .... 1 Somewhat satisfied .... 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied .... 4 Very unsatisfied 5	
LS7. How satisfied are you from your current job? *If the respondent says that he/she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.*	Doesn't have a job .... 0 Very satisfied .... 1 Somewhat satisfied .... 2 Neither satisfied nor unsatisfied .... 3 Somewhat unsatisfied .... 4 Very unsatisfied 5	

LS8. How satisfied are you from your health?	Very satisfied Somewhat satisfied Neither satisfied nor unsatisfied Somewhat unsatisfied Very unsatisfied	1 2 3 4 5
LS9. How satisfied are you with your place of living? *If necessary, explain that the questions refer to their life environment, including their neighbourhood and dwelling.*	Very satisfied Somewhat satisfied Neither satisfied nor unsatisfied Somewhat unsatisfied Very unsatisfied	1 2 3 4 5
LS10. How satisfied are you from the treatment you receive by the people around you?	Very satisfied Somewhat satisfied Neither satisfied nor unsatisfied Somewhat unsatisfied Very unsatisfied	1 2 3 4 5
LS11. How satisfied are you from your looks?	Very satisfied Somewhat satisfied Neither satisfied nor unsatisfied Somewhat unsatisfied Very unsatisfied	1 2 3 4 5
LS12. How satisfied are you from your own life, in general?	Very satisfied Somewhat satisfied Neither satisfied nor unsatisfied Somewhat unsatisfied Very unsatisfied	1 2 3 4 5
LS13. How satisfied are you from your current income? *If the respondent responds that he/she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.*	No income Very satisfied Somewhat satisfied Neither satisfied nor unsatisfied Somewhat unsatisfied Very unsatisfied	0 1 2 3 4 5
LS14. Compared to the same period last year, would you say that, in general, your life has improved or become worse?	Improved Remained the same, more or less Got worse	1 2 3
LS15. And in a year time from now, do you expect that your life, in general, will be improved or will get worse?	Will be improved Remained the same, more or less Will get worse	1 2 3

WM11. *Record the momentary time.*	Hour and minutes	___ : ___

WM12. *Check Household roster, column HL9, in the Household Questionnaire.*
Is the respondent a mother or a guardian to at least one child aged between 0 and 4 that lives in this household or is she a mother/guardian to at least one child aged between 2 and 9?
☐ *Yes, she has a child aged between 0 and 4 ⇨ Go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that particular child and start the interview with this respondent – mother/guardian to this child.*
☐ *Yes, she has a child aged between 2 and 9 ⇨ Go to the QUESTIONNAIRE FOR CHILDREN DISABILITY for that particular child and start the interview with this respondent – mother/guardian to this child.*
☐ *No ⇨ End the interview with this respondent by thanking her for the collaboration.*

Check if there is any the presence of any other suitable women, children under 5, or children aged between 2 and 9 in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

▪▪■▪MICS

INFORMATION PANEL FOR CHILDREN UNDER FIVE   UF

This questionnaire is to be filled with all the mothers or guardians (see Household List, column HL9 in the Household Questionnaire) who take care for a child that lives with them and is less than 5 years old (see Household Roster Form, column HL6 in the Household Questionnaire).
A separate questionnaire should be filled in for each eligible child, with the correspondent parent/guardian.

UF1. Cluster number:		UF2. Household number:	
UF3. Child's name:		UF4. Child's row number:	
Name			
UF5. Mother's / Guardian's name:		UF6. Mother's / Guardian's row number:	
Name			
UF7. Interviewer's name and number:		UF8. Day / Month / Year of interviewing:	
Name			

Repeat the introduction if you haven't read it to this respondent already:

We are from *Ipsos Strategic Puls.* We are working on a project related to family health and education. I would like to talk to you about these issues. The interview will last about *30* minutes. All information obtained will remain strictly confidential and your answers will never be shared with anyone outside the project team.

If you have already read it to this woman at the beginning from the household questionnaire, then read the following:

I would like to talk to you about (*child's name from UF3*)'s health and other issues. The interview will last about *30* minutes. All information obtained will remain strictly confidential and your answers will never be shared with anyone outside the project team.

Can we start now?
- ☐ *Yes, permission is given* ⇨ *Go to UF12 to record time and start the interview.*
- ☐ *No, permission is not given* ⇨ *Complete UF9. Talk to your supervisor about this result.*

UF9. Result of interview for children under 5 Codes refer to mother/guardian.	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (*specify*)	96

UF10. Editor in the field (Name and number):	**UF11.** Data entered by (Name and number):
Name	Name
UF12. *Record the momentary time.*	Hour and minutes

AGE   AG

AG1. Now I would like to ask you some questions about the health of (*name*).	Birth date	
	Day	☐☐
In what month and year was (*name*) born?		
Probe:	DK day	98
What is his / her birthday?		
If the mother/guardian knows the exact birth date, enter the day at the required place; otherwise, circle 98 for day	Month	☐☐
Month and year must be recorded.	Year	☐☐☐☐
AG2. How old is (*name*)?		
Probe:	Age (completed years)	☐☐
How old was (*name*) at his / her last birthday?		
Record age in completed years.		
Record '0' if less than 1 year.		
Compare the age with the given date and immediately correct AG1 and/or AG2 if the answers are not consistent.		

BIRTH REGISTRATION   BR

BR1. Does (*name*) have a birth certificate?	Yes, seen	1	1⇨Next Module
If the answer is " yes", ask: May I see it?	Yes, not seen	2	2⇨Next Module
	No	3	
	DK	8	
BR2. Has (*name*)'s birth been registered with the registry department?	Yes	1	1⇨Next Module
	No	2	
	DK	8	
BR3. Do you know how to report/register your child's birth?	Yes	1	
	No	2	

EARLY CHILDHOOD DEVELOPMENT   EC

EC1. How many children's books or picture books do you have for (*name*)?	None			00
	Number of children's books			0 __
	Ten or more books			10

		Y	N	DK
EC2. I am interested to learn about the things that (*name*) plays with when he/she is at home.				
Does he/she play with:	Homemade toys	1	2	8
[A] homemade toys (like dolls, cars, or other toys made at home)?	Toys from a shop	1	2	8
[B] toys from a shop or manufactured toys?				
[C] household objects (like bowls or pots) or objects found outside (like sticks, rocks, shells or leaves)?	Household objects or outside objects	1	2	8
If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the given response				

EC3. Sometimes adults that take care of children have to leave the house to go shopping, wash clothes, or for other reasons and then they have to leave young children alone. On how many days during the past week was (*name*): [A] left alone at home for more than an hour? [B] left in the care of another child (that is, someone under 10) for more than an hour? If "none" enter "0". If "don't know" enter"8".	Number of days left home alone for more than an hour Number of days left with other child for more than an hour	☐☐ ☐☐	

EC4. *Check AG2: Age of child*

☐   *Child age 3 or 4 ⇨ Continue with EC5*
☐   *Child age 0, 1 or 2 ⇨ Go to Next Module*

EC5. Does (*name*) attend any organized learning or early childhood education programme, like a private or government facility, including kindergarten or community child care center?	Yes No DK	1 2 8	2⇨EC7 8⇨EC7
EC6. Within the last seven days, about how many hours did (*name*) attend such learning programmes, i.e. attended kindergarten or community child care center?	Number of hours	☐☐	
EC7. In the <u>past 3 days</u>, did you or any of your adult household members aged 15 or more engage in any of the following activities with (*name*): *I f the answer is "yes", ask for each given activity: who engaged in this activity with (name)?* *Circle all that apply and remind the respondent that you are talking about the last 3 days.*			

		Mother	Father	Other Over 15	No one
[A] Read books to or looked at picture books with (*name*)?	Read books	A	B	X	Y
[B] Told stories to (*name*)?	Told stories	A	B	X	Y
[C] Sang songs to (*name*) or with (*name*), including lullabies?	Sang songs	A	B	X	Y
[D] Took (*name*) outside the home, compound, yard for a walk?	Took outside	A	B	X	Y
[E] Played with (*name*)?	Played with	A	B	X	Y
[F] Named, counted, or drew things to or with (*name*)?	Named/counted	A	B	X	Y

EC8. Now I would like to ask you some questions about the health and the development of your child. Children do not all develop and learn at the same rate. For example, some start walking earlier than others. These questions are related to several aspects of your child's development. Can (*name*) identify or name at least ten letters of the alphabet?	Yes No DK	1 2 8	
EC9. Can (*name*) read at least four simple and popular words?	Yes No DK	1 2 8	

EC10. Does (*name*) know the name and recognize the symbols for all numbers from 1 to 10?	Yes No DK	1 2 8	
EC11. Can (*name*) pick up small objects with two fingers, like for example a stick or a rock from the ground?	Yes No DK	1 2 8	
EC12. Is (*name*) sometimes too sick to play?	Yes No DK	1 2 8	
EC13. Can (*name*) follow simple directions on how to do something correctly?	Yes No DK	1 2 8	
EC14. When given something to do, is (*name*) able to do it independently?	Yes No DK	1 2 8	
EC15. Does *(name)* get along well with other children?	Yes No DK	1 2 8	
EC16. Does (*name*) kick, bite, or hit other children or adults?	Yes No DK	1 2 8	
EC17. Does (*name*) get distracted easily?	Yes No DK	1 2 8	

BREASTFEEDING   BF

BF1. Has (*name*) ever been breastfed?	Yes No DK	1 2 8	2⇨BF3 8⇨BF3
BF2. Is he/she still being breastfed?	Yes No DK	1 2 8	
BF3. Could you tell me please about the liquids that (*name*) may have had yesterday during the day or the night. I am interested in whether (*name*) had the mentioned liquid even if it was combined with other foods. Did (*name*) <u>drink plain water</u> yesterday, during the day or night?	Yes No DK	1 2 8	
BF4. Did (*name*) <u>drink infant formula/substitution for mother's milk/ artificial milk</u> yesterday, during the day or night?	Yes No DK	1 2 8	2⇨BF6 8⇨BF6
BF5. How many times did (*name*) drink infant formula?	Number of times	☐	
BF6. Did (*name*) <u>drink tetra pack milk, powdered or fresh animal milk</u> yesterday, during the day or night?	Yes No DK	1 2 8	2⇨BF8 8⇨BF8
BF7. How many times did (*name*) drink tetra pack, powdered or fresh animal milk?	Number of times	☐	
BF8. Did (*name*) <u>drink juice</u> yesterday, during the day or night?	Yes No DK	1 2 8	
BF9. Did (*name*) drink clear <u>soup</u> yesterday, during the day or night?	Yes No DK	1 2 8	
BF10. Did (*name*) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	Yes No DK	1 2 8	

BF11. Did (*name*) drink <u>oral rehydration solutions</u> yesterday, during the day or night?	Yes No DK	1 2 8	
BF12. Did (*name*) <u>drink any other liquids</u> yesterday, during the day or night?	Yes No DK	1 2 8	
BF13. Did (*name*) <u>drink or eat yogurt</u> (<u>sour milk</u>) yesterday, during the day or night?	Yes No DK	1 2 8	2⇨BF15 8⇨BF15
BF14. How many times did (*name*) drink or eat yogurt(sour milk) yesterday, during the day or night?	Number of times		
BF15. Did (*name*) <u>eat any porridge</u> yesterday, during the day or night?	Yes No DK	1 2 8	
BF16. Did (*name*) <u>eat solid or semi-solid (soft, mushy) food</u> yesterday, during the day or night?	Yes No DK	1 2 8	2⇨BF18 8⇨BF18
BF17. How many times did (*name*) eat solid or semi-solid (soft, mushy) food yesterday, during the day or night?	Number of times		
BF18. Yesterday, during the day or night, did (*name*) <u>drink anything from a bottle with a nipple</u>?	Yes No DK	1 2 8	

CARE OF ILLNESS   CA

CA1. In the last two weeks, has (*name***) had diarrhoea** (the <u>squirts</u>)?	Yes No DK	1 2 8	2⇨CA7 8⇨CA7
CA2. I would like to know how much liquid (*name*) was given to drink during the diarrhoea (including breastmilk). During the time (*name*) had diarrhoea, was he/she given less than usual liquid to drink, about the same amount, or more than usual? *If" less", probe*: Was he/she given much less than usual to drink, or somewhat less?	Much less Somewhat less About the same More Nothing to drink DK	1 2 3 4 5 8	
CA3. During the time (*name*) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? If "less", probe: Was he/she given much less than usual to eat or somewhat less?	Much less Somewhat less About the same More Stopped giving food Wasn't given any food at all DK	1 2 3 4 5 6 8	
CA4. During the episode of diarrhoea, was (*name*) given to drink any of the following: Read each item aloud and record response before proceeding to the next item. [A] A fluid prepared from rehidratation powder? [B] A pre-packaged fluid for rehidratation? [C] Homemade rehidratation fluid?	Fluid from packet Pre-packaged fluid *Homemade fluid X*	Y N DK 1 2 8 1 2 8 1 2 8	
CA5. Was anything (else) given to treat/cure the diarrhoea?	Yes No DK	1 2 8	2⇨CA7 8⇨CA7

CA6. What (else) was given to treat the diarrhoea? *Probe*: Anything else? *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ (Names of all brands mentioned)	Pill or Syrup Antibiotic Antimotility Zinc Other (Not antibiotic, neither medicines for soothing peristaltics nor zinc) Unknown pill or syrup Injection (muscular) Antibiotic Non-antibiotic Unknown injection Intravenous infusion Home remedy / Herbal medicine Other (*specify*)	A B C G H L M N O Q X	
CA7. At any time in the last two weeks, has (*name*) had an illness with a cough?	Yes No DK	1 2 8	2⇒CA14 8⇒CA14
CA8. When (*name*) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths or had any difficulty breathing?	Yes No DK	1 2 8	2⇒CA14 8⇒CA14
CA9. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	Problems in chest only Blocked or runny nose only Both Other (*specify*) DK	1 2 3 6 8	2⇒CA14 6⇒CA14
CA10. Did you seek any advice or treatment for the illness from anywhere/anybody?	Yes No DK	1 2 8	2⇒CA12 8⇒CA12
CA11. Where/whom did you seek advice or treatment from? *Probe:* Anywhere else? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source and write down the mentioned name below. If unable to determine if public or private sector, write the name of the place on the line below. _____ (Name of place)	Public sector Hospital Health centre Health post Village health worker Mobile / Outreach clinic Other public service(*specify*) Private medical sector Private hospital / clinic Private physician Private pharmacy Mobile clinic Other private medical (*specify*) Other source Relative / Friend Shop Traditional practitioner Other (*specify*)	A B C D E H I J K L O P Q R X	
CA12. Was (*name*) given any medicine to treat this illness?	Yes No DK	1 2 8	2⇒CA14 8⇒CA14

CA13. What medicine was (*name*) given?
 	
    Probe:
    Any other medicine?
 	
    Circle all medicines given. Write brand name(s) of all medicines mentioned.
 	
    _____
        (brand names of all mentioned medicines)
	Antibiotic
	    Pill / Syrup A
	    Injection B
	
	Paracetamol / Panadol / Acetaminophen P
	Aspirin Q
	Ibuprofen R
	
	Other (*specify*) X
	DK Z	

CA14. Check AG2: Child aged under 3? ☐		
CA15. The last time *(name)* defecated, how did you remove the stools?	Child uses toilet / latrine 01 Thrown into toilet or latrine 02 Thrown into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06 Other (*specify*) 96 DK 98	

IMMUNIZATION   IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card.
IM6- IM16B will only be asked when a card is not available.

IM1. Do you have a card where (*name*)'s vaccinations are written down? (*If yes*) May I see it please?	Yes, seen 1 Yes, not seen 2 No card 3	1⇨IM3 2⇨IM6
IM2. Did you ever have a vaccination card for (*name*)?	Yes 1 No 2	1⇨IM6 2⇨IM6

IM3.
  (a)   Copy dates for each vaccination from the card.
  (b)   Write '44' in day column if the card has a record that vaccination was given but no date has been entered.
		Date of Immunization		

		Day	Month	Year
BCG (tuberculosis)	BCG			
DPT1(diphtheria, tetanus, pertusis)	DPT1			
DTP2 (diphtheria, tetanus, pertusis)	DTP2			
DTP3 (diphtheria, tetanus, pertusis)	DTP3			
DTP4 (diphtheria, tetanus , pertusis)	DTP4			
DTP 5 (pertusis)	DTP5			
Polio 1(child paralysis)	OPV1			
Polio 2(child paralysis)	OPV2			
Polio 3(child paralysis)	OPV3			
Polio 4(child paralysis)	OPV4			
MRP (measles/rubeola)				
HepB at birth	H0			
HepB1 (hepatitis B)	H1			
HepB2 (hepatitis B)	H2			
HIB1 (hemofilus influenca B)				

HIB2 (hemofilus influenca B)											
HIB3 (hemofilus influenca B)											
HIB4 (hemofilus influenca B)											

IM4. *Check IM3. Are all vaccines (from BCG to HIB4) recorded?*

☐ Yes⇨ Go to IM20
☐ No ⇨ Continue with IM5

IM5. In addition to what is recorded on this card, did (*name*) receive any other vaccinations – including vaccinations received in campaigns, during epidemic or immunization days? *Record "Yes" only if respondent mentions vaccines shown in the previous table and record all extra mentioned according to the instructions on the right.*	Yes 1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM19) No 2 DK 8	2⇨IM19 8⇨ IM19
IM6. Has (*name*) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaigns or immunization days?	Yes 1 No 2 DK 8	2⇨ IM19 8⇨ IM19
IM7. Has (*name*) ever received a BCG vaccination against tuberculosis – i.e. an injection in the arm or shoulder that usually causes a blemish on the skin?	Yes 1 No 2 DK 8	
IM8. Has (*name*) ever received any "vaccine given as drops in the mouth or by spoon" to protect him/her from getting diseases – that is, polio?	Yes 1 No 2 DK 8	 2⇨IM11 8⇨IM11
IM10. How many times was the polio vaccine received?	Number of times ☐	
IM11. Has (*name*) ever received a DTP vaccination – i.e.an injection in the thigh or upper arm – to prevent him/her from getting diphtheria, tetanus, whooping cough, or? *Probe by indicating that DTP vaccination is sometimes given at the same time as Polio*	Yes 1 No 2 DK 8	2⇨IM13 8⇨IM13
IM12. How many times was a DTP vaccine received?	Number of times ☐	
IM13. Has (*name*) ever been given a Hepatitis B vaccination – i.e.an injection in the thigh or upper arm – to prevent him/her from getting Hepatitis B, i.e. …	Yes 1 No 2 DK 8	2⇨IM16 8⇨IM16
IM14. Was the first Hepatitis B vaccine received within 24 hours after birth, or later? *Ask for a birth card in which this information should be recorded*	Within 24 hours 1 Later 2	
IM15. How many times was a hepatitis B vaccine received?	Number of times ☐	
IM16. Has (*name*) ever received a Measles injection or an MRP injection – i.e.a shot in the arm at the age of 12 months or older - to prevent him/her from getting measles/rubeola?	Yes 1 No 2 DK 8	
IM16a. Has (*name*) ever received the hemophilus influence B (meningitis/lung inflammation) vaccination – that is, a shot in the arm or thigh - to prevent him/her from getting hemophilus influence B?	Yes 1 No 2 DK 8	
IM16b How many times has he/she got a hemophilus influenca vaccine?	Number of times ☐	

IM19. Could you tell me please if (name) has been vaccinated in any of the following campaigns, national immunization days and/or vitamin A or child health days:		Y N DK
	Campaign A	1 2 8
[A] **Immunization week – April**	Campaign B	1 2 8
[B] **Parotitis (MrP) – Jan-Jun 2009**	Campaign C	1 2 8
[C] **Measles – Since Sept 2010**		

IM20. Issue a Questionnaire for Vaccinations Occurring in Health Institutions for this particular child. Fill in the panel in that questionnaire and continue further on. .

UF13. Record the momentary time.	Hour and minutes		:	

UF14. Is the respondent the mother or guardian of another child aged under 5 living in this household?

☐ Yes ⇨ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE and fill it in with the same respondent

☐ No ⇨ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child

Check to see if there are any other members – women, children between 2 and 9 years of age, or children under-5 for which additional questionnaires should be administered in this household.
Move to the next questionnaire for women, for child disability, or for children under-5, or, if there aren't any, start making arrangements for anthropometric measurements of all the eligible children in the household.

ANTHROPOMETRY   AN

After questionnaires for all children are complete, the measurer weights and measures each child.
Record weight and height/length below, taking care to record the measurements in the correct questionnaire for each separate child. Check the child's name and row number in the Household roster before recording the measurements.

AN1. Measurer's name and number:	Name	

AN2. Result of height / length and weight measurement	Either or both measured	1	2⇨AN6
	Child not present	2	3⇨AN6
	Child or guardian refused	3	6⇨AN6
	Other (specify)	6	

AN3. Child's weight	Kilograms (kg)	
	Weight not measured	99.9

| AN4. Child's length or height

Check age of child in AG2:

☐ Child aged under 2. ⇨ Measure length (lying down).
☐ Child aged 2 or more. ⇨ Measure height (standing up). | Length (cm)

  Lying down   1 [   ]

Height (cm)

  Standing up   2 [   ]

Length / Height not measured   9999.9 |
|---|---|

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

☐ Yes ⇨ Record measurements for the next child in the corresponding questionnaire filled for that particular child.
☐ No ⇨ Check if there is any additional questionnaire to be filled in within this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

██ MICS

INFORMATION PANEL FOR CHILDREN UNDER FIVE — HF

This questionnaire should be used at health facilities for recording information on the vaccinations performed on children aged between 0 and 4. A separate questionnaire is used for each eligible child.

Before you fill in this Questionnaire, you must have completed the Questionnaire for Children Under Five. Moreover, this panel has to be completed before you visit the health facility.

This questionnaire must be attached to the Questionnaire for Children Under Five for each child.

HF1. Cluster number:	**HF2.** Household number:
HF3. Child's name:	**HF4.** Child's line number:
HF5. Mother's /Guardian's name:	**HF6.** Mother's /Guardian's line number:
Name	
HF7. Interviewer's name and number:	**HF8.** Day / Month / Year of visit to the facility:
Name	
HF9. Day, month and year of birth *(From AG1 in the Questionnaire Under-5)*	**HF10.** Name of health facility:

HF11. Results from the visit to the health facility	Vaccination record is seen	01
	Vaccination record is not seen	02
	Other (*specify*)	**96**

IMMUNIZATION — HF

		Date of Immunization		
HF12. Record the day, month and the year of birth as stated on the vaccination record				
HF13. (a) Copy dates for each vaccination from the card. (b) In the column 'Day', write '44' if the card shows that the vaccination was given but there is no date properly recorded.		Day	Month	Year
BCG (tuberculosis)	BCG			
DPT 1 (diphtheria, tetanus, pertusis)	DPT1			
DTP 2 (diphtheria, tetanus, pertusis)	DTP2			
DTP 3 (diphtheria, tetanus, pertusis)	DTP3			
DTP 4 (diphtheria, tetanus, pertusis)	DTP4			
DTP 5 (pertusis)	DTP5			
Polio 1 (child paralysis)	OPV1			
Polio 2 (child paralysis)	OPV2			
Polio 3 (child paralysis)	OPV3			
Polio 4 (child paralysis)	OPV4			
MRP (measles/rubeola)				

HepB at birth	H0															
HepB1 (hepatitis B)	H1															
HepB2 (hepatitis B)	H2															
HIB1 (hemofilus influenca B)																
HIB2 (hemofilus influenca B)																
HIB3 (hemofilus influenca B)																
HIB4 (hemofilus influenca B)																

QUESTIONNAIRE FORM FOR
CHILDREN AGED BETWEEN 2 AND 9

INFORMATION PANEL FOR CHILDREN BETWEEN 2 AND 9		DA
DA1. Cluster number:	*DA2.* Household number:	
DA3. Child's name: Name	*DA4.* Child's line number:	
DA5. Mother's / Caretaker's name: Name	*DA6.* Mother's / Caretaker's line number:	
DA7. Interviewer name and number: Name	*DA8.* Day / Month / Year of interview:	

Repeat greeting if not already read to this respondent:

We are from **Ipsos Strategic Puls** We are working on a project concerned with family health and education. I would like to talk to you about (*name*)'s health condition. This will take only a few minutes. All the information you give me will remain strictly confidential and your answers will never be shared with those outside of team.

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

Now I would like to talk to you more about (*child's name*)'s health condition. This will take only a few minutes. Again, all the information you give me will remain strictly confidential and your answers will never be shared with those outside our team.

May I start now?
- ☐ *Yes, permission is given* ⇨ *Go to DA12 to begin the interview.*
- ☐ *No, permission is not given* ⇨ *Complete DA9. Discuss this result with your supervisor*

DA9. Result of interview for child disability *Codes refer to mother/caretaker.*	Completed	01
	Not at home	02
	Refused	03
	Partly completed	04
	Incapacitated	05
	Other (*specify*)	96

DA10. Field edited by (Name and number): Name	*DA11.* Data entry clerk (Name and number): Name

CHILD DISABILITY DA

To be administered to mothers or caretakers of children age 2-9 years.			
DA12. *Copy child's name and age from HL2 and HL6, from Household List.*	Name		
	Age		
DA13. Compared to other children, did (*name*) have any serious delay in sitting standing, or walking?	Yes No	1 2	
DA14. Compared with other children, does (*name*) have difficulty seeing, either in the daytime or at night?	Yes No 2	1	
DA15. Does it seem that (*name*) has any difficulty hearing? (uses hearing aid, hears with difficulty or completely deaf)?	Yes No	1 2	
DA16. When you tell (*name*) to do something, does he/she seem to understand what you are saying?	Yes No	1 2	
DA17. Does (*name*) have difficulty in walking or moving the arms or does he/she have weakness and/or stiffness in the arms or legs?	Yes No	1 2	
DA18. Does (*name)* sometimes become rigid, or lose consciousness?	Yes No	1 2	
DA19. Does (*name*) learn to do things like other children his/her age?	Yes No	1 2	
DA20. Does (*name*) speak at all (can he/she speak in understandable way; can he/she say any recognizable words)?	Yes No	1 2	
DA21. *Check DA12: Age of child* ☐ *Child aged 3 through 9 ⇨ Continue with DA22* ☐ *Child aged 2 ⇨ Go to DA23*			
DA22. Is (*name*)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	Yes No	1 2	1⇨DA24 2⇨DA24
DA23. Can (*name)* name at least one object (for example, an animal, a toy, a cup, a spoon)?	Yes No	1 2	
DA24. Compared with other children of the same age, does (*name*) appear in any way mentally backward, dull or slow?	Yes No	1 2	
DA25. As part of this survey, others in our team may visit you again to collect more information on some of the topics we have just talked about, concerning (*name*). Such a visit may take place within the next months. May I proceed and note that you would be fine with such a visit, if it occurs at all? Again, you may change your mind and decline to speak to our team if and when the visit happens.	Respondent has no objections to additional visit Respondent uncertain about additional visit/Depends Refused additional visit	1 2 3	