

## Appendix F. Questionnaires

Lao Social  
Indicator Survey  
LSIS (MICS/DHS)

### HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH																				
HH1. Cluster number: _____	HH2. Household number: _____																					
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____																					
HH5. Day / Month / Year of interview: _____ / _____ / _____																						
HH6. Area: Urban ..... 1 Rural with road ..... 2 Rural without road ..... 3	HH7. Province Name & Code:* _____																					
HH7A. Is household selected for male interview? 1. Yes 2. No																						
<table border="0"> <tr> <td>01 Vientiane Capital</td> <td>05 Bokeo</td> <td>09 Xiengkhuang</td> <td>13 Savannakhet</td> </tr> <tr> <td>02 Phongsaly</td> <td>06 Luangprabang</td> <td>10 Vientiane</td> <td>14 Saravane</td> </tr> <tr> <td>03 Luangnamtha</td> <td>07 Huaphanh</td> <td>11 Borikhamxay</td> <td>15 Sekong</td> </tr> <tr> <td>04 Oudomxay</td> <td>08 Xayabury</td> <td>12 Khammua</td> <td>16 Champasack</td> </tr> <tr> <td></td> <td></td> <td></td> <td>17 Attapeu</td> </tr> </table>			01 Vientiane Capital	05 Bokeo	09 Xiengkhuang	13 Savannakhet	02 Phongsaly	06 Luangprabang	10 Vientiane	14 Saravane	03 Luangnamtha	07 Huaphanh	11 Borikhamxay	15 Sekong	04 Oudomxay	08 Xayabury	12 Khammua	16 Champasack				17 Attapeu
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WE ARE FROM DEPARTMENT OF STATISTICS AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

After all questionnaires for the household have been completed, fill in the following information:	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed ..... 01 No household member or no competent respondent at home at time of visit ..... 02 Entire household absent for extended period of time ..... 03 Refused ..... 04 Dwelling vacant / Address not a dwelling ..... 05 Dwelling destroyed ..... 06 Dwelling not found ..... 07 Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
	HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH15A. Number of men age 15-49 years eligible for interview _____	HH15B. Number of men's questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18.  
Record the  
time.

Hour

Minutes

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.  
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)  
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?  
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.  
Use an additional questionnaire if all rows in the household listing form have been used.

HL1. Line Num- ber	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE?	HL10. DID (name) STAY HERE LAST NIGHT?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL6A WHAT IS MARITAL (name)'S STATUS	HL7. Circle line number if woman is age 15-49	HL7A. In HHs selected for male interview, circle line number if man is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL11. Is (name)'s NATURAL MOTHER ALIVE?	HL12. Does (name)'s NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	HL13. Is (name)'s NATURAL FATHER ALIVE?	HL14. Does (name)'s NATURAL FATHER LIVE IN THIS HOUSE- HOLD?
			1 Male 2 Female	1 Yes 2 No	98 DK 9998 DK	Record in completed years. If age is 95 or above, record '95'	1 Never Married 2 Married 3 Divorced 4 Widowed 5. Separated		15 - 49	Mother	Mother	Y N DK	Mother	Y N DK	Father
01		0 1	1 2	1 2				01	15-49 01			1 2 8		1 2 8	
02			1 2	1 2				02	02			1 2 8		1 2 8	
03			1 2	1 2				03	03			1 2 8		1 2 8	
04			1 2	1 2				04	04			1 2 8		1 2 8	
05			1 2	1 2				05	05			1 2 8		1 2 8	
06			1 2	1 2				06	06			1 2 8		1 2 8	
07			1 2	1 2				07	07			1 2 8		1 2 8	
08			1 2	1 2				08	08			1 2 8		1 2 8	
09			1 2	1 2				09	09			1 2 8		1 2 8	

HL1. Line Num- ber	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?  1 Male 2 Female	HL10. DID (name) STAY HERE LAST NIGHT?  1 Yes 2 No	HL5. WHAT IS (name)'S DATE OF BIRTH?  98 DK 9998 DK	HL6. HOW OLD IS (name)?  Record in completed years. If age is 95 or above, record '95'	HL6A WHAT IS MARITAL (name)'S STATUS  1 Never Married 2 Married 3 Divorced 4 Widowed 5. Separated	HL7.  Circle line number if woman is age 15-49	HL7A.  In HHs selected for male interview, circle line number if man is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHO LD?  Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No 8 DK Next Line Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHO LD?  Record line number of father or 00 for "No"
Line	Name	Relation*	M	F	Year	Age		15 - 49	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
10		— — —	1	2	— — —	— — —	— — —	10	10	— — —	— — —	1 2 8	— — —	1 2 8	— — —
11		— — —	1	2	— — —	— — —	— — —	11	11	— — —	— — —	1 2 8	— — —	1 2 8	— — —
12		— — —	1	2	— — —	— — —	— — —	12	12	— — —	— — —	1 2 8	— — —	1 2 8	— — —
13		— — —	1	2	— — —	— — —	— — —	13	13	— — —	— — —	1 2 8	— — —	1 2 8	— — —
14		— — —	1	2	— — —	— — —	— — —	14	14	— — —	— — —	1 2 8	— — —	1 2 8	— — —
15		— — —	1	2	— — —	— — —	— — —	15	15	— — —	— — —	1 2 8	— — —	1 2 8	— — —

Tick here if additional questionnaire used ☐

Probe for additional household members.

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

Return to Household Information Panel and complete HH10, HH11, HH12, HH14, and HH15A.

Now for each woman age 15-49 years, complete the information panel of a separate Woman's Questionnaire.

In households selected for male interview, for each man age 15-49 years complete the information panel of a separate Man's Questionnaire.

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

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

\* Codes for HL3: Relationship to head of household:

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

# EDUCATION

# ED

For all household members			For household members age 3 and above				For household members age 3-24 years			
ED1. Line Num- ber	ED2. Name and age  Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?  WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED5. DURING THE (2011- 2012) SCHOOL YEAR, DID (name) ATTEND	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID (name) ATTEND	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	
			level: 0 Preschool 1 Primary 2 Lower Sec: 3 Upper Sec: 4 Post secondary non tertiary 5 Tertiary Edu. 8 DK	Grade: Primary 11-15 Lower Sec 21-24 Upper Sec 31-33 Post secondary non tertiary 41-43 Tertiary Edu 51-57 DK 98  If level=0, skip to ED5	Yes No	level: 0 Preschool 1 Primary 2 Lower Sec: 3 Upper Sec: 4 Post secondary non tertiary 5 Tertiary Edu. 8 DK	Grade: Primary 11-15 Lower Sec 21-24 Upper Sec 31-33 Post secondary non tertiary 41-43 Tertiary Edu 51-57 DK 98  If level=0, skip to ED7	SCHOOL OR PRESCHOOL AT ANY TIME?  1 Yes 2 No Next Line	level: 0 Preschool 1 Primary 2 Lower Sec: 3 Upper Sec: 4 Post secondary non tertiary 5 Tertiary Edu. 8 DK	Grade: Primary 11-15 Lower Sec 21-24 Upper Sec 31-33 Post secondary non tertiary 41-43 Tertiary Edu 51-57 DK 98  If level=0, go to next person
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade
01			1	2			1	2		
02			1	2			1	2		
03			1	2			1	2		
04			1	2			1	2		
05			1	2			1	2		
06			1	2			1	2		
07			1	2			1	2		
08			1	2			1	2		
09			1	2			1	2		
10			1	2			1	2		
11			1	2			1	2		
12			1	2			1	2		
13			1	2			1	2		
14			1	2			1	2		
15			1	2			1	2		

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole..... 21 Dug well Protected well..... 31 Unprotected well..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other ( <i>specify</i> ) ..... 96	11⇒WS5B 12⇒WS5B 13⇒WS5B 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS HANDWASHING?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole..... 21 Dug well Protected well..... 31 Unprotected well..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Other ( <i>specify</i> ) ..... 96	11⇒WS5B 12⇒WS5B 13⇒WS5B
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1 In own yard / plot..... 2 Elsewhere..... 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... _ _ _ DK ..... 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) ..... 1  Adult man (age 15+ years) ..... 2  Female child (under 15) ..... 3  Male child (under 15) ..... 4    DK ..... 8</p>	
<p>WS5A. Check WS1 and WS2</p> <p><input type="checkbox"/> If code is 14 ⇒ Continue with WS5B  <input type="checkbox"/> Otherwise ⇒ Go to WS6</p>		
<p>WS5B. DOES THE WATER COME FROM A TREATED WATER SUPPLY SYSTEM?</p>	<p>Yes ..... 1  No ..... 2    DK ..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes ..... 1  No ..... 2    DK ..... 8</p>	<p>2 ⇒ WS8  8 ⇒ WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil ..... A  Add bleach / chlorine ..... B  Strain it through a cloth ..... C  Use water filter (ceramic, sand, composite, etc.) ..... D  Solar disinfection ..... E  Let it stand and settle ..... F    Other (<i>specify</i>) ..... X  DK ..... Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush  Flush to piped sewer system ..... 11  Flush to septic tank ..... 12  Flush to pit (latrine) ..... 13  Flush to somewhere else ..... 14  Flush to unknown place / Not sure / DK where ..... 15  Pit latrine  Ventilated Improved Pit latrine (VIP) .... 21  Pit latrine with slab ..... 22  Pit latrine without slab / Open pit ..... 23    Composting toilet ..... 31  Bucket ..... 41  Hanging toilet, Hanging latrine ..... 51    No facility, Bush, Field ..... 95  Other (<i>specify</i>) ..... 96</p>	<p>95 ⇒ Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>2 ⇒ Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) ..... 1  Public facility ..... 2</p>	<p>2 ⇒ Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 _____  Ten or more households ..... 10  DK ..... 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Buddhist</i> ..... 1 <i>Christianity</i> ..... 2 <i>Islam</i> ..... 3 <i>Animist</i> ..... 4  Other religion ( <i>specify</i> ) _____ 6  No religion ..... 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Ethnic Group</i> (                      )  <i>Code</i> ____ _  Other ethnic group ( <i>specify</i> ) _____ 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... __ __	
HC3. <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>	Natural floor Earth / Sand ..... 11 Dung..... 12 Rudimentary floor Wood planks..... 21 Palm / Bamboo..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles..... 33 Cement..... 34 Carpet..... 35  Other ( <i>specify</i> ) _____ 96	
HC4. <i>Main material of the roof.</i>  <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch / Palm leaf ..... 12 Rudimentary Roofing Palm / Bamboo..... 22 Wood planks..... 23 Finished roofing Metal..... 31 Wood ..... 32 Calamine / Cement fibre ..... 33 Ceramic tiles..... 34 Cement..... 35 Roofing shingles..... 36  Other ( <i>specify</i> ) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls ..... 11</p> <p>Cane / Palm / Trunks ..... 12</p> <p>Dirt ..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud ..... 21</p> <p>Plywood ..... 24</p> <p>Cardboard ..... 25</p> <p>Reused wood ..... 26</p> <p>Bamboo mat ..... 27</p> <p>Bamboo/Bamboo with dry leaf ..... 28</p> <p>Bamboo lattice ..... 29</p> <p>Finished walls</p> <p>Cement ..... 31</p> <p>Stone with lime / cement ..... 32</p> <p>Bricks ..... 33</p> <p>Cement blocks ..... 34</p> <p>Wood planks / shingles ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>																																								
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity ..... 01</p> <p>Liquefied Petroleum Gas (LPG) ..... 02</p> <p>Natural gas ..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene ..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal ..... 07</p> <p>Wood ..... 08</p> <p>Straw / Shrubs / Grass ..... 09</p> <p>Animal dung ..... 10</p> <p>Agricultural crop residue ..... 11</p> <p>No food cooked in household ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																																							
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen ..... 1</p> <p>Elsewhere in the house ..... 2</p> <p>In a separate building ..... 3</p> <p>Outdoors ..... 4</p> <p>Other (<i>specify</i>) ..... 6</p>																																								
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A CLOCK?</p> <p>[G] FAN?</p> <p>[H] SOFA /WOODEN SETTEE?</p> <p>[I] WATER PUMP?</p> <p>[J] AIR-CONDITIONER?</p> <p>[K] WASHING MACHINE?</p> <p>[L] CD/DVD PLAYER</p>	<table> <tr> <th></th><th>Yes</th><th>No</th></tr> <tr> <td>Electricity .....</td><td>1</td><td>2</td></tr> <tr> <td>Radio .....</td><td>1</td><td>2</td></tr> <tr> <td>Television .....</td><td>1</td><td>2</td></tr> <tr> <td>Non-mobile telephone .....</td><td>1</td><td>2</td></tr> <tr> <td>Refrigerator .....</td><td>1</td><td>2</td></tr> <tr> <td>Clock .....</td><td>1</td><td>2</td></tr> <tr> <td>Fan .....</td><td>1</td><td>2</td></tr> <tr> <td>Sofa /wooden settee .....</td><td>1</td><td>2</td></tr> <tr> <td>Water pump .....</td><td>1</td><td>2</td></tr> <tr> <td>Air conditioner .....</td><td>1</td><td>2</td></tr> <tr> <td>Washing Machine .....</td><td>1</td><td>2</td></tr> <tr> <td>CD/DVD Player .....</td><td>1</td><td>2</td></tr> </table>		Yes	No	Electricity .....	1	2	Radio .....	1	2	Television .....	1	2	Non-mobile telephone .....	1	2	Refrigerator .....	1	2	Clock .....	1	2	Fan .....	1	2	Sofa /wooden settee .....	1	2	Water pump .....	1	2	Air conditioner .....	1	2	Washing Machine .....	1	2	CD/DVD Player .....	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p> <p>[H] TUK TUK</p> <p>[I] TAK TAK?</p> <p>[J] CAMERA?</p> <p>[K] COMPUTER?</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile Phone .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle/Scooter .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car/Truck .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tuk tuk .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tak tak .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Camera .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch .....	1	2	Mobile Phone .....	1	2	Bicycle .....	1	2	Motorcycle/Scooter .....	1	2	Animal drawn-cart .....	1	2	Car/Truck .....	1	2	Boat with motor .....	1	2	Tuk tuk .....	1	2	Tak tak .....	1	2	Camera .....	1	2	Computer .....	1	2	
	Yes	No																																				
Watch .....	1	2																																				
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Camera .....	1	2																																				
Computer .....	1	2																																				
<p>HC10. DO YOU OR ANY MEMBER OF THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own ..... 1</p> <p>Rent..... 2</p> <p>Other (Not owned or rented) ..... 6</p>																																					
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	2⇒HC13																																				
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Hectares..... _ _</p>																																					
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	2⇒HC15																																				
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] BULLS?</p> <p>[B] BUFFALO?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] POULTRY?</p> <p>[F] PIGS?</p> <p>[G] HORSES, DONKEYS, OR MULES</p> <p><i>If none, record '00'.</i></p> <p><i>If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Bulls..... _ _</p> <p>Buffalo ..... _ _</p> <p>Goats..... _ _</p> <p>Sheep..... _ _</p> <p>Poultry ..... _ _</p> <p>Pigs ..... _ _</p> <p>Horses/Donkeys/Mules ..... _ _</p>																																					
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>																																					

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No .....2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets _____	
TN3. ask the respondent to show you the nets in the household. if more than 6 nets, use additional questionnaire(s).		

	1 <sup>st</sup> Net	2 <sup>nd</sup> Net	3 <sup>rd</sup> Net	4 <sup>th</sup> Net	5 <sup>th</sup> Net	6 <sup>th</sup> Net
TN4. Mosquito net observed?	Observed .....1 Not observed.....2	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2
TN5. Observe or ask the type of mosquito net.  If you cannot observe the net, show pictures of typical net types to respondent.	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net.....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net.....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net.....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net .....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net .....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net .....21  Other net (specify) _____31  DK type .....98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET?  If less than one month, record "00"	Months ago ..... More than 36 mo. Ago.....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98

TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11  <input type="checkbox"/> Pre-treated (21) ⇒ TN9  <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11  <input type="checkbox"/> Pre-treated (21) ⇒ TN9  <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11  <input type="checkbox"/> Pre-treated (21) ⇒ TN9  <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11  <input type="checkbox"/> Pre-treated (21) ⇒ TN9  <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11  <input type="checkbox"/> Pre-treated (21) ⇒ TN9  <input type="checkbox"/> Else⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes ..... 1 No ..... 2 DK / Not sure ..... 8	Yes ..... 1 No ..... 2 DK / Not sure ..... 8	Yes ..... 1 No ..... 2 DK / Not sure ..... 8	Yes ..... 1 No ..... 2 DK / Not sure ..... 8	Yes ..... 1 No ..... 2 DK / Not sure ..... 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes ..... 1 No ..... 2 ⇒ TN11 DK / Not sure ..... 8 ⇒ TN11	Yes ..... 1 No ..... 2 ⇒ TN11 DK / Not sure ..... 8 ⇒ TN11	Yes ..... 1 No ..... 2 ⇒ TN11 DK / Not sure ..... 8 ⇒ TN11	Yes ..... 1 No ..... 2 ⇒ TN11 DK / Not sure ..... 8 ⇒ TN11	Yes ..... 1 No ..... 2 ⇒ TN11 DK / Not sure ..... 8 ⇒ TN11
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago ... ____  More than 24 mo. Ago ..... 95 DK / Not sure ..... 98	Months ago ... ____  More than 24 mo. Ago ..... 95 DK / Not sure ..... 98	Months ago ... ____  More than 24 mo. Ago ..... 95 DK / Not sure ..... 98	Months ago ... ____  More than 24 mo. Ago ..... 95 DK / Not sure ..... 98	Months ago ... ____  More than 24 mo. Ago ..... 95 DK / Not sure ..... 98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes ..... 1 No ..... 2 ⇒ TN13 DK / Not sure ..... 8 ⇒ TN13	Yes ..... 1 No ..... 2 ⇒ TN13 DK / Not sure ..... 8 ⇒ TN13	Yes ..... 1 No ..... 2 ⇒ TN13 DK / Not sure ..... 8 ⇒ TN13	Yes ..... 1 No ..... 2 ⇒ TN13 DK / Not sure ..... 8 ⇒ TN13	Yes ..... 1 No ..... 2 ⇒ TN13 DK / Not sure ..... 8 ⇒ TN13



**Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

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

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

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

**Table 2: Selection of Random Child for Child Discipline Questions**

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

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

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

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

HH19. Record the time.	Hour and minutes ..... : ..	
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SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>No color change ..... 1</p> <p>Color change ..... 2</p> <p>No salt in the house..... 6</p> <p>Salt not tested ..... 7</p>	

<p>HH20. Does any eligible woman age 15-49 reside in the household?</p> <p><i>Check Household Listing Form, column HL7 for any eligible woman.</i></p> <p><i>You should have a questionnaire with the Information Panel filled in for each eligible woman.</i></p> <p><input type="checkbox"/> Yes ⇒ Go to <b>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</b> to administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No ⇒ Continue.</p>
<p>HH20A. Is household selected for male interview and does any eligible man age 15-49 reside in the household?</p> <p><i>Check Household Information Panel, HH7A and Household Listing Form, column 7A for any eligible man.</i></p> <p><i>If household is selected for male interview, you should have a questionnaire with the Information Panel filled in for each eligible man.</i></p> <p><input type="checkbox"/> Yes ⇒ Go to <b>QUESTIONNAIRE FOR INDIVIDUAL MEN</b> to administer the questionnaire to the first eligible man.</p> <p><input type="checkbox"/> No ⇒ Continue.</p>
<p>HH21. Does any child under the age of 5 reside in the household?</p> <p><i>Check Household Listing Form, column HL9 for any eligible child under age 5.</i></p> <p><i>You should have a questionnaire with the Information Panel filled in for each eligible child.</i></p> <p><input type="checkbox"/> Yes ⇒ Go to <b>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</b> to administer the questionnaire to mother or caretaker of the first eligible child.</p> <p><input type="checkbox"/> No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15B on the cover page.</p>

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**



## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.</i>		
WM1. Cluster number:  _____	WM2. Household number:  _____	
WM3. Woman's name: Name _____	WM4. Woman's line number:  _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview:  ____ / ____ / _____	

*Repeat greeting if not already read to this woman:*

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

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

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

MAY I START NOW?

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

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

WM8. Field edited by (Name and number):  Name _____	WM9. Data entry clerk (Name and number):  Name _____
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WM10. Record the time.	Hour and minutes ..... : ..	
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month.....98  Year ..... DK year.....9998	
WB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) ..... — —	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes .....1 No .....2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool.....0 Primary.....1 Lower Secondary .....2 Upper Secondary.....3 Post secondary non tertiary.....4 Tertiary Education .....5	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?  <i>Grade:</i> <i>Primary 11-15</i> <i>Lower Sec 21-24</i> <i>Upper Sec 31-33</i> <i>Post secondary non tertiary 41-43</i> <i>Tertiary Edu 51-57</i> 98 DK <i>If less than 1 grade at this level, enter "00"</i>	Grade ..... — —	
WB6. Check WB4:  <input type="checkbox"/> Lower secondary or higher. ⇒ Go to next module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?  <i>Sample sentences for literacy test:</i> 1. The child is reading a book. 2. The rain came late this year. 3. Parents must care for their children. 4. Farming is hard work.	Cannot read at all.....1 Able to read only parts of sentence.....2 Able to read whole sentence.....3  No sentence in required language.....4 <i>(specify language)</i>  Blind / mute, visually / speech impaired .....5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		WT
<b>WT1. Check WB7:</b> <input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with WT2 <input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with WT2 <input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to WT3		
<b>WT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	
<b>WT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	
<b>WT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	
<b>WT5. Check WB2: Age of respondent 15-24 years?</b> <input type="checkbox"/> Yes, age 15-24 ⇒ Continue with WT6 <input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module		
<b>WT6. HAVE YOU EVER USED A COMPUTER?</b>	Yes .....1 No .....2	2⇒WT9
<b>WT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</b>	Yes .....1 No .....2	2⇒WT9
<b>WT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	
<b>WT9. HAVE YOU EVER USED THE INTERNET?</b>	Yes .....1 No .....2	2⇒Next Module
<b>WT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</b>  <i>If necessary, probe for use from any location, with any device.</i>	Yes .....1 No .....2	2⇒ Next Module
<b>WT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b>	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2⇒CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons at home ..... _ _  Daughters at home ..... _ _	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No ..... 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?  <i>If none, record '00'.</i>	Sons elsewhere ..... _ _  Daughters elsewhere ..... _ _	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?  <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes ..... 1 No ..... 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?  <i>If none, record '00'.</i>	Boys dead ..... _ _  Girls dead ..... _ _	
CM10. Sum answers to CM5, CM7, and CM9.	Sum ..... _ _	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL ( <i>total number in CM10</i> ) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. Check below: <input type="checkbox"/> No live births ⇒ Go to ILLNESS SYMPTOMS Module <input type="checkbox"/> One or more live births ⇒ Continue with BIRTH HISTORY Module <input type="checkbox"/> No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY module or ILLNESS SYMPTOMS module		

**BIRTH HISTORY****BH**

Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate line. If there are more than 14 births, use an additional questionnaire.

BH Line No.	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (name) a boy or a girl?	BH4. In what month and year was (name) born?  Probe: What is his/her birthday?		BH5. Is (name) still alive?	BH6. How old was (name) at his/her last birthday?	BH7. Is (name) living with you?	BH8. Record household line number of child (from HL1)	BH9. If dead: How old was (name) when he/she died?  If "1 year", probe: How many months old was (name)?			BH10. Were there any other live births between (name of previous birth) and (name), including any children who died after birth?			
		S	M		B	G					Month	Year	Y		N	Unit	Number
		1 Single 2 Multiple		1 Boy 2 Girl				1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Record days if less than 1 month; record months if less than 2 years; or years	1 Yes 2 No				
Line	Name	S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit <td>Number <td>Y</td> <td>N</td> </td>	Number <td>Y</td> <td>N</td>	Y	N
01		1 2		1 2				1 2 ⇒ BH9		1 2	— — ⇒ Next Line	Days ..... 1 Months ..... 2 Years ..... 3					
02		1 2		1 2				1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth				
03		1 2		1 2				1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth				
04		1 2		1 2				1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth				
05		1 2		1 2				1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth				
06		1 2		1 2				1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth				
07		1 2		1 2				1 2 ⇒ BH9		1 2	— — ⇒ BH10	Days ..... 1 Months ..... 2 Years ..... 3	1 2 Add Next Birth				



CM12. Compare number in CM10 with number of births in the Birth History above and check:

- ☐ Numbers are same ⇒ Continue with CM13
- ☐ Numbers are different ⇒ Probe and reconcile

CM13. Check BH4: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2009**

- ☐ No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.
- ☐ One or more live births in last 2 years. ⇒ Ask for the name of the child

Name of child \_\_\_\_\_

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

*Continue with the next module.*

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



MATERNAL AND NEWBORN HEALTH		MN												
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary nurse ..... C Other person Traditional birth attendant ..... F Community health worker ..... G  Other (specify) ..... X													
MN2A. HOW MANY MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?	Months .....  DK ..... 98													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times .....  DK ..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED?  [B] DID YOU GIVE A URINE SAMPLE?  [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample .....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  MAY I SEE IT PLEASE?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3  DK ..... 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN9  8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times .....  DK ..... 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN11A  <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9														



MN21. WAS ( <i>name</i> ) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID ( <i>name</i> ) WEIGH? <i>Record weight from health card, if available.</i>	From card..... 1 (kg) ____ . ____ From recall ..... 2 (kg) ____ . ____ DK ..... 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF ( <i>name</i> )?	Yes ..... 1 No ..... 2	
MN24. DID YOU EVER BREASTFEED ( <i>name</i> )?	Yes ..... 1 No ..... 2	2⇒Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT ( <i>name</i> ) TO THE BREAST? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately..... 000 Hours ..... 1 ____ Days ..... 2 ____ Don't know / remember..... 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS ( <i>name</i> ) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No ..... 2	2⇒NEXT MODULE
MN27. WHAT WAS ( <i>name</i> ) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk) ..... A Plain water ..... B Sugar or glucose water ..... C Gripe water ..... D Sugar-salt-water solution ..... E Fruit juice ..... F Infant formula ..... G Tea / Infusions ..... H Honey ..... I Other (specify) ..... X	

POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
<p>PN1. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6</p>		
<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours ..... 1 ____</p> <p>Days ..... 2 ____</p> <p>Weeks ..... 3 ____</p> <p>Don't know / remember ..... 998</p>	
<p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN10</p>		

<p>PN7. YOU HAVE ALREADY SAID THAT <i>(person or persons in MN17)</i> ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON <i>(name)</i>'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING <i>(name)</i>, CHECKING THE CORD, OR SEEING IF <i>(name)</i> IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE <i>(person or persons in MN17)</i> LEFT YOU, DID <i>(person or persons in MN17)</i> CHECK ON <i>(name)</i>'S HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>PN8. AND DID <i>(person or persons in MN17)</i> CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1 No ..... 2</p>	
<p>PN9. AFTER THE <i>(person or persons in MN17)</i> LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF <i>(name)</i>?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON <i>(name)</i>'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING <i>(name)</i>, CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER <i>(name)</i> WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once ..... 1 More than once ..... 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours ..... 1   __ __</p> <p>Days ..... 2   __ __</p> <p>Weeks ..... 3   __ __</p> <p>Don't know / remember ..... 998</p>	

<p>PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?</p>	<p>Health professional          Doctor ..... A          Nurse / Midwife ..... B          Auxiliary nurse ..... C          Other person          Traditional birth attendant..... F          Community health worker..... G          Relative / Friend ..... H            Other (specify) ..... X</p>	
<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home          Your home ..... 11          Other home..... 12            Public sector          Govt. hospital..... 21          Health centre ..... 22          Other public (specify)..... 26            Private medical sector          Private hospital ..... 31          Private clinic ..... 32          Private maternity home ..... 33          Other private              medical (specify) ..... 36            Other (specify) ..... 96</p>	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes ..... 1          No ..... 2</p>	<p>1⇒PN20          2⇒Next Module</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes ..... 1          No ..... 2</p>	<p>1⇒PN20          2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1          No ..... 2</p>	<p>2⇒Next Module</p>

PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once ..... 2	1⇒PN21A 2⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?  PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?  <i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i>	Hours ..... 1 ____ Days ..... 2 ____ Weeks ..... 3 ____ Don't know / remember ..... 998	
PN22. WHO CHECKED ON <u>YOUR</u> HEALTH THAT TIME?	Health professional Doctor ..... A Nurse / Midwife ..... B Auxiliary nurse ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative / Friend ..... H Other ( <i>specify</i> ) ..... X	
PN23. WHERE DID THIS CHECK TAKE PLACE?  <i>Probe to identify the type of source.  If unable to determine whether public or private, write the name of the place.</i>  _____ <i>(Name of place)</i>	Home Your home ..... 11 Other home ..... 12  Public sector Govt. hospital ..... 21 Health centre ..... 22 Other public ( <i>specify</i> ) ..... 26  Private medical sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical ( <i>specify</i> ) ..... 36  Other ( <i>specify</i> ) ..... 96	

ILLNESS SYMPTOMS		IS
<p>IS1. Check Household Listing, column HL9</p> <p>Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2.</p> <p><input type="checkbox"/> No ⇒ Go to Next Module.</p>		
<p>IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do NOT prompt with any suggestions</i></p>	<p>Child not able to drink or breastfeed ..... A</p> <p>Child becomes sicker ..... B</p> <p>Child develops a fever ..... C</p> <p>Child has fast breathing..... D</p> <p>Child has difficult breathing ..... E</p> <p>Child has blood in stool ..... F</p> <p>Child is drinking poorly ..... G</p> <p>Diarrhea ..... H</p> <p>Cough ..... I</p> <p>Other (specify) ..... X</p> <p>Other (specify) ..... Y</p> <p>Other (specify) ..... Z</p>	



CONTRACEPTION		CP
<p>CP0. NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.</p> <p>HAVE YOU EVER HEARD OF (METHOD)?</p>		
<p>CP0A. <b>FEMALE STERILIZATION?</b>            PROBE: WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0B. <b>MALE STERILIZATION?</b> PROBE: MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0C. <b>IUD?</b>            PROBE: WOMEN CAN HAVE A LOOP OR COIL PLACED INSIDE THEM BY A DOCTOR OR A NURSE.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0D. <b>INJECTABLES?</b>            PROBE: WOMEN CAN HAVE AN INJECTION BY A HEALTH PROVIDER THAT STOPS THEM FROM BECOMING PREGNANT FOR ONE OR MORE MONTHS.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0E. <b>IMPLANTS?</b>            PROBE: WOMEN CAN HAVE ONE OR MORE SMALL RODS PLACED IN THEIR UPPER ARM BY A DOCTOR OR NURSE WHICH CAN PREVENT PREGNANCY FOR ONE OR MORE YEARS.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0F. <b>PILL?</b>            PROBE: WOMEN CAN TAKE A PILL EVERY DAY TO AVOID BECOMING PREGNANT.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0G. <b>CONDOM?</b>            PROBE: MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0H. <b>FEMALE CONDOM?</b>            PROBE: WOMEN CAN PLACE A SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0I. <b>RHYTHM METHOD?</b>            PROBE: EVERY MONTH THAT A WOMAN IS SEXUALLY ACTIVE SHE CAN AVOID PREGNANCY BY NOT HAVING SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH SHE IS MOST LIKELY TO GET PREGNANT.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0J. <b>WITHDRAWAL?</b>            PROBE: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CP0K. HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?</p>	<p>Yes ..... 1</p> <p>_____</p> <p>(Specify)</p> <p>_____</p> <p>(Specify)</p> <p>No ..... 2</p>	

<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No..... 2</p> <p>Unsure/Don't Know ..... 8</p>	<p>1⇒CP5</p>
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒ CP5</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization ..... A</p> <p>Male sterilization ..... B</p> <p>IUD ..... C</p> <p>Injectables ..... D</p> <p>Implants..... E</p> <p>Pill ..... F</p> <p>Male condom..... G</p> <p>Female condom ..... H</p> <p>Diaphragm..... I</p> <p>Foam / Jelly ..... J</p> <p>Lactational amenorrhoea method (LAM) ..... K</p> <p>Periodic abstinence / Rhythm ..... L</p> <p>Withdrawal ..... M</p> <p>Other (<i>specify</i>) ..... X</p>	<p>K⇒ CP5</p> <p>L⇒ CP5</p> <p>M⇒CP5</p> <p>X⇒CP5</p>
<p>CP4. WHERE DID YOU OBTAIN (CURRENT METHOD) THE LAST TIME?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Public Sector</p> <p>Govt. Hospital..... 11</p> <p>Health Center ..... 12</p> <p>Lao Youth Center LYC..... 13</p> <p>Outreach Team ..... 14</p> <p>Village Health Volunteer VHV ..... 15</p> <p>Other Public Sector ..... 16</p> <p>(Specify)</p> <p>Private Medical Sector</p> <p>Private hospital/Clinic..... 21</p> <p>Pharmacy ..... 22</p> <p>Private Doctor ..... 23</p> <p>Mobile Clinic..... 24</p> <p>Field Worker..... 25</p> <p>Other Private Medical Sector ..... 26</p> <p>(Specify)</p> <p>Other Source</p> <p>Shop..... 31</p> <p>Friend/Relative ..... 33</p> <p>Other ..... 96</p> <p>(Specify)</p>	<p>Go to Next Module for all responses</p>
<p>CP5. DO YOU KNOW OF A PLACE WHERE YOU CAN OBTAIN A METHOD OF FAMILY PLANNING?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>

<p>CP6. WHERE IS THAT?</p> <p>ANY OTHER PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <hr/> <p style="text-align: center;">(Name of place)</p>	<p>Public Sector</p> <p>Govt. Hospital.....A</p> <p>Health Center .....B</p> <p>Lao Youth Center LYC.....C</p> <p>Outreach Team .....D</p> <p>Village Health Volunteer VHV .....E</p> <p>Other Public Sector _____ F</p> <p style="text-align: right;">(Specify)</p> <p>Private Medical Sector</p> <p>Private hospital/Clinic..... G</p> <p>Pharmacy .....H</p> <p>Private Doctor ..... I</p> <p>Mobile Clinic..... J</p> <p>Field Worker.....K</p> <p>Other Private Medical Sector _____ L</p> <p style="text-align: right;">(Specify)</p> <p>Other Source</p> <p>Shop..... M</p> <p>Friend/Relative .....N</p> <p>Other _____ X</p> <p style="text-align: right;">(Specify)</p>	
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UNMET NEED		UN
<b>UN1. Check CP1. Currently pregnant?</b> <input type="checkbox"/> <i>Yes, currently pregnant ⇒ Continue with UN2</i> <input type="checkbox"/> <i>No, unsure or DK ⇒ Go to UN5</i>		
<b>UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</b>	Yes ..... 1 No..... 2	1⇒UN4
<b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</b>	Later ..... 1 No more ..... 2	
<b>UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?</b>	Have another child ..... 1 No more / None ..... 2 Undecided / Don't know ..... 8	1⇒UN7 2⇒UN13 8⇒UN13
<b>UN5. Check CP3. Currently using "Female sterilization"?</b> <input type="checkbox"/> <i>Yes ⇒ Go to UN13</i> <input type="checkbox"/> <i>No ⇒ Continue with UN6</i>		
<b>UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</b>	Have (a/another) child..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / Don't know ..... 8	2⇒UN9 3⇒UN11 8⇒UN9
<b>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</b>	Months ..... 1 ____ Years ..... 2 ____ Soon / Now..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 Don't know ..... 998	994⇒UN11
<b>UN8. Check CP1. Currently pregnant?</b> <input type="checkbox"/> <i>Yes, currently pregnant ⇒ Go to UN13</i> <input type="checkbox"/> <i>No, unsure or DK ⇒ Continue with UN9</i>		

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

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

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man ..... 2 No, not in union ..... 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __  DK.....98	After the response go to 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 Month.....__ __  DK month.....98  Year .....__ __ __ __  DK year.....9998	Year⇒ Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	

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



HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1 No ..... 2 DK ..... 8	2⇒Go to HA27A																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No ..... 2 DK ..... 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No ..... 2 DK ..... 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No ..... 2 DK ..... 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No ..... 2 DK ..... 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK ..... 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK ..... 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>During pregnancy .....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>During delivery .....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>By breastfeeding .....</td><td>1</td><td>2</td><td>8</td></tr></table>		Yes	No	DK	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No ..... 2 DK / Not sure / Depends ..... 8																	
HA12A. IF A WIFE KNOWS HER HUSBAND HAS A DISEASE THAT SHE CAN GET DURING SEXUAL	Yes..... 1 No ..... 2																	

INTERCOURSE, IS SHE JUSTIFIED IN ASKING THAT THEY USE A CONDOM WHEN THEY HAVE SEX?	DK / Not sure / Depends..... 8	
HA12B. IS A WIFE JUSTIFIED IN REFUSING TO HAVE SEX WITH HER HUSBAND WHEN SHE KNOWS HE HAS SEX WITH OTHER WOMEN?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8	
HA12C. Check MA1: Currently married or living together with a man as if married		
<input type="checkbox"/> Not in union ⇒ Go to HA13 <input type="checkbox"/> Currently married or living with a man ⇒ Continue with HA12D		
HA12D. CAN YOU SAY NO TO YOUR (HUSBAND/PARTNER) IF YOU DO NOT WANT TO HAVE SEXUAL INTERCOURSE?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8	
HA12E. COULD YOU ASK YOUR (HUSBAND/PARTNER) TO USE A CONDOM IF YOU WANTED HIM TO?	Yes..... 1 No ..... 2 DK / Not sure / Depends..... 8	
HA13. Check CM13: Any live birth in last 2 years?		
<input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14		
HA14. Check MN1: Received antenatal care?		
<input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24		
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),		
WERE YOU GIVEN ANY INFORMATION ABOUT:	Y N DK	
[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?	AIDS from mother ..... 1 2 8	
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?	Things to do ..... 1 2 8	
[C] GETTING TESTED FOR THE AIDS VIRUS?	Tested for AIDS ..... 1 2 8	
WERE YOU:		
[D] OFFERED A TEST FOR THE AIDS VIRUS?	Offered a test ..... 1 2 8	
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No..... 2 DK..... 8	2⇒HA19 8⇒HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2 DK..... 8	2⇒HA22 8⇒HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE	Yes..... 1 No..... 2	1⇒HA22 2⇒HA22

COUNSELLING AFTER GETTING THE RESULT.  AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	DK ..... 8	8⇒HA22
HA19. Check MN17: Birth delivered by health professional (A, B or C)?  <input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20  <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24		
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes ..... 1 No ..... 2	2⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No ..... 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago ..... 1	1⇒HA27A
	12-23 months ago ..... 2	2⇒HA27A
	2 or more years ago ..... 3	3⇒HA27A
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1	1⇒HA27A
	No ..... 2	2⇒HA27A
	DK ..... 8	8⇒HA27A
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	
HA27A. HAVE YOU HEARD ABOUT OTHER INFECTIONS THAT CAN BE TRANSMITTED THROUGH SEXUAL CONTACT?	Yes ..... 1	
	No ..... 2	
HA27B. Check SB1: Has had sexual intercourse (SB1)?  <input type="checkbox"/> Never had sexual intercourse ⇒ Go to next module  <input type="checkbox"/> Has had sexual intercourse ⇒ Continue with HA27C		
HA27C. Check HA27A: Heard about sexually transmitted infections (HA27A)?  <input type="checkbox"/> Yes ⇒ Continue with HA27D  <input type="checkbox"/> No ⇒ Go to HA27E		

HA27D. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN THE LAST 12 MONTHS. DURING THE LAST 12 MONTHS, HAVE YOU HAD A DISEASE WHICH YOU GOT THROUGH SEXUAL CONTACT?	Yes..... 1 No ..... 2 DK ..... 8	
HA27E. SOMETIMES WOMEN EXPERIENCE A BAD-SMELLING ABNORMAL GENITAL DISCHARGE. DURING THE LAST 12 MONTHS, HAVE YOU HAD A BAD-SMELLING ABNORMAL GENITAL DISCHARGE?	Yes..... 1 No ..... 2 DK ..... 8	
HA27F. SOMETIMES WOMEN HAVE A GENITAL SORE OR ULCER. DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?	Yes..... 1 No ..... 2 DK ..... 8	
HA27G. Check HA27D, HA27E, and HA27F:  <input type="checkbox"/> Has not had any infection or DK ⇒ Go to next module  <input type="checkbox"/> Has had an infection (any "Yes") ⇒ Continue with HA27H		
HA27H. THE LAST TIME YOU HAD (PROBLEM FROM HA27D/HA27E/HA27F), DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?	Yes..... 1 No ..... 2	2⇒Next Module
HA27I. WHERE DID YOU GO?  <i>Probe to identify the type of source.          If unable to determine if public or private sector,          write the name of the place.</i>  <hr/> (Name of place)	Public Sector Govt. Hospital ..... 11 Health Center..... 12 Lao Youth Center LYC..... 13 Outreach Team ..... 14 Village Health Volunteer VHV..... 15 Other Public Sector ..... 16 (Specify)  Private Medical Sector Private hospital/Clinic .....21 Pharmacy.....22 Private Doctor .....23 Mobile Clinic.....24 Field Worker.....25  Other Private Medical Sector .....26 (Specify)  Other Source Shop.....31 Friend/Relative.....33 Other ..... 96 (Specify)	

MATERNAL MORTALITY		MM
<p>NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BROTHERS AND SISTERS, THAT IS, ALL OF THE CHILDREN BORN TO YOUR NATURAL MOTHER. PLEASE INCLUDE ALL YOUR SISTERS AND BROTHERS WHO ARE LIVING WITH YOU, THOSE WHO ARE LIVING ELSEWHERE, AND THOSE WHO HAVE DIED.</p>		
MM1. HOW MANY CHILDREN DID YOUR MOTHER GIVE BIRTH TO, INCLUDING YOURSELF?	Number of births to natural mother ____	
<p>MM2. CHECK MM1.</p> <p><input type="checkbox"/> TWO OR MORE BIRTHS ⇒ CONTINUE WITH MM3</p> <p><input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) ⇒ GO TO WM11</p>		
MM3. HOW MANY OF THESE BIRTHS DID YOUR MOTHER HAVE BEFORE YOU WERE BORN?	Number of preceding births ____	

	[S1] OLDEST	[S2] NEXT OLDEST	[S3] NEXT OLDEST	[S4] NEXT OLDEST	[S5] NEXT OLDEST
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____	_____
MM5. IS (NAME) MALE OR FEMALE?	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2
MM6. IS (NAME) STILL ALIVE?	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S2]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S3]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S4]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S5]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S6]
MM7. HOW OLD IS (NAME)?	_____ ⇒ Go to [S2]	_____ ⇒ Go to [S3]	_____ ⇒ Go to [S4]	_____ ⇒ Go to [S5]	_____ ⇒ Go to [S6]
MM8. HOW MANY YEARS AGO DID (NAME) DIE?	____	____	____	____	____
MM9. HOW OLD WAS (NAME) WHEN HE/SHE DIED?	_____ <i>If male or died before age 12, go to [S2]</i>	_____ <i>If male or died before age 12, go to [S3]</i>	_____ <i>If male or died before age 12, go to [S4]</i>	_____ <i>If male or died before age 12, go to [S5]</i>	_____ <i>If male or died before age 12, go to [S6]</i>
MM10. WAS (NAME) PREGNANT WHEN SHE DIED?	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2
MM11. DID (NAME) DIE DURING CHILDBIRTH?	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2
MM12. DID (NAME) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2
MM13. HOW MANY LIVE BORN CHILDREN DID (NAME) GIVE BIRTH TO DURING HER LIFETIME?	____	____	____	____	____
MM14.	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>

	[S6] OLDEST	[S7] OLDEST	[S8] NEXT OLDEST	[S9] NEXT OLDEST	[S10] NEXT OLDEST
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____	_____
MM5. IS (NAME) MALE OR FEMALE?	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2	Male ..... 1 Female ..... 2
MM6. IS (NAME) STILL ALIVE?	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S7]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S8]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S9]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S10]	Yes ..... 1 No ..... 2 ⇒ MM8 DK ..... 8 ⇒ [S11]
MM7. HOW OLD IS (NAME)?	___ __ ⇒ Go to [S7]	___ __ ⇒ Go to [S8]	___ __ ⇒ Go to [S9]	___ __ ⇒ Go to [S10]	___ __ ⇒ Go to [S11]
MM8. HOW MANY YEARS AGO DID (NAME) DIE?	___ __	___ __	___ __	___ __	___ __
MM9. HOW OLD WAS (NAME) WHEN HE/SHE DIED?	___ __ <i>If male or died before age 12, go to [S7]</i>	___ __ <i>If male or died before age 12, go to [S8]</i>	___ __ <i>If male or died before age 12, go to [S9]</i>	___ __ <i>If male or died before age 12, go to [S10]</i>	___ __ <i>If male or died before age 12, go to [S11]</i>
MM10. WAS (NAME) PREGNANT WHEN SHE DIED?	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2
MM11. DID (NAME) DIE DURING CHILDBIRTH?	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2	Yes ..... 1 ⇒ MM13 No ..... 2
MM12. DID (NAME) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2
MM13. HOW MANY LIVE BORN CHILDREN DID (NAME) GIVE BIRTH TO DURING HER LIFETIME?	___ __	___ __	___ __	___ __	___ __
MM14.	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>	<i>IF NO MORE SIBLINGS, GO TO WM11</i>
					TICK HERE IF ADDITIONAL QUESTIONNAIRE USED <input type="checkbox"/>

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

MAN'S INFORMATION PANEL		MI
<i>This questionnaire is to be administered to all men age 15-49 in households selected for male interview (see Household Information Panel HH7A and Household Listing Form HL7A). A separate questionnaire should be used for each eligible man</i>		
MI1. Cluster number: _____	MI2. Household number: _____	
MI3. Man's name: Name _____	MI4. Man's line number: _____	
MI5. Interviewer name and number: Name _____	MI6. Day / Month / Year of interview: ____ / ____ / _____	

*Repeat greeting if not already read to this man:*

WE ARE FROM DEPARTMENT OF STATISTICS AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- ☐ Yes, permission is given ⇒ Go to MI10 to record the time and then begin the interview.
- ☐ No, permission is not given ⇒ Complete MI7. Discuss this result with your supervisor.

MI7. Result of man's interview	Completed .....	01
	Not at home .....	02
	Refused .....	03
	Partly completed .....	04
	Incapacitated .....	05
	Other (specify) _____	96

MI8. Field edited by (Name and number): Name _____	MI9. Data entry clerk (Name and number): Name _____
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ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check MB7: <input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	
MT5. Check MB2: Age of respondent 15-24 years? <input type="checkbox"/> Yes, age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes .....1 No .....2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes .....1 No .....2	2⇒MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes .....1 No .....2	2⇒Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?  <i>If necessary, probe for use from any location, with any device.</i>	Yes .....1 No .....2	2⇒ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day .....1 At least once a week .....2 Less than once a week.....3 Not at all .....4	

CONTRACEPTION		MC
MC0. NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.		
Have you ever heard of (METHOD)?		
MC0A. <b>FEMALE STERILIZATION?</b> PROBE: WOMEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.	Yes ..... 1 No ..... 2	
MC0B. <b>MALE STERILIZATION?</b> PROBE: MEN CAN HAVE AN OPERATION TO AVOID HAVING ANY MORE CHILDREN.	Yes ..... 1 No ..... 2	
MC0C. <b>IUD?</b> PROBE: WOMEN CAN HAVE A LOOP OR COIL PLACED INSIDE THEM BY A DOCTOR OR A NURSE.	Yes ..... 1 No ..... 2	
MC0D. <b>INJECTABLES?</b> PROBE: WOMEN CAN HAVE AN INJECTION BY A HEALTH PROVIDER THAT STOPS THEM FROM BECOMING PREGNANT FOR ONE OR MORE MONTHS.	Yes ..... 1 No ..... 2	
MC0E. <b>IMPLANTS?</b> PROBE: WOMEN CAN HAVE ONE OR MORE SMALL RODS PLACED IN THEIR UPPER ARM BY A DOCTOR OR NURSE WHICH CAN PREVENT PREGNANCY FOR ONE OR MORE YEARS.	Yes ..... 1 No ..... 2	
MC0F. <b>PILL?</b> PROBE: WOMEN CAN TAKE A PILL EVERY DAY TO AVOID BECOMING PREGNANT.	Yes ..... 1 No ..... 2	
MC0G. <b>CONDOM?</b> PROBE: MEN CAN PUT A RUBBER SHEATH ON THEIR PENIS BEFORE SEXUAL INTERCOURSE.	Yes ..... 1 No ..... 2	
MC0H. <b>FEMALE CONDOM?</b> PROBE: WOMEN CAN PLACE A SHEATH IN THEIR VAGINA BEFORE SEXUAL INTERCOURSE	Yes ..... 1 No ..... 2	
MC0I. <b>RHYTHM METHOD?</b> PROBE: EVERY MONTH THAT A WOMAN IS SEXUALLY ACTIVE SHE CAN AVOID PREGNANCY BY NOT HAVING SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH SHE IS MOST LIKELY TO GET PREGNANT.	Yes ..... 1 No ..... 2	
MC0J. <b>WITHDRAWAL?</b> PROBE: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.	Yes ..... 1 No ..... 2	
MC0K. HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?	Yes ..... 1  _____ (Specify)  _____ (Specify)  No ..... 2	

<p>MC1. IN THE LAST FEW MONTHS HAVE YOU; HEARD ABOUT FAMILY PLANNING ON THE RADIO SEEN ANYTHING ABOUT FAMILY PLANNING ON THE TV READ ABOUT FAMILY PLANNING IN THE NEWSPAPER OR MAGAZINE</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Radio .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TV .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Newspaper or Magazine .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Radio .....	1	2	TV .....	1	2	Newspaper or Magazine .....	1	2	
	Yes	No												
Radio .....	1	2												
TV .....	1	2												
Newspaper or Magazine .....	1	2												
<p>MC2. IN THE LAST FEW MONTHS, HAVE YOU DISCUSSED FAMILY PLANNING WITH A HEALTH WORKER OR HEALTH PROFESSIONAL?</p>	<p>Yes ..... 1 No ..... 2</p>													
<p>MC3. NOW I WOULD LIKE TO ASK YOU ABOUT A WOMAN'S RISK OF PREGNANCY  FROM ONE MENSTRUAL PERIOD TO THE NEXT, ARE THERE CERTAIN DAYS WHEN A WOMAN IS MORE LIKELY TO BECOME PREGNANT WHEN SHE HAS SEXUAL RELATION?</p>	<p>Yes ..... 1 No ..... 2 DK ..... 8</p>	<p>2⇒MC5 8⇒MC5</p>												
<p>MC4. IS THIS TIME JUST BEFORE HER PERIOD BEGINS, RIGHT AFTER HER PERIOD HAS ENDED, OR HALFWAY BETWEEN TWO PERIODS?</p>	<p>Just before her period begins.....1 During her period.....2 Right after her period has ended.....3 Halfway between two periods.....4 Other ..... 6 (Specify)</p>													
<p>MC5. I WILL READ YOU SOME STATEMENTS ABOUT CONTRACEPTION. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH EACH ONE</p> <p>(I) CONTRACEPTION IS A WOMAN'S BUSINESS AND A MAN SHOULD NOT HAVE TO WORRY ABOUT IT</p> <p>(II) WOMAN WHO USE CONTRACEPTION MAY BECOME PROMISCUOUS</p>	<table border="0"> <thead> <tr> <th></th> <th>Agree</th> <th>Disagree</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Contraception is a Woman's business</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Woman may become Promiscuous</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Agree	Disagree	DK	Contraception is a Woman's business	1	2	8	Woman may become Promiscuous	1	2	8	
	Agree	Disagree	DK											
Contraception is a Woman's business	1	2	8											
Woman may become Promiscuous	1	2	8											
<p>MC6. Check MC0G,</p> <p><input type="checkbox"/> If yes to know male condom ⇒ Go toMC7</p> <p><input type="checkbox"/> If no to know male condom ⇒ Go to next module</p>														
<p>MC7. DO YOU KNOW A PLACE WHERE A PERSON CAN GET CONDOM?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒ Next Module</p>												

<p>MC8. WHERE IS THAT?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public Sector</p> <p>Government Hospital.....A</p> <p>Health Center .....B</p> <p>Lao Youth Center LYC.....C</p> <p>Outreach team .....D</p> <p>Village Health Volunteer VHV .....E</p> <p>Other public sector.....F</p> <p>_____</p> <p>(Specify)</p> <p>Private medical sector</p> <p>Private hospital/clinic.....G</p> <p>Pharmacy.....H</p> <p>Private Doctor.....I</p> <p>Mobile Clinic.....J</p> <p>Field Worker.....K</p> <p>Other private medical sector.....L</p> <p>_____</p> <p>(Specify)</p> <p>Other source</p> <p>Shop.....M</p> <p>Friends/Relatives.....O</p> <p>Other _____...X</p> <p>(Specify)</p>	
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# ATTITUDES TOWARD DOMESTIC VIOLENCE

MV

MV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling .....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children .....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him .....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex .....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food .....	1	2	8

MARRIAGE AND SEXUAL ACTIVITY		MS
MS1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a woman ..... 2 No, not in union ..... 3	1⇒MS4 2⇒MS4
MS2. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a woman ..... 2 No ..... 3	3⇒ MS9
MS3. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	1⇒ MS6 2⇒ MS6 3⇒ MS6
MS4. IS YOUR (WIFE/PARTNER) LIVING WITH YOU NOW OR IS SHE STAYING ELSEWHERE?	Living with him ..... 1 Staying elsewhere ..... 2	
MS5. RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD LISTING QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	Name _____  Line number ..... _ _	
MS6. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	
MS7. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Month ..... _ _ DK month ..... 98 Year ..... _ _ _ _ DK year ..... 9998	Year⇒ MS9
MS8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years ..... _ _	
<b>MS9. CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY</b>		
MS10. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had sexual intercourse ..... 00 Age in years ..... _ _  first time when started living with (first) wife/partner ..... 95	00⇒ Next Module
MS11. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2  DK / Don't remember ..... 8	
MS12. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?  <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago ..... 1 _ _ Weeks ago ..... 2 _ _ Months ago ..... 3 _ _ Years ago ..... 4 _ _	4⇒Next Module

MS13. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
MS14. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?  <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse.</i>  <i>If girlfriend:</i>  WERE YOU LIVING TOGETHER AS IF MARRIED?  <i>if "Yes" circle "2"</i> <i>if "No" circle "3"</i>	Wife ..... 1 Live-in partner ..... 2 Girlfriend not living with respondent ..... 3 Casual acquaintance ..... 4 Prostitute ..... 5  Other (specify) ..... 6	3⇒MS16 4⇒MS16 5⇒MS16  6⇒MS16
MS15. Check MS1  <input type="checkbox"/> <i>If currently married or living with a woman ⇒ Go to Next Module</i>  <input type="checkbox"/> <i>If no, not in union ⇒ Continue with MS16</i>		
MS16. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of partner .....  DK ..... 98	



HIV/AIDS		MH																
MH1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1  No ..... 2  DK ..... 8	2⇒ Go to MH27B																
MH2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No ..... 2  DK ..... 8																	
MH3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No ..... 2  DK ..... 8																	
MH4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No ..... 2  DK ..... 8																	
MH5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No ..... 2  DK ..... 8																	
MH6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No ..... 2  DK ..... 8																	
MH7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No ..... 2  DK ..... 8																	
MH8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>During pregnancy .....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>During delivery .....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>By breastfeeding.....</td><td>1</td><td>2</td><td>8</td></tr></table>		Yes	No	DK	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding.....	1	2	8															
MH9. IN YOUR OPINION, IF A MALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No ..... 2  DK / Not sure / Depends..... 8																	
MH10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No ..... 2  DK / Not sure / Depends..... 8																	
MH11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No ..... 2  DK / Not sure / Depends..... 8																	
MH12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No ..... 2  DK / Not sure / Depends..... 8																	

MH12A. IF A WIFE KNOWS HER HUSBAND HAS A DISEASE THAT SHE CAN GET DURING SEXUAL INTERCOURSE, IS SHE JUSTIFIED IN ASKING THAT THEY USE A CONDOM WHEN THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
MH12B. IS A WIFE JUSTIFIED IN REFUSING TO HAVE SEX WITH HER HUSBAND WHEN SHE KNOWS HE HAS SEX WITH OTHER WOMEN?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY</b>		
MH24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒MH27
MH25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago ..... 3	
MH26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK ..... 8	
MH26A. WHERE WAS THE TEST DONE?  <i>Any other place?</i>  <i>Probe to identify the type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i>  <hr/> <i>Name of place(s)</i>	Public Sector Govt. Hospital ..... 11 Health center ..... 12 Lao Youth Clinic ..... 13 Outreach team ..... 14 Village Health Volunteer VHV ..... 15 Other Public Sector ..... 16 (Specify)  Private Medical Sector Private hospital/Clinic ..... 21 Pharmacy ..... 22 Private Doctor ..... 23 Mobile Clinic ..... 24 Field Worker ..... 25  Other Private Medical Sector ..... 26 (Specify)  Other Source Shop ..... 31 Friend/Relative ..... 33 Other ..... 96 (Specify)	GO TO MH27B FOR ALL RESPONSES
MH27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No ..... 2	2⇒MH27B

<p>MH27A. WHERE IS THAT?</p> <p><i>Any other place?</i></p> <p><i>Probe to identify the type of source. If unable to determine if public or private sector, write the name of the place.</i></p> <hr/> <p><i>Name of place(s)</i></p>	<p>Public Sector</p> <p>Govt. Hospital ..... A</p> <p>Health center ..... B</p> <p>Lao Youth Clinic..... C</p> <p>Outreach team ..... D</p> <p>Village Health Volunteer VHV ..... E</p> <p>Other Public Sector _____ H</p> <p style="text-align: center;">(Specify)</p> <p>Private Medical Sector</p> <p>Private hospital/Clinic ..... I</p> <p>Pharmacy..... J</p> <p>Private Doctor ..... K</p> <p>Mobile Clinic..... L</p> <p>Field Worker..... M</p> <p>Other Private Medical Sector _____ O</p> <p style="text-align: center;">(Specify)</p> <p>Other Source</p> <p>Shop..... P</p> <p>Friend/Relative..... Q</p> <p>Other _____ R</p> <p style="text-align: center;">(Specify)</p>	
<p>MH27B. HAVE YOU HEARD ABOUT OTHER INFECTIONS THAT CAN BE TRANSMITTED THROUGH SEXUAL CONTACT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>MH27C. Check MS10: Never had sexual intercourse (MS10)?</p> <p><input type="checkbox"/> Never had sexual intercourse ⇒ Go to M11</p> <p><input type="checkbox"/> Has had sexual intercourse ⇒ Continue with MH27D</p>		
<p>MH27D. MH 27B: Heard about sexually transmitted infection (MH27B)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with MH27E</p> <p><input type="checkbox"/> No ⇒ Go to MH27F</p>		
<p>MH27E. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN THE LAST 12 MONTHS. DURING THE LAST 12 MONTHS, HAVE YOU HAD A DISEASE WHICH YOU GOT THROUGH SEXUAL CONTACT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p>MH27F. SOMETIMES MEN EXPERIENCE AN ABNORMAL DISCHARGE FROM THEIR PENIS.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD AN ABNORMAL DISCHARGE FROM YOUR PENIS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p>MH27G. SOMETIMES MEN HAVE SORE OR ULCER.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A SORE OR ULCER NEAR YOUR PENIS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	

MH27H. Check MH27E, MH27F, and MH27G:

- ☐ *Has not had any infection or DK* ⇒ *Go to M11*
- ☐ *Has had an infection (any “Yes”)* ⇒ *Continue with MH27I*

□ *Has had an infection (any “Yes”) ⇒ Continue with MH27I*

MH27I. THE LAST TIME YOU HAD (PROBLEM FROM MH27E/MH27F/MH27G), DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?

Yes ..... 1

No ..... 2

2⇒MI11

MH27J. WHERE DID YOU GO?

*Probe to identify the type of source.  
If unable to determine if public or private  
sector, write the name of the place.*

Name of place(s)

Public Sector	
Govt. Hospital .....	11
Health Center .....	12
Lao Youth Center LYC.....	13
Outreach Team .....	14
Village Health Volunteer VHV.....	15
Other Public Sector .....	16
(Specify)	

Private Medical Sector	
Private hospital/Clinic .....	21
Pharmacy .....	22
Private Doctor .....	23
Mobile Clinic.....	24
Field Worker.....	25
Other Private Medical Sector	26
(Specify)	

Other Source	
Shop.....	31
Friend/Relative.....	33
Other	96
(Specify)	

MI11. *Record the time.*

Hour and minutes ..... :

MI12. *Check Household Listing Form, column HL7A.*

Is there any other men aged 15 - 49 living in this household?

- ☐ Yes  $\Rightarrow$  Interview another eligible man with QUESTIONNAIRE FOR INDIVIDUAL MEN.
- ☐ No  $\Rightarrow$  End the interview with this respondent by thanking him for his cooperation.  
Check for the presence of any other eligible man or children under-5 in the household.

☐ No  $\Rightarrow$  End the interview with this respondent by thanking him for his cooperation.

*Check for the presence of any other eligible man or children under-5 in the household.*

## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

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

*Repeat greeting if not already read to this respondent:*

WE ARE FROM DEPARTMENT OF STATISTICS AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (name)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed .....01            Not at home .....02            Refused .....03            Partly completed .....04            Incapacitated .....05            Other (specify) _____ 96</p>
<p>UF10. Field edited by (Name and number):</p> <p>Name _____</p>	<p>UF11. Data entry clerk (Name and number):</p> <p>Name _____</p>

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

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

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?  <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen.....1	1⇒Next Module 2⇒Next Module
	Yes, not seen.....2	
	No .....3	
	DK.....8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes .....1	1⇒Next Module
	No .....2	
	DK.....8	
BR3. DO YOU KNOW HOW TO 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																	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.  DOES HE/SHE PLAY WITH:  [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?  [B] TOYS FROM A SHOP OR MANUFACTURED TOYS?  [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?  <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>	<table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>Homemade toys .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Y	N	DK	Homemade toys .....	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects .....	1	2	8	
	Y	N	DK															
Homemade toys .....	1	2	8															
Toys from a shop.....	1	2	8															
Household objects or outside objects .....	1	2	8															
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.  ON HOW MANY DAYS IN THE PAST WEEK WAS (name):  [A] LEFT ALONE FOR MORE THAN AN HOUR?  [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?  <i>If 'none' enter '0'. If 'don't know' enter '8'</i>	Number of days left alone for more than an hour ..... ____  Number of days left with other child for more than an hour ..... ____																	
EC4. Check AG2: Age of child  <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5  <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module																		
EC5. DOES (name) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes .....1 No .....2 DK.....8	2⇒EC7 8⇒EC7																
EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	Number of hours..... ____																	



<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				
<p>EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK.....8</p>																																				

EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes .....1 No .....2  DK.....8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes .....1 No .....2  DK.....8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes .....1 No .....2  DK.....8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes .....1 No .....2  DK.....8	

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

BF12. DID ( <i>name</i> ) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes .....1 No .....2 DK.....8	
BF13. DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes .....1 No .....2 DK.....8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF15. DID ( <i>name</i> ) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes .....1 No .....2 DK.....8	
BF16. DID ( <i>name</i> ) <u>EAT SOLID OR SEMI-SOLID</u> <u>(SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes .....1 No .....2 DK.....8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) <u>DRINK ANYTHING FROM A BOTTLE</u> <u>WITH A NIPPLE?</u>	Yes .....1 No .....2 DK.....8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes .....1 No.....2  DK.....8	2⇒CA7  8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).  DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?  <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less .....1 Somewhat less .....2 About the same .....3 More .....4 Nothing to drink .....5  DK.....8	
CA3. DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?  <i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less .....1 Somewhat less .....2 About the same .....3 More .....4 Stopped food .....5 Never gave food .....6  DK.....8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS ( <i>name</i> ) GIVEN TO DRINK ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>  [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ( <i>oralyte</i> / <i>Nam Tha Lay Phoun</i> )?  [B] A PRE-PACKAGED ORALYTE FLUID FOR DIARRHOEA?  [C] RECOMMENDED HOMEMADE FLUID SUCH AS COCONUT WATER OR RICE WATER WITH SALT	<div style="text-align: right;">Y N DK</div> Fluid from oralyte packet.....1 2 8  Pre-packaged oralyte fluid .....1 2 8  RECOMMENDED HOMEMADE FLUID .....1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes .....1 No.....2  DK.....8	2⇒CA7  8⇒CA7

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

CA12. WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA14  8⇒CA14
CA13. WHAT MEDICINE WAS (name) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i>  _____ <i>(Names of medicines)</i>	Antibiotic Pill / Syrup ..... A Injection ..... B  Anti-malarials..... M  Paracetamol / Panadol / Acetaminophen... P Aspirin ..... Q Ibuprofen ..... R  Other (specify) ..... X DK..... Z	
CA14. Check AG2: Child aged 0,1or 2?  <input type="checkbox"/> Yes ⇒ Continue with CA15  <input type="checkbox"/> No ⇒ Go to Next Module		
CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine .....01 Put / Rinsed into toilet or latrine .....02 Put / Rinsed into drain or ditch .....03 Thrown into garbage (solid waste).....04 Buried .....05 Left in the open.....06  Other (specify) ..... 96 DK.....98	

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



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

IMMUNIZATION										IM
<i>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</i>										
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 card shows that vaccination was given but no date recorded.				Date of Immunization						
				Day		Month		Year		
BCG		BCG								
HEPB0 AT BIRTH		H0								
POLIO 1		OPV1								
DPT-HEPB-HIB1		H1								
POLIO 2		OPV2								
DPT-HEPB-HIB2		H2								
POLIO 3		OPV3								
DPT-HEPB-HIB3		H3								
MEASLES		MEASLES								
VITAMIN A (MOST RECENT)		VITA								
DEWORMING (MOST RECENT)										
IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?  <input type="checkbox"/> Yes⇒ Go to IM18  <input type="checkbox"/> No ⇒ Continue with IM5										

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p><i>Record ‘Yes’ only if respondent mentions vaccines shown in the table above.</i></p>	<p>Yes ..... 1  <i>(Probe for vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. Then skip to IM18)</i></p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒IM18</p> <p>8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒IM18</p> <p>8⇒IM18</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒IM11</p> <p>8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks ..... 1</p> <p>Later ..... 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒IM13</p> <p>8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours ..... 1</p> <p>Later ..... 2</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	

IM18. HAS ( <i>name</i> ) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?  <i>Show common types of  ampules / capsules / syrups</i>	Yes ..... 1 No.....2 DK.....8	
IM19. PLEASE TELL ME IF ( <i>name</i> ) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:  [A] <i>National Measles Campaign(2007)</i> [B] <i>National Immunisation Day</i> [C] <i>Provincial Health Day</i>	<div style="text-align: right;">Y N DK</div> <i>Measles campaign</i> .....1 2 8 <i>National Immunisation Day</i> .....1 2 8 <i>Provincial Health Day</i> .....1 2 8	

UF13. <i>Record the time.</i>	Hour and minutes ..... : ..	
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<p>UF14. <i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent</i></p> <p><input type="checkbox"/> <i>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</i></p> <p><i>Check to see if there are other woman's or man's or under-5 questionnaires to be administered in this household.</i></p> <p><i>Move to another woman's or man's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.</i></p>
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ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured ..... 1 Child not present ..... 2 Child or caretaker refused ..... 3 Other (specify) _____ 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) ..... Weight not measured ..... 99.9	
AN4. Child's length or height  Check age of child in AG2:  <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).  <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down ..... 1 .....  Height (cm) Standing up ..... 2 .....  Length / Height not measured ..... 9999.9	
AN5. Oedema  Observe and record	Checked Oedema present ..... 1 Oedema not present ..... 2 Unsure ..... 3  Not checked (specify reason) _____ 7	

<p>AN6. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No ⇒ End the interview with this household by thanking all participants for their cooperation.</p> <p>Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.</p>
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