

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (30) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban 1 Rural 2	HH7. Region: (a) State/Division (b) Township (c) Ward/Village	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		

<p>HH9. Result of HH interview:</p> <p>Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4</p> <p>Other (<i>specify</i>) _____ 6</p>	<p>HH10. Respondent to HH questionnaire:</p> <p>Name: _____</p> <p>Line No: _____</p>
<p>HH12. No. of women eligible for interview: _____</p>	<p>HH11. Total number of household members: _____</p>
<p>HH14. No. of children under age 5: _____</p>	<p>HH13. No. of women questionnaires completed: _____</p>
<p>Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i></p>	
<p>HH16. Data entry clerk: _____</p>	

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? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.

 Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used

		Eligible for:				For children age 0-17 years ask HL9-HL12					
		WOMEN'S INTERVIEW		UNDER-5 INTERVIEW							
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?	HL5(a) What is his/her marital status?	HL6. Circle Line no. if woman is age 15-49	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. IS (name's) NATURAL MOTHER ALIVE?	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL11. IS (name's) NATURAL FATHER ALIVE?	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?
LINE	NAME	REL.	M F	AGE	M-STATUS	15-49 YRS	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	— —	— —	01	— —	1 2 8	— —	1 2 8	— —
02		— —	1 2	— —	— —	02	— —	1 2 8	— —	1 2 8	— —
03		— —	1 2	— —	— —	03	— —	1 2 8	— —	1 2 8	— —
04		— —	1 2	— —	— —	04	— —	1 2 8	— —	1 2 8	— —
05		— —	1 2	— —	— —	05	— —	1 2 8	— —	1 2 8	— —
06		— —	1 2	— —	— —	06	— —	1 2 8	— —	1 2 8	— —
07		— —	1 2	— —	— —	07	— —	1 2 8	— —	1 2 8	— —
08		— —	1 2	— —	— —	08	— —	1 2 8	— —	1 2 8	— —
09		— —	1 2	— —	— —	09	— —	1 2 8	— —	1 2 8	— —

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE ?	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed year 98=DK*	HL5(a) What is his/her marital status? Married 1 Single 2 Widow 3 Divorced 4 Separated 5 (Ask to 10 years and above HH members)	HL6. Circle Line no. if woman is age 15-49	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/caretak er	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'				
LINE	NAME	REL.	M	F	AGE	M-STATUS	MOTHER	Y	N	DK	MOTHER	Y	N	DK	FATHER
10		—	1	2	—	—	—	1	2	8	—	1	2	8	—
11		—	1	2	—	—	—	1	2	8	—	1	2	8	—
12		—	1	2	—	—	—	1	2	8	—	1	2	8	—
13		—	1	2	—	—	—	1	2	8	—	1	2	8	—
14		—	1	2	—	—	—	1	2	8	—	1	2	8	—
15		—	1	2	—	—	—	1	2	8	—	1	2	8	—

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?
INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.

Then, complete the totals below.

Totals		Women 15-49	Under-5s
		—	—

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

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

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

- 01 = Head
- 02 = Wife or Husband
- 03 = Son or Daughter
- 04 = Son or Daughter In-Law
- 05 = Grandchild
- 06 = Parent
- 07 = Parent-In-Law
- 08 = Brother or Sister

- 09 = Brother or Sister-In-Law
- 10 = Uncle/Aunt
- 11 = Niece/Nephew By Blood
- 12 = Niece/Nephew By Marriage

- 13 = Other Relative
- 14 = Adopted/Foster/Stepchild
- 15 = Not Related
- 98 = Don't Know

EDUCATION MODULE

ED

For household members age 5 and above

For household members age 5-24 years

ED1. Line no.	ED1A. NAME	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?		ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED4. DURING THIS SCHOOL YEAR (2009-2010), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED5 SINCE LAST (DAY OF THE WEEK), HOW MANY DAYS DID (name) ATTEND SCHOOL? INSERT NUMBER OF DAYS IN SPACE BELOW		ED6. DURING THIS SCHOOL YEAR (2009-2010), WHICH LEVEL AND GRADE IS (name) ATTENDING?		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008-2009)?		ED8. DURING THAT PREVIOUS SCHOOL YEAR (2008-2009), WHICH LEVEL AND GRADE DID (name) ATTEND?					
		YES	NO	LEVEL	EDU	YES	NO	ED5	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE				
01		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
02		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
03		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
04		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
05		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
06		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
07		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
08		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
09		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
10		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
11		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
12		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
13		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
14		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
15		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
16		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
17		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8
18		1	2	0		1	2			0	1	2	8	0	1	2	3	6	8

WATER AND SANITATION MODULE		WS	
<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p> <p>(PLEASE CIRCLE ONLY ONE MAIN SOURCE OF DRINKING WATER)</p>	Piped water		
	Piped into dwelling	11	11⇒WS5
	Piped into yard or plot.....	12	12⇒WS5
	Public tap/standpipe	13	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px; display: inline-block;"> ⇒WS3 </div>
	Tubewell/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	96⇒WS3	
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p> <p>(PLEASE CIRCLE ONLY ONE MAIN SOURCE OF WATER FOR COOKING AND WASHING)</p>	Piped water		
	Piped into dwelling	11	11⇒WS5
	Piped into yard or plot.....	12	12⇒WS5
	Public tap/standpipe	13	
	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		
<p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	No. of minutes.....	_____	
	Water on premises.....	995	995⇒WS5
	DK.....	998	
<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i></p>	Adult woman	1	
	Adult man.....	2	
	Female child (under 15).....	3	
	Male child (under 15).....	4	
	DK	8	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	Yes.....	1	
	No	2	2⇒WS7
	DK.....	8	8⇒WS7
<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	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>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank..... 12</p> <p>Flush to somewhere else..... 14</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab..... 22</p> <p>Pit latrine without slab / open pit..... 23</p> <p>Composting toilet..... 31</p> <p>Bucket..... 41</p> <p>Hanging toilet/hanging latrine 51</p> <p>No facilities or bush or field..... 95</p> <p>Other (<i>specify</i>)_____ 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10)..... 0__</p> <p>Ten or more households..... 10</p> <p>DK..... 98</p>	

HAND WASHING PRACTICE MODULE				HW	
HW1. DO YOUR HOUSEHOLD MEMBERS USE TO WASH HANDS WHEN.....		Yes	No	DK	
	After going to toilet.....	1	2	8	2, 8⇒skip HW 2
	Before eating.....	1	2	8	2, 8⇒skip HW 3
	After eating.....	1	2	8	
	After cleaning child's feces.....	1	2	8	2, 8⇒skip HW 4
	Before feeding child.....	1	2	8	2, 8⇒skip HW 5
	Before cooking food.....	1	2	8	2, 8⇒skip HW 6
HW2. WHAT DO YOU USUALLY USE FOR HAND WASHING AFTER TOILETING? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only.....			1	
	Soap and water			2	
	Other (Specify)			3	
	Do not wash hand			4	
	Don't know			5	
HW3. WHAT DO YOU USUALLY USE FOR HAND WASHING BEFORE EATING? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only.....			1	
	Soap and water			2	
	Other (Specify)			3	
	Do not wash hand			4	
	Don't know			5	
HW4. WHAT DO YOU USUALLY USE FOR HAND WASHING AFTER CLEANING CHILD'S FECES? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only.....			1	
	Soap and water			2	
	Other (Specify)			3	
	Do not wash hand			4	
	Don't know			5	
	No under 3 years children			6	
HW5. WHAT DO YOU USUALLY USE FOR HAND WASHING BEFORE FEEDING CHILD? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only.....			1	
	Soap and water			2	
	Other (Specify)			3	
	Do not wash hand			4	
	Don't know			5	
	No under 3 years children			6	
HW6. WHAT DO YOU USUALLY USE FOR HAND WASHING BEFORE COOKING FOOD? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only.....			1	
	Soap and water			2	
	Other (Specify)			3	
	Do not wash hand			4	
	Don't know			5	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms — —	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Earth/Mud 11 Sand..... 12 Rudimentary floor Wood planks 21 Bamboo..... 22 Finished floor Parquet or polished wood 31 Ceramic tile 32 Cement 33 Carpet 34 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof..... 11 Palm leaf 12 Rudimentary Roofing Thatch 21 Bamboo..... 22 Wood planks 23 Finished roofing Iron Sheet 31 Cement 32 Ceramic tiles 33 Other (<i>specify</i>) 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls No walls 11 Cane/palm/trunks 12 Mud 13 Rudimentary walls Bamboo/Thatch..... 21 Wood..... 22 Finished walls Cement 31 Stone with lime/cement..... 32 Bricks 33 Wood planks/Shingles 34 Other (<i>specify</i>) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity..... 01 Liquid Propane Gas (LPG) 02 Natural gas..... 03 Biogas..... 04 Kerosene..... 05 Coal / Lignite 06 Charcoal..... 07 Wood..... 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire 1 Open stove..... 2 Closed stove 3 Other (<i>specify</i>) 6	3⇒HC8 6⇒HC8

HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes..... 1 No 2	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house 1 In a separate building 2 Outdoors 3 Other (<i>specify</i>) 6	
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR?	Yes No Electricity..... 1 2 Radio..... 1 2 Television..... 1 2 Mobile Telephone 1 2 Non-Mobile Telephone 1 2 Refrigerator 1 2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? A BOAT WITH A MOTOR?	Yes No Watch.....1 2 Bicycle.....1 2 Motorcycle/Scooter1 2 Animal drawn-cart/boat.....1 2 Car/Truck1 2 Motorized Boat1 2	

BED-NET USE MODULE		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? <i>If 7 or more nets, record '7'.</i>	Number of nets ____	
TN2A. HOW MANY SEASONS A YEAR DO YOU USE THE BED NETS? <i>(May have more than one answer)</i>	During the summer season..... 1 During the rainy season..... 2 During the winter season 3 All year round..... 4	
TN 2B. CHECK NUMBER OF UNDER 5 CHILDREN IN THE HOUSEHOLD IN HL8 AND RECORD THE CHILD LINE NUMBER IN THE BLANK PLEASE CHECK EACH CHILDREN UNDER 5 SLEPT IN THE MOSQUITO BED-NET LAST NIGHT	Total number of under-five children in the household ____ Slept under mosquito bed-net last night- Yes No Child line number ____1 2 Child line number ____1 2	

HOUSEHOLD EXPENDITURE MODULE		EX
EXPENDITURE DURING LAST MONTH EX1. HOW MUCH DID THIS HOUSEHOLD SPEND ON THE FOLLOWING IN THE LAST MONTH? <i>(in kyats only)</i>	a. Transport <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. Housing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. Clothing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. Food <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> e. Education <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> f. Health Care <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> g. Fuel for heating/cooking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> h. Contributions to Social/Religious Activities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> i. Others (Specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ----- -----	
EX2. WHAT WAS THE TOTAL HOUSEHOLD EXPENDITURE IN THE LAST MONTH? <i>Include everything that the household and its members spent money on, including food, clothing, transport, rent and rates, alcohol and tobaccos, school fees, entertainment and any other expenses.</i>	Under 50,000 Kyats 1 Ks 50,000 – Ks 100,000 2 Ks 100,000 – Ks 200,000 3 Over Ks 200,000 4 Don't know 8 Refuse 9	

HEALTH CARE EXPENDITURE		EX	
EX3. DURING LAST MONTH, DID ANY MEMBER OF YOUR HOUSEHOLD HAVE A CHILDBIRTH OR SUFFER FROM ANY ILLNESSES OR INJURIES?	Yes 1 No 2 ⇨ next module		
EX4. HOW MANY WERE THEY?	Number <input type="checkbox"/>		
	<i>Name</i> _____ <i>Line No.</i> _____	<i>Name</i> _____ <i>Line No.</i> _____	<i>Name</i> _____ <i>Line No.</i> _____
EX5. DID THE HOUSEHOLD MEMBER(S) WHO HAD A CHILDBIRTH OR SUFFERING FROM ILLNESS OR INJURY CONSULT ANY PROFESSIONAL?	Yes 1 No 2 ⇨ next person	Yes 1 No 2 ⇨ next person	Yes 1 No 2 ⇨ next module

<p>EX6. WHAT KIND OF HEALTH WORKER DID (name) CONSULT? (Circle all health workers mentioned, but do NOT prompt with any suggestions)</p>	<p>Doctor 1 Lady Health Visitor/ Health Assistant 2 Nurse 3 Midwife 4 Traditional healer/ Practitioners 5 Auxiliary Midwife.... 6 Voluntary health worker 7 Others (Specify) 8</p>	<p>Doctor 1 Lady Health Visitor/ Health Assistant 2 Nurse 3 Midwife 4 Traditional healer/ Practitioners 5 Auxiliary Midwife.... 6 Voluntary health worker 7 Others (Specify) 8</p>	<p>Doctor 1 Lady Health Visitor/ Health Assistant 2 Nurse 3 Midwife 4 Traditional healer/ Practitioners 5 Auxiliary Midwife.... 6 Voluntary health worker 7 Others (Specify) 8</p>
<p>EX7. WHERE DID THE CONSULTATION TAKE PLACE? (Circle all facilities mentioned)</p>	<p>Public Sector Hospital 1 Clinic 2 Primary (or) Rural Health Centre 3 Sub Rural Health Centre 4 Other public facility 8 Private Sector Hospital 1 Clinic 2 Pharmacy 3 Their own home 4 Other private medical (specify) ---- 8</p>	<p>Public Sector Hospital 1 Clinic 2 Primary (or) Rural Health Centre 3 Sub Rural Health Centre 4 Other public facility 8 Private Sector Hospital 1 Clinic 2 Pharmacy 3 Their own home 4 Other private medical (specify) ---- 8</p>	<p>Public Sector Hospital 1 Clinic 2 Primary (or) Rural Health Centre 3 Sub Rural Health Centre 4 Other public facility 8 Private Sector Hospital 1 Clinic 2 Pharmacy 3 Their own home 4 Other private medical (specify) ---- 8</p>
<p>EX8. HOW MUCH DID THE HOUSEHOLD SPEND FOR THE FOLLOWING FOR THE HEALTH CARE OF (name) IN THE PAST MONTH? (IN KYATS ONLY)</p> <p>a Transportation ----- b Consultation fees (including transporting fees for health care personnel)----- c Medicine ----- d In-patient stay/long-term care in hospital (include all costs) ----- e Diagnostic and laboratory tests such as X-rays or blood tests ----- f Other health care (excluding medicines, vaccinations) -----</p>	<p>a b c d e f</p>	<p>a b c d e f</p>	<p>a b c d e f</p>



MICS QUESTIONNAIRE FOR INDIVIDUAL WOMEN (EVER-MARRIED)

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____/____/_____	
WM7. Result of women's interview	Completed..... 1 Not at home..... 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (specify)..... 6	

Repeat greeting if not already read to this woman:

WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (30) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month..... DK month.....98 Year DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years).....	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes.....1 No2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY OR HIGHER?	Primary1 Secondary.....2 Higher3 Non-standard curriculum6	1⇒WM14 2,3⇒NEXT MODULE 6⇒WM14
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade.....	
MW14. NOW, I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show the sentences to respondents. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? 1. Teacher comes near to me. 2. Younger brother is writing. 3. White and red lotuses are blooming beside the hut in the field. 4. U Thar San is carrying eggplant and limes. 5. Seeds are throwing in the field under the sunshine. Have an apple.	Cannot read at all1 Able to read with difficulties2 Able to read whole sentence very well3 No sentences translated into ethnic language4 _____ (specify language) Blind/mute, visually/speech impaired5	

CHILD MORTALITY MODULE		
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⇒CM7
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes..... 1 No 2	2⇒CM5
CM4. HOW MANY SONS LIVE WITH YOU? (ANY SONS AT HOME RECORD "00") HOW MANY DAUGHTERS LIVE WITH YOU? (ANY DAUGHTER AT HOME RECORD "00")	Sons at home..... __ __ Daughters at home __ __	
CM5. 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⇒CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? (ANY SONS OR DAUGHTER ELSEWHERE RECORD "00")	Sons elsewhere __ __ Daughters elsewhere __ __	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR A GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes..... 1 No 2	2⇒CM9
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? (ANYONE HAD DIED RECORD "00")	Boys dead __ __ Girls dead..... __ __	
CM9. SUM ANSWERS TO CM4, CM6 AND CM8	Sum..... __ __	
CM10. JUST TO MAKE SURE THAT I HAVE THIS _____ RIGHT, YOU HAVE HAD IN TOTAL BIRTHS DURING YOUR LIFE. IS THIS CORRECT? CORRECT <input type="checkbox"/> UN CORRECT <input type="checkbox"/> → CHECK CM3 TO CM9 AND CORRECT YOUR NUMBER		
HAS HISTORY OF CHILD BIRTH <input type="checkbox"/> → Go to CM12	NO HISTORY OF CHILD BIRTH <input type="checkbox"/> → Go to NEXT MODULE	
CM12. HAVE YOU EVER GIVEN BIRTH DURING LAST TWO YEARS?	Yes..... 1 No 2	

CM14. Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN CM15. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 11 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

CM15	CM16	CM17	CM18	CM19	CM20 IF DEAD:	CM21	CM22
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO....2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO....2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO....2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO....2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO....2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO....2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO....2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO....2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2

CM15	CM16	CM17	CM18	CM19	CM20 IF DEAD:	CM21	CM22	
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO...2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO...2	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO...2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO...2	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 (CM21) NO...2	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/> (Ask for next child)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO...2	
PLEASE MARK <input checked="" type="checkbox"/> IF YOU USED MORE THAN ONE SHEET FOR MORE THAN 11 CHILDREN <input type="checkbox"/>								
CM23	<p>COMPARE CM9 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p>							<input type="text"/> <input type="text"/> <input type="text"/>

TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 If a card is presented, use it to assist with answers to the following questions. DK 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No..... 2 DK 8	2⇒TT5 8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times __ __ DK 98	98⇒TT5
TT4. How many TT doses during last pregnancy were reported in TT3?		
<input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ Goto Next Module		
<input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes 1 No..... 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times __ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒NEXT MODULE ↓TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago..... __ __	

MATERNAL AND NEWBORN HEALTH MODULE		MN																		
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CMI5 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																				
<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>																			
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Lady Health Visitor/Nurse..... B</p> <p>Midwife C</p> <p>Auxiliary midwife..... D</p> <p>Other person</p> <p>Traditional birth attendant..... F</p> <p>Community health worker..... G</p> <p>Relative/friend..... H</p> <p>Other (<i>specify</i>) X</p> <p>No one Y</p>	Y⇒MN7																		
<p>MN2A. HOW MANY ANTE-NATAL VISIT DID YOU GO DURING THIS PREGNANCY?</p>	<p>Number of AN visit ___ ___ times</p>																			
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU RECEIVE VITAMIN B1?</p> <p>MN3E. DID YOU RECEIVE IRON TABLETS?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Weight</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Vitamin B1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Iron tablets</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	a) Weight	1	2	b) Blood pressure	1	2	c) Urine sample	1	2	d) Vitamin B1	1	2	e) Iron tablets	1	2	
	Yes	No																		
a) Weight	1	2																		
b) Blood pressure	1	2																		
c) Urine sample	1	2																		
d) Vitamin B1	1	2																		
e) Iron tablets	1	2																		
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Lady Health Visitor/Nurse..... B</p> <p>Midwife C</p> <p>Auxiliary midwife..... D</p> <p>Other person</p> <p>Traditional birth attendant..... F</p> <p>Community health worker..... G</p> <p>Relative/friend..... H</p> <p>Other (<i>specify</i>) X</p> <p>Self Y</p>																			

<p>MN8. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home Your home 11 Other home..... 12</p> <p>Public sector Govt. hospital.....21 Govt. clinic/health center22 Other public (specify).....26</p> <p>Private Medical Sector Private hospital31 Private clinic32 Private maternity home33 MMCWA maternity home34 Other private (specify)36</p> <p>Others(specify) _____ 96</p>					
<p>MN8A. AFTER (NAME) WAS BORN, DID ANY HEALTH CARE PROVIDER CHECK ON YOUR HEALTH?</p>	<p>Yes 1 No2</p>	<p>2⇒MN 8D</p>				
<p>MN8B. HOW LONG AFTER DELIVERY DID THE FIRST CHECK TAKE PLACE? IF WITHIN ONE HOUR, RECORD 00 AT WITHIN 1 HOUR IF WITHIN 1 TO 24 HOURS, RECORD HOURS AT AFTER 1 HOUR IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>Within 1 Hours 1 After 1 Hour 2 Days 3 Weeks..... 4</p> <p>Don't know98</p>	<table border="1" style="width: 40px; height: 40px; margin-left: auto; margin-right: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
<p>MN8C. WHO CHECKED ON YOUR HEALTH AT THAT TIME? Probe for most qualify person?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional: Doctor A Lady Health Visitor/Nurse..... B Midwife C Auxiliary midwife..... D</p> <p>Other person Traditional birth attendant.....F Community health worker..... G</p> <p>Other (specify) X</p>					
<p>MN8D. AFTER (NAME) WAS BORN, DID ANY HEALTH CARE PROVIDER CHECK ON YOUR NEWBORN BABY'S HEALTH?</p>	<p>Yes 1 No2</p>	<p>2⇒MN 9</p>				
<p>MN8E. HOW LONG AFTER DELIVERY DID THE FIRST CHECK ON YOUR BABY TAKE PLACE? IF WITHIN ONE HOUR, RECORD 00 AT WITHIN 1 HOUR IF WITHIN 1 TO 24 HOURS, RECORD HOURS AT AFTER 1 HOUR IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>Within 1 Hours 1 After 1 Hour 2 Days 3 Weeks..... 4</p> <p>Don't know98</p>	<table border="1" style="width: 40px; height: 40px; margin-left: auto; margin-right: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
<p>MN8F. WHO CHECKED ON YOUR BABY'S HEALTH AT THAT TIME? Probe for most qualify person?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional: Doctor A Lady Health Visitor/Nurse..... B Midwife C Auxiliary midwife..... D</p> <p>Other person Traditional birth attendant.....F Community health worker..... G</p> <p>Other (specify) X</p>					
<p>MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1 Larger than average2 Average3 Smaller than average4</p>					

	Very small.....5 DK.....8	
MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes1 No2 DK.....8	2⇒MN12 8⇒MN12
MN11. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card 1 (kilograms) __ . ____ From recall 2 (kilograms) __ . ____ DK.....99998	
MN12. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes1 No2	2⇒NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately 000 Hours 1 ____ <i>or</i> Days 2 ____ Don't know/remember 998	
CONTRACEPTION MODULE		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No.....2 Unsure or DK 8	1⇒ NEXT MODULE
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No.....2	2⇒ NEXT MODULE
CP3. WHICH METHOD ARE YOU USING? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilizationA Male sterilizationB PillC IUDD InjectionsE Implants.....F Male condom.....G Female condomH Diaphragm.....I Foam/jelly.....J Lactation amenorrhea method (LAM)K Periodic abstinence.....L WithdrawalM Other (<i>specify</i>) _____ X	
HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes 1 No.....2	2⇒ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT	Yes 1 No.....2	

INFECTED AND ALSO HAS NO OTHER PARTNERS?	DK 8	
HA3. CAN PEOPLE GET INFECTED WITH 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 REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes 1 No 2 DK 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes 1 No 2 DK 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy 1 2 8	
HA9B. DURING DELIVERY?	Yes No DK During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	Yes No DK By breastfeeding 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes 1 No 2 DK/not sure/depends 8	
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes 1 No 2	2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes 1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED? (MAY HAVE MORE THAN ONE ANSWER)	Asked for the test 1 Offered and accepted 2 Required 3	1⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	



MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN (NEVER-MARRIED)

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____/____/____	
WM7. Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	

Repeat greeting if not already read to this woman:

WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (30) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month DK month 98 Year DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years).....	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes 1 No 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY OR HIGHER?	Primary 1 Secondary 2 Higher 3 Non-standard curriculum 6	1⇒WM14 2,3⇒NEXT MODULE 6⇒WM14
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade	
MW14. NOW, I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show the sentences to respondents. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? 1. Teacher comes near to me. 2. Younger brother is writing. 3. White and red lotuses are blooming beside the hut in the field. 4. U Thar San is carrying eggplant and limes. 5. Seeds are throwing in the field under the sunshine. Have an apple.	Cannot read at all 1 Able to read with difficulties 2 Able to read whole sentence very well 3 No sentences translated into ethnic language 4 _____ <i>(specify language)</i> Blind/mute, visually/speech impaired 5	

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes 1 No..... 2	2⇒ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes 1 No..... 2 DK 8	
HA3. CAN PEOPLE GET INFECTED WITH 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 REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes 1 No..... 2 DK 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No..... 2 DK 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes 1 No..... 2 DK 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No..... 2 DK 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy..... 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No..... 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No..... 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No..... 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes 1 No..... 2 DK/not sure/depends 8	
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes 1 No..... 2	2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes 1 No..... 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED? (MAY HAVE MORE THAN ONE ANSWER)	Asked for the test 1 Offered and accepted 2 Required..... 3	1⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE

HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No..... 2	
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UNDER-FIVE CHILD INFORMATION PANEL		UF												
<p>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child.</p> <p>Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</p>														
UF1. Cluster number: _____	UF2. Household number: _____													
UF3. Child's Name: _____	UF4. Child's Line Number: _____													
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____													
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: ____/____/____													
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Completed.....</td><td style="text-align: right;">1</td></tr> <tr><td>Not at home</td><td style="text-align: right;">2</td></tr> <tr><td>Refused.....</td><td style="text-align: right;">3</td></tr> <tr><td>Partly completed</td><td style="text-align: right;">4</td></tr> <tr><td>Incapacitated.....</td><td style="text-align: right;">5</td></tr> <tr><td>Other (specify)</td><td style="text-align: right;">6</td></tr> </table>		Completed.....	1	Not at home	2	Refused.....	3	Partly completed	4	Incapacitated.....	5	Other (specify)	6
Completed.....	1													
Not at home	2													
Refused.....	3													
Partly completed	4													
Incapacitated.....	5													
Other (specify)	6													

Repeat greeting if not already read to this respondent:

WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (30) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

<p>UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW.</p> <p>NOW I WANT TO ASK YOU ABOUT (<i>name</i>). IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</p>	<p>Date of birth:</p> <p>Day ____</p> <p>DK day 98</p> <p>Month ____</p> <p>Year..... ____</p>	
<p>UF11. HOW OLD WAS (<i>name</i>) AT HIS/HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p>	<p>Age in completed years ____</p>	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No..... 3 DK 8	1⇒BR5
BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes..... 1 No..... 2 DK 8	1⇒BR5 8⇒BR4
BR3. WHY IS <i>(name's)</i> BIRTH NOT REGISTERED? (IF THERE HAS MORE THAN ONE REASON, RECORD MOST IMPORTANT ONE)	Costs too much 1 Must travel too far 2 Did not know it should be registered..... 3 Did not want to pay fine 4 Does not know where to register 5 Other <i>(specify)</i> 6 DK 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No..... 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old?		
<input type="checkbox"/> Yes. ⇒ Continue with BR6		
<input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes..... 1 No..... 2 DK 8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?	No. of hours _ _	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i> : <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ?	Books	Mother Father Other No one A B X Y
BR8B. TELL STORIES TO <i>(name)</i> ?	Stories	A B X Y
BR8C. SING SONGS WITH <i>(name)</i> ?	Songs	A B X Y
BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH <i>(name)</i> ?	Play with	A B X Y
BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING PEOPLE, ANIMALS AND THINGS?	Spend time with	A B X Y

VITAMIN A MODULE		VA
VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?	Yes 1 No 2	2⇨NEXT MODULE
Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	DK 8	8⇨NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?	Months ago DK 98	
VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?	Regular distribution by health staff 1 Sick child visit to health facility 2 National Immunization Day campaign 3 Other (<i>specify</i>) 6 DK 8	
BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2	2⇨BF3
	DK 8	8⇨BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2	
	DK 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:		
Read each item aloud and record response before proceeding to the next item.		Y N DK
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements 1 2 8	
BF3B. PLAIN WATER?	B. Plain water 1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice 1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS 1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula 1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk 1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids 1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food?		
<input type="checkbox"/> Yes. ⇨ Continue with BF5		
<input type="checkbox"/> No or DK. ⇨ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMI-SOLID, OR SOFT FOODS OTHER THAN LIQUIDS?	No. of times Don't know 8	
If 7 or more times, record '7'.		

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA5</p> <p>8⇒CA5</p>
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?</p>	<p style="text-align: right;">Yes No DK</p> <p>A. Fluid from ORS packet 1 2 8</p> <p>B. Homemade fluid made of salt and sugar 1 2 8</p>	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none 1</p> <p>About the same (or somewhat less) 2</p> <p>More 3</p> <p>DK 8</p>	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If "less", probe: MUCH LESS OR A LITTLE LESS?</p>	<p>None 1</p> <p>Much less 2</p> <p>Somewhat less 3</p> <p>About the same 4</p> <p>More 5</p> <p>DK 8</p>	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest 1</p> <p>Blocked nose 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>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital A</p> <p>Govt. health centre (RHC) B</p> <p>Govt. health post (Sub-center)..... C</p> <p>Village health worker..... D</p> <p>Mobile/outreach clinic E</p> <p>UHC/MCH center F</p> <p>Traditional medicine clinic G</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital..... I</p> <p>Private physician J</p> <p>Private pharmacy K</p> <p>Mobile clinic..... L</p> <p>Traditional medicine clinic M</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative or friend P</p> <p>Shop Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>CIRCLE ALL MEDICINES GIVEN</p>	<p>Antibiotic..... A</p> <p>Paracetamol/ Panadol..... P</p> <p>Cough tablets/syrup Q</p> <p>Vitamins/ tonic..... R</p> <p>Others (Specify) X</p> <p>DK Y</p>	
<p>Ask the following question (CA14) only once for each mother/caretaker.</p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</p> <p>Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeed A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathing E</p> <p>Child has blood in stool..... F</p> <p>Child is eating or drinking poorly..... G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>	

IMMUNIZATION MODULE		IM	
If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.			
IM1. IS THERE A VACCINATION CARD FOR (name)?	Yes, seen 1 Yes, not seen 2 No..... 3	2⇒IM10 3⇒IM10	
(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
IM2. BCG	BCG		
IM3B. POLIO 1	OPV1		
IM3C. POLIO 2	OPV2		
IM3D. POLIO 3	OPV3		
IM4A. DPT1	DPT1		
IM4B. DPT2	DPT2		
IM4C. DPT3	DPT3		
IM5A. HEPB1	H1		
IM5B. HEPB2	H2		
IM5C. HEPB3	H3		
IM6. MEASLES (1)	MEASLES1		
IM8A. VITAMIN A (1)	VITA1		
IM8B. VITAMIN A (2)	VITA2		
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 1-3, DPT 1-3, Hepatitis B 1-3, Measles, or Vitamin A supplements.	Yes 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No..... 2 DK 8	1⇒IM19 2⇒IM19 8⇒IM19	
<i>If the child does not have immunization card, ask from IM10 to IM18 and circle the answered code</i>			
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes 1 No..... 2 DK 8	2⇒IM19 8⇒IM19	
IM11. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER AT 7 DAYS TO ONE AND A HALF MONTH OF AGE THAT CAUSED A SCAR?	Yes 1 No..... 2 DK 8		
IM12. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES –	Yes 1 No..... 2	2⇒IM15	

THAT IS, POLIO?	DK 8	8⇒IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks)..... 1 Later 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ____	
IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS AT THE AGE OF ONE AND A HALF, TWO AND A HALF AND THREE AND A HALF MONTHS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA?	Yes 1 No..... 2 DK 8	2⇒IM16A 8⇒IM16A
IM16. HOW MANY TIMES?	No. of times ____ DK 88	
IM16A. HAS (<i>name</i>) EVER BEEN GIVEN “HEPATITIS B VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS AT THE AGE OF ONE AND A HALF, TWO AND A HALF AND THREE AND A HALF MONTHS – TO PREVENT HIM/HER FROM HEPATITIS?	Yes 1 No..... 2 DK 8	2⇒IM17 8⇒IM17
IM16B. HOW MANY TIMES?	No. of times ____ DK 88	
IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	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:		
IM19a. 2009 January 10 national immunization day (campaign A)		Y N DK
IM19b. 2009 February 7 national immunization day (campaign B)	Campaign A 1 2 8 Campaign B 1 2 8	
<p>Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. ⇒ End the current questionnaire and then Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.</p> <p>If this is the last eligible child in the household, go on to <i>ANTHROPOMETRY MODULE</i>.</p>		

ANTHROPOMETRY MODULE		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Child's weight	Kilograms (kg)..... _ _ . _	
AN2. Child's length or height. Check age of child in UF11: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down 1 _ _ . _ Height (cm) Standing up 2 _ _ . _	
AN3. Measurer's identification code.	Measurer code _ _	
AN4. Result of measurement.	Measured 1 Not present 2 Refused 3 Other (<i>specify</i>) 6	
AN5. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes. ⇒ Record measurements for next child. <input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.		