

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</p> <p>Not at home 2</p> <p>Refused 3</p> <p>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>HH11. Total number of household members: _____</p> |
| <p>HH12. No. of women eligible for interview: _____</p> | <p>HH13. No. of women questionnaires completed: _____</p> |
| <p>HH14. No. of children under age 5: _____</p> | <p>HH15. No. of under-5 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 <input type="checkbox"/> | | | | | | | | | | | | |
| Eligible for: <table border="1"> <tr> <th>WOMEN'S INTERVIEW</th> <th>UNDER-5 INTERVIEW</th> </tr> </table> | | | | | | | | | | | WOMEN'S INTERVIEW | UNDER-5 INTERVIEW |
| WOMEN'S INTERVIEW | UNDER-5 INTERVIEW | | | | | | | | | | | |
| For children age 0-17 years ask HL9-HL12 | | | | | | | | | | | | |
| HL1. Line no. | HL2. Name | HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD? | HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM. | 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/caretaker | 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 | 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 ? 1 MALE 2 FEM. | 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⇒ 8 DK⇒ NEXT LINE 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 | 15-49 YRS | MOTHER | Y | N | DK | MOTHER | Y | N | DK | FATHER |
| 10 | | — — | 1 | 2 | — — | — | 10 | — — | 1 | 2 | 8 | — — | 1 | 2 | 8 | — — |
| 11 | | — — | 1 | 2 | — — | — | 11 | — — | 1 | 2 | 8 | — — | 1 | 2 | 8 | — — |
| 12 | | — — | 1 | 2 | — — | — | 12 | — — | 1 | 2 | 8 | — — | 1 | 2 | 8 | — — |
| 13 | | — — | 1 | 2 | — — | — | 13 | — — | 1 | 2 | 8 | — — | 1 | 2 | 8 | — — |
| 14 | | — — | 1 | 2 | — — | — | 14 | — — | 1 | 2 | 8 | — — | 1 | 2 | 8 | — — |
| 15 | | — — | 1 | 2 | — — | — | 15 | — — | 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 PRESCHOOL AT ANY TIME? | ED5 SINCE LAST (DAY OF THE WEEK), HOW MANY DAYS DID (name) ATTEND SCHOOL? | 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? | | | |
| | | 1 YES ⇔ ED3 2 NO ⇔ NEXT LINE | LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY AND HIGHER 3 COLLEGE/ UNIVERSITY AND HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK If less than 1 grade, enter 00. For Non-standard curriculum, grade will be 98 | 1 YES 2 NO ⇔ ED7 | INSERT NUMBER OF DAYS IN SPACE BELOW | LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY AND HIGHER 3 COLLEGE/ UNIVERSITY AND HIGHER 6 NON STANDARD CURRICULUM 8 DK GRADE: 98 DK If less than 1 grade, enter 00. For Non-standard curriculum, grade will be 98 | 1 YES 2 NO ⇔ NEXT LINE 8 DK ⇔ NEXT LINE | LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY AND HIGHER 3 COLLEGE/ UNIVERSITY AND HIGHER 6 NON STANDARD CURRICULUM 8 DK GRADE: 98 DK If less than 1 grade, enter 00. For Non-standard curriculum, grade will be 98 | | | |
| LINE | NAME | YES NO | LEVEL | EDU | YES NO | ED5 | LEVEL | GRADE | Y N DK | LEVEL | GRADE |
| 01 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 02 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 03 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 04 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 05 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 06 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 07 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 08 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 09 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 10 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 11 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 12 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 13 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 14 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 15 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 16 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 17 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 1 2 8 | 0 1 2 3 6 8 | |
| 18 | | 1 2⇔NEXT LINE | 0 1 2 3 6 8 | | 1 2 | | 0 1 2 3 6 8 | | 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> | <p>Piped water</p> <p>Piped into dwelling 11</p> <p>Piped into yard or plot 12</p> <p>Public tap/standpipe 13</p> <p>Tubewell/borehole 21</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Bottled water 91</p> <p>Other (<i>specify</i>) 96</p> | <p>11⇒WS5</p> <p>12⇒WS5</p> <p>⇒WS3</p> <p>96⇒WS3</p> |
| <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> | <p>Piped water</p> <p>Piped into dwelling 11</p> <p>Piped into yard or plot 12</p> <p>Public tap/standpipe 13</p> <p>Tube-well/borehole 21</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Other (<i>specify</i>) 96</p> | <p>11⇒WS5</p> <p>12⇒WS5</p> |
| <p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p> | <p>No. of minutes..... _ _ _</p> <p>Water on premises 995</p> <p>DK 998</p> | <p>995⇒WS5</p> |
| <p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i></p> <p>IS THIS PERSON UNDER AGE 15? WHAT SEX?</p> <p><i>Circle code that best describes this person.</i></p> | <p>Adult woman 1</p> <p>Adult man 2</p> <p>Female child (under 15) 3</p> <p>Male child (under 15) 4</p> <p>DK 8</p> | |
| <p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒WS7</p> <p>8⇒WS7</p> |
| <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> | <p>Boil A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p> | |

| | | |
|---|--|------------------------|
| <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 | |

| | | |
|--|--|--|
| 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/Scooter 1 2 Animal drawn-cart/boat..... 1 2 Car/Truck 1 2 Motorized Boat 1 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 Child line number ____ 1 2 Child line number ____ 1 2 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? (in kyats only) | a. Transport <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b. Housing <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c. Clothing <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d. Food <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> e. Education <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> f. Health Care <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g. Fuel for heating/cooking <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> h. Contributions to Social/Religious Activities <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> i. Others (Specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ----- ----- | |
| 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="text"/> | |
| | Name ----- Line No. ----- | Name ----- Line No. ----- | Name ----- Line No. ----- |
| 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 -----</p> <p>b Consultation fees (including transporting fees for health care personnel)-----</p> <p>c Medicine -----</p> <p>d In-patient stay/long-term care in hospital (include all costs) -----</p> <p>e Diagnostic and laboratory tests such as X-rays or blood tests -----</p> <p>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 | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HAS HISTORY OF CHILD BIRTH <input type="checkbox"/> → Go to CM12 </div> <div style="width: 45%;"> NO HISTORY OF CHILD BIRTH <input type="checkbox"/> → Go to NEXT MODULE </div> </div> | | |
| 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 | COMPARE CM9 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. | | | | | | |

| 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 DK 8 | |
| <i>If a card is presented, use it to assist with answers to the following questions.</i> | | |
| 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 |
| <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i> | | |
| 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.</i></p> <p><i>Check child mortality module CM15 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>Yes1</p> <p>No2</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 border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>a) Weight</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Vitamin B1</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) Iron tablets</td> <td>1</td> <td>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</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Govt. clinic/health center 22</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>MMCWA maternity home 34</p> <p>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</p> <p>No 2</p> | <p>2⇒MN 8d</p> | | | | |
| <p>MN8B. HOW LONG AFTER DELIVERY DID THE FIRST CHECK TAKE PLACE?</p> <p>IF WITHIN ONE HOUR, RECORD 00 AT WITHIN 1 HOUR</p> <p>IF WITHIN 1 TO 24 HOURS, RECORD HOURS AT AFTER 1 HOUR</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>Within 1 Hours 1</p> <p>After 1 Hour 2</p> <p>Days 3</p> <p>Weeks 4</p> <p>Don't know 98</p> | <table border="1" data-bbox="1209 786 1305 891"> <tr><td></td><td></td></tr> <tr><td></td><td></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:</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>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</p> <p>No 2</p> | <p>2⇒MN 9</p> | | | | |
| <p>MN8E. HOW LONG AFTER DELIVERY DID THE FIRST CHECK ON YOUR BABY TAKE PLACE?</p> <p>IF WITHIN ONE HOUR, RECORD 00 AT WITHIN 1 HOUR</p> <p>IF WITHIN 1 TO 24 HOURS, RECORD HOURS AT AFTER 1 HOUR</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>Within 1 Hours 1</p> <p>After 1 Hour 2</p> <p>Days 3</p> <p>Weeks 4</p> <p>Don't know 98</p> | <table border="1" data-bbox="1209 1435 1305 1541"> <tr><td></td><td></td></tr> <tr><td></td><td></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:</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>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</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> | | | | | |

| | | |
|--|--|----------------------|
| | Very small.....5 | |
| | DK.....8 | |
| MN10. WAS (name) WEIGHED AT BIRTH? | Yes1 No2 DK.....8 | 2⇒MN12 8⇒MN12 |
| MN11. HOW MUCH DID (name) 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 (name)? | Yes1 No2 | 2⇒NEXT MODULE |
| MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i> | Immediately000 Hours 1 ____ or Days 2 ____ Don't know/remember998 | |
| CONTRACEPTION MODULE | | |
| 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 (specify) _____ X | |
| HIV/AIDS MODULE | | |
| 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? | 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 | |



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 _____ (specify language) 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? | | |
| | Yes No DK | |
| HA9A. DURING PREGNANCY? | 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 |

| | | |
|--|------------------------------------|--|
| <p>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?</p> | <p>Yes..... 1</p> <p>No..... 2</p> | |
|--|------------------------------------|--|

| 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.) | 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.

| | | |
|---|--|--|
| 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. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day. | Date of birth: Day DK day 98 Month Year..... | |
| UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years. | Age in completed years | |

| BIRTH REGISTRATION AND EARLY LEARNING MODULE | | BR |
|---|--|---|
| BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? | Yes, seen 1 Yes, not seen 2 No..... 3 DK 8 | 1⇒BR5 |
| BR2. HAS (name's) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES? | Yes..... 1 No..... 2 DK 8 | 1⇒BR5 8⇒BR4 |
| BR3. WHY IS (name's) 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 (specify) 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 (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⇒BR8 8⇒BR8 |
| BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) 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 (name): <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 (name)? | Books | Mother Father Other No one A B X Y |
| BR8B. TELL STORIES TO (name)? | Stories | A B X Y |
| BR8C. SING SONGS WITH (name)? | Songs | A B X Y |
| BR8D. TAKE (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? | Take outside | A B X Y |
| BR8E. PLAY WITH (name)? | Play with | A B X Y |
| BR8F. SPEND TIME WITH (name) 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 A. Vitamin supplements 1 2 8 B. Plain water 1 2 8 C. Sweetened water or juice 1 2 8 D. ORS 1 2 8 E. Infant formula 1 2 8 F. Milk 1 2 8 G. Other liquids 1 2 8 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 | |
| If the child does not have immunization card, ask from IM10 to IM18 and circle the answered code | | | | | | | | | | | |
| 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 (name) 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 (name) 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 (name) 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 (name) has participated in any of the following campaigns, national immunization days: | | |
| IM19a. 2009 January 10 national immunization day (campaign A) | Y N DK Campaign A 1 2 8 | |
| IM19b. 2009 February 7 national immunization day (campaign B) | 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 QUESTIONNAIRE FOR CHILDREN UNDER FIVE 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 ANTHROPOMETRY MODULE.</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. | | |