

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	

WE ARE FROM THE CENTRAL STATISTICAL OFFICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

*After all questionnaires for the household have been completed, fill in the following information:*

HH8. Name of head of household: _____	
HH9. Result of household interview: Completed..... 01 No household member or no competent respondent at home at time of visit..... 02 Entire household absent for extended period of time ..... 03 Refused..... 04 Dwelling vacant / Address not a dwelling..... 05 Dwelling destroyed..... 06 Dwelling not found ..... 07 Other (specify)_____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
HH11. Total number of household members: _____	
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____

HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____
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HH18.  
Record the  
time.

Hour.....

Minutes.....

### HOUSEHOLD LISTING FORM

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)

(HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the household listing form have been used.

						For women age 15-49	For children age 5-14	For children under age 5	For children age 0-17 years					
HL1 Line No	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?  1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH?  98 DK 9998 DK		HL6. HOW OLD IS (name)?  Record in completed years. If age is 95 or above, record '95'	HL7.  Circle line no. if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line no. of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line no. of mother/ caretaker	HL11. Is (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  Record line no. of mother or 00 for "No"	HL13. Is (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?  Record line no. of father or 00 for "No"	
Line	Name	Relation *	M	F	Month	Year	Age	15-49	Mother	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	___



HL1 Line No	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?  1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH?  98 DK 9998 DK		HL6. HOW OLD IS (name)?  <i>Record in completed years. If age is 95 or above, record '95'</i>	HL7.  <i>Circle line no. if woman is age 15-49</i>	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record line no. of mother/ caretaker</i>	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record line no. of mother/ caretaker</i>	HL11. IS (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No <input type="checkbox"/> HL13 8 DK <input type="checkbox"/> HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  <i>Record line no. of mother or 00 for "No"</i>	HL13. IS (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No <input type="checkbox"/> Next Line 8 DK <input type="checkbox"/> Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?  <i>Record line no. of father or 00 for "No"</i>	
Line	Name	Relation *	M	F	Month	Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
08		—	1	2	—	—	—	08	—	—	1 2 8	—	1 2 8	—
09		—	1	2	—	—	—	09	—	—	1 2 8	—	1 2 8	—
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	—

Tick here if additional questionnaire used

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

*Now for each woman age 15–49 years, write her name and line number and other identifying information in the information panel of a separate Individual 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 a separate Under-5 Questionnaire.  
 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	06 Parent	11 Niece / Nephew
02 Wife / Husband/ Common Law Partner	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know



**EDUCATION**

**ED**

**Table1: Grade conversion table for Primary and Secondary education in Saint Lucia**

- o Use this table to assist you with the conversion of grades in the questions ED4B, ED6 and ED8. The conversion should be done from the old education grade system (till 1996/1997 school year) or current education grade system (from 1997/1998 school onwards) to the MICS grade (codes). The MICS grade equivalent should be recorded in the space provided.

Old Grade System (till 1996/1997)		Current Grade System (from 1997/1998)		MICS Grade	
Level	Grade	Level	Grade	Level	Grade
Infant	Stage 1	Infant	Grade K	Infant/Primary	01
	Stage 2		Grade 1		02
	Stage 3		Grade 2		03
Primary	Standard 1	Primary	Grade 3		04
	Standard 2		Grade 4		05
	Standard 3		Grade 5		06
	Standard 4		Grade 6		07
	Standard 5				08
	Standard 6				09
	Standard 7				10
Senior Primary	Year 1			01	
	Year 2			02	
	Year 3			03	
Secondary	Form 1	Secondary	Form 1	Secondary	01
	Form 2		Form 2		02
	Form 3		Form 3		03
	Form 4		Form 4		04
	Form 5		Form 5		05

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

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

HOUSEHOLD CHARACTERISTICS		
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Roman Catholic ..... 1 Seventh Day Adventist ..... 2 Pentecostal ..... 3 Other Christian ( <i>specify</i> ) _____ 4  Other religion ( <i>specify</i> ) _____ 6  No religion..... 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	African descent (Negro/Black) ..... 1 Mixed descent..... 2 East Indian..... 3  Other ethnic group ( <i>specify</i> ) _____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... _ _	
HC3. <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>	Natural floor Earth/Sand (Dirt) ..... 11 Rudimentary floor Wood planks ..... 21 Plywood ..... 23 Finished floor Parquet or polished wood ..... 31 Vinyl tiles ..... 32 Ceramic tiles ..... 33 Concrete ..... 34 Carpet ..... 35 Marley/ linoleum..... 36  Other ( <i>specify</i> ) _____ 96	
HC4. <i>Main material of the roof.</i>  <i>Record observation.</i>	Natural roofing No Roof..... 11 Thatch / Coconut leaf ..... 12 Rudimentary Roofing Wood planks ..... 23 Finished roofing Metal (Galvanized iron/Aluzinc) ..... 31 Clay tiles ..... 34 Concrete ..... 35 Roofing shingles ..... 36  Other ( <i>specify</i> ) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls  Dirt ..... 13  Rudimentary walls  Plywood ..... 24  Cardboard ..... 25  Galvanized iron/Aluzinc ..... 27  Finished walls  Concrete ..... 31  Stone with mortar ..... 32  Bricks ..... 33  Concrete blocks ..... 34  Wood (e.g. cedar) ..... 36  Hollow clay blocks ..... 37  Plastered concrete blocks ..... 38  Other (<i>specify</i>) ..... 96</p>																																											
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity ..... 01  Liquefied Petroleum Gas (LPG) ..... 02  Biogas ..... 04  Kerosene ..... 05  Coal / Lignite ..... 06  Charcoal ..... 07  Wood ..... 08  Straw / Shrubs / Grass ..... 09  Agricultural crop residue ..... 11  No food cooked in household ..... 95  Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8  02⇒HC8  04⇒HC8  05⇒HC8  95⇒HC8</p>																																										
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house  In a separate room used as kitchen ..... 1  Elsewhere in the house ..... 2  In a separate building ..... 3  Outdoors ..... 4  Other (<i>specify</i>) ..... 6</p>																																											
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?  [B] A RADIO?  [C] A TELEVISION?  [D] A NON-MOBILE/ FIXED LINE TELEPHONE?  [E] A REFRIGERATOR?  [F] A TABLE?  [G] A BED?  [H] A SOFA?  [I] A STOVE?  [J] A WASHING MACHINE?  [K] INTERNET SERVICE?  [L] AN AIR CONDITION UNIT?  [M] CABLE/ SATELLITE TV?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile/ fixed line telephone .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Table .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bed .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sofa .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Stove .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing machine .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Internet service .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air condition unit .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cable/ satellite TV .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity .....	1	2	Radio .....	1	2	Television .....	1	2	Non-mobile/ fixed line telephone .....	1	2	Refrigerator.....	1	2	Table .....	1	2	Bed .....	1	2	Sofa .....	1	2	Stove .....	1	2	Washing machine .....	1	2	Internet service .....	1	2	Air condition unit .....	1	2	Cable/ satellite TV .....	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p>	<p style="text-align: right;">Yes No</p>	
<p>[B] A MOBILE/CELLULAR PHONE?</p> <p>[F] A CAR/TRUCK?</p> <p>[G] A BOAT FOR LIVELIHOOD?</p> <p>[H] A COMPUTER?</p> <p>[I] A STEREO OR CD PLAYER?</p> <p>[J] A BOAT FOR PLEASURE (YACHT)?</p> <p>[K] A PORTABLE AUDIO DEVICE (IPOD/MP3)?</p>	<p>Mobile/cellular phone ..... 1 2</p> <p>Car/ truck ..... 1 2</p> <p>Boat for livelihood ..... 1 2</p> <p>Computer ..... 1 2</p> <p>Stereo or CD player ..... 1 2</p> <p>Boat for pleasure..... 1 2</p> <p>Portable Audio Device ..... 1 2</p>	
<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i></p>	<p>Own.....1</p> <p>Rent .....2</p> <p>Other (Not owned or rented) .....6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒HC13</p>
<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record “00”. If 95 or more, record ‘95’. If unknown, record ‘98’.</i></p>	<p>Acres ..... __ __</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒HC15</p>
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p><i>If none, record ‘00’.</i></p> <p><i>If 95 or more, record ‘95’.</i></p> <p><i>If unknown, record ‘98’.</i></p>	<p>Cattle, milk cows, or bulls ..... __ __</p> <p>Horses, donkeys, or mules ..... __ __</p> <p>Goats ..... __ __</p> <p>Sheep..... __ __</p> <p>Chickens ..... __ __</p> <p>Pigs ..... __ __</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT OR CREDIT UNION ACCOUNT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	



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

- List each of the children aged 2–14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2–14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2–14 in the box provided (CD6).
- If there are no children age 2–14 years in the household, skip to next module.

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

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

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

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

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

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

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

HANDWASHING		HW
NOW I WOULD LIKE TO COLLECT INFORMATION ABOUT HANDWASHING FACILITIES AND THE PRESENCE OF SOAP AND WATER IN YOUR HOUSEHOLD. SOME INFORMATION REQUIRES MY OBSERVATION.		
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed..... 1  Not observed Not in dwelling / plot / yard ..... 2 No permission to see..... 3 Other reason ..... 6	2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
HW2. <i>Observe presence of water at the specific place for handwashing.</i>  <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available ..... 1  Water is not available ..... 2	
HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i>  <i>Circle all that apply.</i>  <i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i>	Bar soap ..... A  Detergent (Powder / Liquid / Paste) ..... B  Liquid soap ..... C  Local cleansing agent (specify) _____ D  None ..... Y	A ⇨ HH19 B ⇨ HH19 C ⇨ HH19 D ⇨ HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes ..... 1  No ..... 2	2 ⇨ HH19
HW5. CAN YOU PLEASE SHOW IT TO ME?  <i>Record observation. Circle all that apply.</i>	Bar soap ..... A  Detergent (Powder / Liquid / Paste) ..... B  Liquid soap ..... C  Local cleansing agent (specify) _____ D  Not able / Does not want to show ..... Y	

HH19. <i>Record the time.</i>	Hour and minutes..... ____ : ____	
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SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?  <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM ..... 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more ..... 3  No salt in the house ..... 6  Salt not tested ..... 7	

<p>HH20. <i>Thank the respondent for his/her cooperation and check the Household Listing Form:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>A separate Questionnaire for Individual Women has been issued for each woman age 15–49 years in the household list (HL7)</i></li> <li><input type="checkbox"/> <i>A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)</i></li> </ul> <p><i>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
--

**Interviewer's Observations**

[Empty text area for Interviewer's Observations]

**Field Editor's Observations**

[Empty text area for Field Editor's Observations]

**Supervisor's Observations**

[Empty text area for Supervisor's Observations]

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

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

WE ARE FROM THE CENTRAL STATISTICAL OFFICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

WM7. Result of woman's interview	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05  Other ( <i>specify</i> ) _____ 96
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WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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WM10. <i>Record the time.</i>	Hour and minutes ..... : .....
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**Table1: Grade conversion table for Primary and Secondary education in Saint Lucia**

- Use the table below to assist you with the conversion of grades in the question WB5. The conversion should be done from the old education grade system (till 1996/1997 school year) or current education grade system (from 1997/1998 school onwards) to the MICS grade (codes). The MICS grade equivalent should be recorded in the space provided.

Old Grade System (till 1996/1997)		Current Grade System (from 1997/1998)		MICS Grade	
Level	Grade	Level	Grade	Level	Grade
Infant	Stage 1	Infant	Grade K	Infant/Primary	01
	Stage 2		Grade 1		02
	Stage 3		Grade 2		03
Primary	Standard 1	Primary	Grade 3		04
	Standard 2		Grade 4		05
	Standard 3		Grade 5		06
	Standard 4		Grade 6		07
	Standard 5		08		
	Standard 6		09		
	Standard 7		10		
Senior Primary	Year 1			Senior Primary	01
	Year 2				02
	Year 3				03
Secondary	Form 1	Secondary	Form 1	Secondary	01
	Form 2		Form 2		02
	Form 3		Form 3		03
	Form 4		Form 4		04
	Form 5		Form 5		05

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month .....__ __ DK month .....98  Year .....__ __ __ __ DK year .....9998	
WB2. HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) .....__ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes .....1 No .....2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool .....0 Infant/ Primary .....1 Senior Primary .....2 Secondary .....3 Post-Secondary/Non-tertiary .....4 Tertiary/University .....5	0⇒WB7
WB5. WHAT IS THE HIGHEST STANDARD/GRADE/FORM YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 standard/grade/form/year, enter "00".</i>  <i>Use conversion table (Table 1).</i>	Grade .....__ __	
WB6. Check WB4:  <input type="checkbox"/> Secondary or higher (codes 3, 4 or 5) ⇒ Go to Next Module  <input type="checkbox"/> Primary or Senior Primary (codes 1 or 2) ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all .....1 Able to read only parts of sentence .....2 Able to read whole sentence .....3  No sentence in required language _____4 <i>(specify language)</i>  Blind / mute, visually / speech impaired .....5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. <i>Check WB7:</i> <input type="checkbox"/> <i>Question left blank (Respondent has secondary or more education) ⇒ Continue with MT2</i> <input type="checkbox"/> <i>Able to read or no sentence in required language available (codes 2, 3 or 4) ⇒ Continue with MT2</i> <input type="checkbox"/> <i>Cannot read at all or blind (codes 1 or 5) ⇒ Go to MT3</i>		
MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
MT5. <i>Check WB2: Age of respondent 15–24 years?</i> <input type="checkbox"/> <i>Yes, age 15–24 ⇒ Continue with MT6</i> <input type="checkbox"/> <i>No, age 25–49 ⇒ Go to Next Module</i>		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No..... 2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ..... 1 No..... 2	2⇒MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No..... 2	2⇒Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?  <i>If necessary, probe for use from any location, with any device.</i>	Yes ..... 1 No..... 2	2⇒ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No ..... 2	2 ⇒ Contra-ception Module
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?  I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.  <i>Skip to CM12 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day ..... __ __ DK day ..... 98  Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒ CM12
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... __ __	
CM12. OF ALL THE BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?  Month and year must be recorded.	Date of last birth Day ..... __ __ DK day ..... 98  Month ..... __ __  Year ..... __ __ __ __	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in <b>2010</b></p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to CONTRACEPTION Module.</p> <p><input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the child</p> <p style="text-align: center;">Name of child _____</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><i>Continue with the next module.</i></p>		

**DESIRE FOR LAST BIRTH****DB**

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

*Check child mortality module CM13 and record name of last-born child here*

\_\_\_\_\_.

*Use this child's name in the following questions, where indicated.*

DB1. WHEN YOU GOT PREGNANT WITH ( <i>name</i> ), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No ..... 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more ..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months ..... 1 __ __ Years ..... 2 __ __ DK ..... 998	

**MATERNAL AND NEWBORN HEALTH**

**MN**

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

*Check child mortality module CM13 and record name of last-born child here*

\_\_\_\_\_.

*Use this child's name in the following questions, where indicated.*

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒MN5</p>												
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Bush midwife/ traditional attendant ..... F Community health worker/aid ..... G Other (specify) _____ X</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times..... _ _ _ DK ..... 98</p>													
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample .....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample .....	1	2												
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK..... 8</p>													
<p>MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes..... 1 No ..... 2 DK..... 8</p>	<p>2⇒MN9 8⇒MN9</p>												
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times ..... _ _ _ DK..... 8</p>	<p>8⇒MN9</p>												

MN8. *How many tetanus injections during last pregnancy were reported in MN7?*

- At least two tetanus injections during last pregnancy. ⇒ Go to MN17*
- Only one tetanus injection during last pregnancy. ⇒ Continue with MN9*

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i>, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes..... 1          No ..... 2          DK..... 8</p>	<p>2⇒MN17          8⇒MN17</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times ..... _          DK..... 8</p>	<p>8⇒MN17</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If less than 1 year, record '00'.</i></p>	<p>Years ago ..... _ _</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF <i>(name)</i>?</p> <p><i>Probe:</i>          ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:          Doctor ..... A          Nurse / Midwife ..... B          Other person          Bush midwife/ traditional attendant ..... F          Community health worker/ aid ..... G          Relative / Friend ..... H          Other (<i>specify</i>) ..... X          No one ..... Y</p>	

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home  Your home ..... 11  Other home ..... 12</p> <p>Public sector  Govt. hospital ..... 21  Govt. clinic / health centre/ polyclinic .... 22  Other public (<i>specify</i>) _____ 26</p> <p>Private Medical Sector  Private hospital ..... 31  Private clinic ..... 32  Other private  medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒MN20  12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes ..... 1  No ..... 2</p>	
<p>MN20. WHEN <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large ..... 1  Larger than average ..... 2  Average ..... 3  Smaller than average ..... 4  Very small ..... 5</p> <p>DK ..... 8</p>	
<p>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes ..... 1  No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN23  8⇒MN23</p>
<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kg) ____ . ____</p> <p>From recall ..... 2 (kg) ____ . ____</p> <p>From card ..... 3 (lbs) ____ . ____</p> <p>From recall ..... 4 (lbs) ____ . ____</p> <p>DK ..... 9998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes ..... 1  No ..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>2⇒Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i>  <i>If less than 24 hours, record hours.</i>  <i>Otherwise, record days.</i></p>	<p>Immediately ..... 000</p> <p>Hours ..... 1 ____</p> <p>Days ..... 2 ____</p> <p>Don't know / remember ..... 998</p>	

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

*Check child mortality module CM13 and record name of last-born child here \_\_\_\_\_.*

*Use this child's name in the following questions, where indicated.*

**PN1. Check MN18: Was the child delivered in a health facility?**

- Yes, the child was delivered in a health facility (MN18=21–26 or 31–36) ⇒ Continue with PN2*
- No, the child was not delivered in a health facility (MN18=11–12 or 96) ⇒ Go to PN6*

**PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).**

**YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?**

*If less than one day, record hours.  
If less than one week, record days.  
Otherwise, record weeks.*

Hours ..... 1 \_\_ \_\_  
Days ..... 2 \_\_ \_\_  
Weeks ..... 3 \_\_ \_\_  
Don't know / remember ..... 998

**PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.**

**BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?**

Yes ..... 1  
No ..... 2

**PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.**

**DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?**

Yes ..... 1  
No ..... 2

**PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).**

**DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?**

Yes ..... 1  
No ..... 2

1 ⇒ PN11  
2 ⇒ PN16

**PN6. Check MN17: Did a health professional, bush midwife/traditional attendant, or community health worker/aid assist with the delivery?**

- Yes, delivery assisted by a health professional or other health worker (MN17=A–G) ⇒ Continue with PN7*
- No, delivery not assisted by a health professional or other health worker (A–G not circled in MN17) ⇒ Go to PN10*

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

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

<p>PN19. AFTER THE BIRTH OF <i>(name)</i>, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once ..... 1                  More than once ..... 2</p>	<p>1⇒PN21A                  2⇒PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours.                  If less than one week, record days.                  Otherwise, record weeks.</i></p>	<p>Hours ..... 1 ___                  Days ..... 2 ___                  Weeks ..... 3 ___                  Don't know / remember ..... 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional                  Doctor ..... A                  Nurse / Midwife ..... B                  Other person                  Bush midwife/ traditional attendant ..... F                  Community health worker/ aid ..... G                  Relative / Friend ..... H                  Other (<i>specify</i>) _____ X</p>	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home                  Your home ..... 11                  Other home ..... 12</p> <p>Public sector                  Govt. hospital ..... 21                  Govt. clinic / health centre/ polyclinic .... 22                  Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector                  Private hospital ..... 31                  Private clinic ..... 32                  Other private                  medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No ..... 2</p> <p>Unsure or DK ..... 8</p>	
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Female sterilization .....A</p> <p>Male sterilization .....B</p> <p>IUD.....C</p> <p>Injectables.....D</p> <p>Implants .....E</p> <p>Pill.....F</p> <p>Male condom .....G</p> <p>Female condom .....H</p> <p>Diaphragm .....I</p> <p>Foam / Jelly .....J</p> <p>Lactational amenorrhoea method (LAM).....K</p> <p>Periodic abstinence / Rhythm .....L</p> <p>Withdrawal .....M</p> <p>Other (<i>specify</i>)..... X</p>	
<p>CP4. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CP5. CAN YOU TELL ME WHY YOU ARE NOT USING A METHOD TO PREVENT PREGNANCY?</p> <p>Do not prompt. If more than one reason is mentioned, circle each one.</p>	<p>Not married .....A</p> <p>Fertility related reasons</p> <p>    Want to get pregnant/ have child.....B</p> <p>    Not having sex.....C</p> <p>    Infrequent sex.....D</p> <p>    Menopausal/hysterectomy.....E</p> <p>    Can't get pregnant.....F</p> <p>    Not menstruated since last birth.....J</p> <p>    Breastfeeding .....H</p> <p>    Up to God/ Fatalistic.....I</p> <p>Opposition to use</p> <p>    Respondent opposed .....J</p> <p>    Husband/partner opposed.....K</p> <p>    Others opposed.....L</p> <p>    Religious prohibition .....M</p> <p>Lack of knowledge</p> <p>    Knows no method.....N</p> <p>    Knows no source.....O</p> <p>Method-related reasons</p> <p>    Side effects/ health concerns .....P</p> <p>    Lack of access/ too far.....Q</p> <p>    Costs too much.....R</p> <p>    Preferred method not available .....S</p> <p>    No method available.....T</p> <p>    Inconvenient to use .....U</p> <p>    Interferes with body's normal processes .....V</p> <p>Other (<i>specify</i>)..... X</p> <p>DK .....Z</p>	

**UNMET NEED**

**UN**

UN1. *Check CP1. Currently pregnant?*

- Yes, currently pregnant ⇒ Continue with UN2
- No, unsure or DK ⇒ Go to UN5

UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1	1⇒UN4
	No ..... 2	
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1	
	No more ..... 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child ..... 1	1⇒UN7
	No more / None ..... 2	2⇒UN13
	Undecided / Don't know ..... 8	8⇒UN13

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

- Yes ⇒ Go to UN13
- No ⇒ Continue with UN6

UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ..... 1	
	No more / None ..... 2	2⇒UN9
	Says she cannot get pregnant..... 3	3⇒UN11
	Undecided / Don't know..... 8	8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months ..... 1 __ __	
	Years ..... 2 __ __	
	Soon / Now ..... 993	
	Says she cannot get pregnant..... 994	994⇒UN11
	After marriage ..... 995	
	Other..... 996	
Don't know ..... 998		

UN8. *Check CP1. Currently pregnant?*

- Yes, currently pregnant ⇒ Go to UN13
- No, unsure or DK ⇒ Continue with UN9

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

**ATTITUDES TOWARD DOMESTIC VIOLENCE**

**DV**

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him.....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex .....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food.....	1	2	8
[F] IF SHE IS UNFAITHFUL?	Unfaithful .....	1	2	8
[G] IF SHE TRIES TO END THE RELATIONSHIP?	End the relationship .....	1	2	8
[H] IF SHE SPENDS MONEY IRRATIONALLY?	Spends money irrationally.....	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED, LIVING TOGETHER WITH A MAN AS IF MARRIED, OR IN A VISITING RELATIONSHIP?	Yes, currently married .....1 Yes, living with a man.....2 Yes, in a visiting relationship .....0 No, not in union .....3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years .....__ __  DK .....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes .....1 No.....2	2⇒MA7
MA4. HOW MANY OTHER PARTNERS DOES HE HAVE?	Number.....__ __  DK .....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED, LIVED TOGETHER WITH A MAN AS IF MARRIED, OR IN A VISITING RELATIONSHIP?	Yes, formerly married .....1 Yes, formerly lived with a man .....2 Yes, formerly in a visiting relationship .....0 No.....3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR NO LONGER IN A VISITING RELATIONSHIP?	Widowed.....1 Divorced .....2 Separated.....3 No longer in a visiting relationship.....4	
MA7. HAVE YOU BEEN MARRIED, LIVED WITH A MAN, OR IN A VISITING RELATIONSHIP ONLY ONCE OR MORE THAN ONCE?	Only once .....1 More than once .....2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY, START LIVING WITH A MAN AS IF MARRIED, OR START THE VISITING RELATIONSHIP?	Date of first marriage/ visiting relationship Month .....__ __ DK month .....98  Year.....__ __ __ __  DK year .....9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER, OR STARTED YOUR FIRST VISITING RELATIONSHIP?	Age in years .....__ __	

**SEXUAL BEHAVIOUR**

**SB**

*Check for the presence of others. Before continuing, ensure privacy.*

<p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse ..... 00</p> <p>Age in years..... _ _</p> <p>First time when started living with (first) husband/partner ..... 95</p>	<p>00⇒Next Module</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Don't remember ..... 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago ..... 1 _ _</p> <p>Weeks ago..... 2 _ _</p> <p>Months ago..... 3 _ _</p> <p>Years ago ..... 4 _ _</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband ..... 1</p> <p>Cohabiting partner ..... 2</p> <p>Boyfriend ..... 3</p> <p>Casual acquaintance ..... 4</p> <p>Friend ..... 5</p> <p>Visiting partner..... 7</p> <p>Other (<i>specify</i>) ..... 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>5⇒SB7</p> <p>6⇒SB7</p>
<p><b>SB6. Check MA1:</b></p> <p><input type="checkbox"/> <i>Currently married or living with a man or in a visiting relationship (MA1 = 1, 2 or 0)</i> ⇒ Go to SB8</p> <p><input type="checkbox"/> <i>Not married / Not in union / Not in a visiting relationship (MA1 = 3)</i> ⇒ Continue with SB7</p>		
<p>SB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner ..... _ _</p> <p>DK..... 98</p>	
<p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒SB15</p>
<p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 Friend ..... 5 Visiting partner..... 7</p> <p>Other (<i>specify</i>) ..... 6</p>	<p>3⇒SB12 4⇒SB12 5⇒SB12 6⇒SB12</p>
<p>SB11. <i>Check MA1 and MA7:</i></p> <p><input type="checkbox"/> <i>Currently married or living with a man or in a visiting relationship (MA1 = 1, 2 or 0) AND Married only once or lived with a man only once or in a visiting relationship only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner ..... __ __ DK..... 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... __ __</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ..... __ __ DK..... 98</p>	

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

<p>HA13. Check CMI3: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p>																						
<p>HA14. Check MN1: Received antenatal care?</p> <p><input type="checkbox"/> Received antenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24</p>																						
<p>HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother .....	1	2	8	Things to do .....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test .....	1	2	8	
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<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>	<p>2⇒HA19</p> <p>8⇒HA19</p>																				
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>																				
<p>HA19. Check MN17: Birth delivered by health professional (A or B)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>																						
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes .....1</p> <p>No.....2</p>	<p>2⇒HA24</p>																				

HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No.....2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No.....2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago ..... 1 12–23 months ago..... 2 2 or more years ago ..... 3	1⇒TA14 2⇒TA14 3⇒TA14
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes .....1 No.....2	2⇒HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago .....1 12–23 months ago.....2 2 or more years ago .....3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes .....1 No.....2  DK .....8	1⇒TA14 2⇒TA14  8⇒TA14
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes .....1 No.....2	

ALCOHOL USE		TA
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	2⇒WM11
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER OR SHANDY, ONE GLASS OF WINE OR ALCOHOLIC PUNCH, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol ..... 00</p> <p>Age..... _ _</p>	00⇒WM11
<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "everyday" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month.. 00</p> <p>Number of days..... 0 _</p> <p>10 days or more but less than a month..... 10</p> <p>Everyday / Almost every day..... 30</p>	00⇒WM11
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE?</p>	<p>Number of drinks..... _ _</p>	

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

**Field Editor's Observations**

**Supervisor's Observations**

**UNDER-FIVE CHILD INFORMATION PANEL**
**UF**

This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).

A separate questionnaire should be used for each eligible child.

UF1. Cluster number: ____ _	UF2. Household number: ____ _
UF3. Child's name: Name _____	UF4. Child's line number: ____ _
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: ____ _
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / _____

Repeat greeting if not already read to this respondent:

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

WE ARE FROM CENTRAL STATISTICAL OFFICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (***child's name from UF3***)'S HEALTH AND OTHER TOPICS. THE INTERVIEW WILL TAKE ABOUT 10 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

UF9. Result of interview for children under 5  Codes refer to mother/caretaker.	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other ( <i>specify</i> ) _____ 96
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UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
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UF12. Record the time.	Hour and minutes..... ____ : ____	
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AGE	AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day ..... ____</p> <p>DK day.....98</p> <p>Month ..... ____</p> <p>Year..... ____</p>
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) ..... ____</p>

BIRTH REGISTRATION		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?  <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen .....1	1⇒Next Module
	Yes, not seen .....2	
	No .....3	2⇒Next Module
	DK .....8	
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH THE REGISTRY?	Yes .....1	1⇒Next Module
	No .....2	
	DK .....8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes .....1	
	No .....2	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. HOW MANY CHILDREN’S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p> <p>None.....00</p> <p>Number of children’s books.....0 __</p> <p>Ten or more books .....10</p>		
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p>If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response</p>	<p>Y N DK</p> <p>Homemade toys .....1 2 8</p> <p>Toys from a shop .....1 2 8</p> <p>Household objects or outside objects .....1 2 8</p>	
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p>If ‘none’ enter ‘0’. If ‘don’t know’ enter ‘8’</p>	<p>Number of days left alone for more than an hour.....__</p> <p>Number of days left with other child for more than an hour .....__</p>	
<p>EC4. <i>Check AG2: Age of child</i></p> <p><input type="checkbox"/> <i>Child age 3 or 4 ⇒ Continue with EC5</i></p> <p><input type="checkbox"/> <i>Child age 0, 1 or 2 ⇒ Go to Next Module</i></p>		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING PRESCHOOL, KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK .....8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>

<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?</p>	<p>Number of hours ..... _ _</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
	Mother	Father	Other	No one																																	
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Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK .....8</p>																																				
<p>EC9. CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, COMMON/ POPULAR WORDS?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK .....8</p>																																				
<p>EC10. DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK .....8</p>																																				
<p>EC11. CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes .....1</p> <p>No .....2</p> <p>DK .....8</p>																																				

BREASTFEEDING		BF
BF1. HAS <i>(name)</i> EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT <i>(name)</i> MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER <i>(name)</i> HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.  DID <i>(name)</i> DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	
BF4. DID <i>(name)</i> DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID <i>(name)</i> DRINK INFANT FORMULA?	Number of times ..... _ _	
BF6. DID <i>(name)</i> DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF7A 8⇒BF7A
BF7. HOW MANY TIMES DID <i>(name)</i> DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ..... _ _	
BF7A. DID <i>(name)</i> DRINK SOYA MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF8 8⇒BF8
BF7B. HOW MANY TIMES DID <i>(name)</i> DRINK SOYA MILK?	Number of times ..... _ _	
BF8. DID <i>(name)</i> DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK ..... 8	

BF9. DID ( <i>name</i> ) DRINK CLEAR SOUP OR CLEAR BROTH YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	
BF10. DID ( <i>name</i> ) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	
BF11. DID ( <i>name</i> ) DRINK <u>ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	
BF12. DID ( <i>name</i> ) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	
BF13. DID ( <i>name</i> ) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	2⇒BF15  8⇒BF15
BF14. HOW MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF15. DID ( <i>name</i> ) EAT THIN/ WATERY PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	
BF16. DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No..... 2  DK ..... 8	2⇒BF18  8⇒BF18
BF17. HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... __ __	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes ..... 1 No..... 2  DK ..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS ( <i>name</i> ) HAD DIARRHOEA?	Yes ..... 1 No..... 2  DK ..... 8	2⇒CA7  8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH ( <i>name</i> ) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).  DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?  <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5  DK ..... 8	
CA3. DURING THE TIME ( <i>name</i> ) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?  <i>If “less”, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6  DK ..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS ( <i>name</i> ) GIVEN TO DRINK ANY OF THE FOLLOWING:  Read each item aloud and record response before proceeding to the next item.  [A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORAL REHYDRATION SALT (ORS)?  [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?  [C] SALT, SUGAR AND WATER WITH OR WITHOUT FRESH FRUIT JUICE?	Y N DK  Fluid from ORS packet..... 1 2 8  Pre-packaged ORS fluid ..... 1 2 8  Salt, sugar and water (w/o juice)..... 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes ..... 1 No..... 2  DK ..... 8	2⇒CA7  8⇒CA7

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

<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes ..... 1                  No..... 2                  DK ..... 8</p>	<p>2⇒CA14                  8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i>                  ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic                  Pill / Syrup ..... A                  Injection ..... B</p> <p>Paracetamol / Panadol / Acetaminophen... P                  Aspirin ..... Q                  Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X                  DK ..... Z</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to UF13</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine ..... 01                  Put / Rinsed into toilet or latrine ..... 02                  Put / Rinsed into drain or ditch ..... 03                  Thrown into garbage (solid waste) ..... 04                  Buried ..... 05                  Left in the open ..... 06</p> <p>Other (<i>specify</i>) _____ 96                  DK ..... 98</p>	

UF13. Record the time.	Hour and minutes..... ____ : ____	
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UF14. *Is the respondent the mother or caretaker of another child age 0–4 living in this household?*

- Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*
- No ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child*

*Check to see if there are other woman’s or under-5 questionnaires to be administered in this household.*

*Move to another woman’s or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.*

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height / length and weight measurement</i>	Either or both measured.....	1
	Child not present.....	2 2⇒AN6
	Child or caretaker refused.....	3 3⇒AN6
	Other ( <i>specify</i> ) _____	6 6⇒AN6
AN3. <i>Child's weight</i>	Kilograms (kg).....	
	Weight not measured.....	99.9
AN4. <i>Child's length or height</i>		
Check age of child in AG2:		
<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).	Length (cm) Lying down.....	1 _____
<input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Height (cm) Standing up.....	2 _____
	Length / Height not measured.....	9999.9

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

Yes ⇒ Record measurements for next child.

No ⇒ Check if there are any other individual questionnaires to be completed in the household.

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**