

Appendix F. Bangladesh MICS Questionnaires



HOUSEHOLD QUESTIONNAIRE

MICS5, Bangladesh 2012-13



HOUSEHOLD INFORMATION PANEL		HH	
HH1. Cluster number:.....		HH2. Household number:.....	
HH3. Interviewer name and number:		HH4. Supervisor name and number:	
Name		Name	
HH5. Day / Month / Year of interview: ____ / ____ / ____		HH7. DIVISION:	
HH6. AREA:		BARISAL..... 10 CHITTAGONG 20 DHAKA 30 KHULNA..... 40 RAJSHAHI..... 50 RANGPUR 55 SYLHET 60	
HH6A. AREA:			
Urban 1			
Rural 2			
HH7A. DISTRICT name and code			
Name			
HH7B. Is the household selected for water testing?	Yes 1 No 2	HH7C. Is the household selected for additional water testing?	Yes 1 No 2

WE ARE FROM BANGLADESH BUREAU OF STATISTICS. WE ARE COLLECTING INFORMATION ON FAMILY HEALTH AND EDUCATION I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 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 ⇒ Circle 04 in 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:		HH10. Respondent to household questionnaire:
Completed 01		Name:
No household member or no competent respondent at home at time of visit 02		Line Number:
Entire household absent for extended period of time 03		
Refused 04		HH11. Total number of household members:
Dwelling vacant / Address not a dwelling 05		
Dwelling destroyed 06		
Dwelling not found 07		
Other (specify) 96		
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 editor name and number:	HH17. Data entry clerk (First) name and number:	HH17A. Data entry clerk (Second) name and number:

HH18.		HOUSEHOLD LISTING FORM				HL
Record the time.		FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4) Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.				
Hour — — Minutes — —		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?	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 HL13 8 DK HL13	HL12. Does (name)'s natural mother live in this household? <i>Record line no. of mother and go to HL13 or 00 for "No"</i>	HL12A. Where does (name)'s natural mother live? 1 In another household in this country 2 Abroad 3 Institution 8 DK	HL13. Is (name)'s natural father alive? 1 Yes 2 No Next Line 8 DK Next Line	HL14. Does (name)'s natural father live in this household? <i>Record line no. of father and go to next person or 00 for "No"</i>	HL14A. Where does (name)'s natural father live? 1 In another household in this country 2 Abroad 3 Institution 8 DK	
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	y n dk	Mother	y n dk	Father	1 2 3 8
01		0 1	1	2	—	—	—	01	—	—	1 2 8	—	—	—	1 2 3 8
02		—	1	2	—	—	—	02	—	—	1 2 8	—	—	—	1 2 3 8
03		—	1	2	—	—	—	03	—	—	1 2 8	—	—	—	1 2 3 8
04		—	1	2	—	—	—	04	—	—	1 2 8	—	—	—	1 2 3 8
05		—	1	2	—	—	—	05	—	—	1 2 8	—	—	—	1 2 3 8
06		—	1	2	—	—	—	06	—	—	1 2 8	—	—	—	1 2 3 8
07		—	1	2	—	—	—	07	—	—	1 2 8	—	—	—	1 2 3 8
08		—	1	2	—	—	—	08	—	—	1 2 8	—	—	—	1 2 3 8
09		—	1	2	—	—	—	09	—	—	1 2 8	—	—	—	1 2 3 8
10		—	1	2	—	—	—	10	—	—	1 2 8	—	—	—	1 2 3 8
11		—	1	2	—	—	—	11	—	—	1 2 8	—	—	—	1 2 3 8
12		—	1	2	—	—	—	12	—	—	1 2 8	—	—	—	1 2 3 8
13		—	1	2	—	—	—	13	—	—	1 2 8	—	—	—	1 2 3 8
14		—	1	2	—	—	—	14	—	—	1 2 8	—	—	—	1 2 3 8
15		—	1	2	—	—	—	15	—	—	1 2 8	—	—	—	1 2 3 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	05 Grandchild	09 Brother-In-Law / Sister-In-Law	13 Adopted / Foster / Stepchild
02 Wife / Husband	06 Parent	10 Uncle / Aunt	14 Not related
03 Son / Daughter	07 Parent-In-Law	11 Niece / Nephew	98 Don't know
04 Son-In-Law / Daughter-In-Law	08 Brother / Sister	12 Other relative	

EDUCATION														ED		
			For household members age 5 and above			For household members age 5-24 years										
ED1. Line number	ED2. Name and age <i>Copy from Household Listing Form, HL2 and HL6</i>		ED3. HAS (name) EVER ATTENDED PRE-SCHOOL, PRIMARY SCHOOL, SECONDARY SCHOOL, COLLEGE OR UNIVERSITY ?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary /Higher secondary 3 Higher 8 DK <i>If level=0, skip to ED5</i>	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK <i>If less than 1 grade, enter 00.</i>	ED5. DURING THE 2012 SCHOOL YEAR, DID (NAME) ATTEND PRE-SCHOOL, PRIMARY SCHOOL, SECONDARY SCHOOL, COLLEGE OR UNIVERSITY AT ANY TIME? 1 Yes 2 No ⇒ ED7	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary /Higher Secondary 3 Higher 8 DK <i>If level=0, skip to ED7</i>		GRADE: 98 DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2011, DID (name) ATTEND PRE-SCHOOL, PRIMARY SCHOOL, SECONDARY SCHOOL, COLLEGE OR UNIVERSITY AT ANY TIME? 1 Yes 2 No ⇒ Next Line 8 DK ⇒ Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary / Higher secondary 3 Higher 8 DK <i>If level=0, go to next person</i>		GRADE:98 DK			
LINE	NAME	AGE	YES	NO	LEVEL	GRADE	YES	NO	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE	
01		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
02		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
03		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
04		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
05		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
06		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
07		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
08		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
09		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
10		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
11		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
12		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
13		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
14		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
15		-----	1	2	0 1 2 3 8	-----	1	2	0 1 2 3 8	-----	1	2	8	0 1 2 3 8	-----	
Ed4b/Ed6/Ed8			0-Preschool: Grade=00		1-Primary; Grade 01 to 05		2-Secondary/Higher Secondary: Grade 01 to 07		3-Higher: Grade 01 to 05		3-Higher (MBBS); Grade 11 to 15		3-Higher(Engineering); Grade 21 to 25		3-Higher(PhD); Grade 31 to 35	

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap / standpipe 14 Tube Well, Borehole 21 Dug well Protected well..... 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring..... 42 Rainwater collection 51 Tanker-truck..... 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>) 96	11 ⇨ WS6 12 ⇨ WS6 13 ⇨ WS6 14 ⇨ WS3 21 ⇨ WS3 31 ⇨ WS3 32 ⇨ WS3 41 ⇨ WS3 42 ⇨ WS3 51 ⇨ WS3 61 ⇨ WS3 71 ⇨ WS3 81 ⇨ WS3 96 ⇨ WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap / standpipe 14 Tube Well, Borehole 21 Dug well Protected well..... 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring..... 42 Rainwater collection 51 Tanker-truck..... 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 96	11 ⇨ 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	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years)..... 1 Adult man (age 15+ years)..... 2 Female child (under 15)..... 3 Male child (under 15) 4 DK 8	

WATER AND SANITATION : continued		WS
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No..... 2 DK..... 8	2 ⇒ WS8 8 ⇒ WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil A Add bleach / chlorine B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (specify) X DKZ	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>if “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If necessary, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank..... 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 Hanging toilet, Hanging latrine..... 51 No facility, Bush, Field 95 Other (specify) 96	95 ⇒ Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No..... 2	2 ⇒ Next Module
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?	Other households only (not public)..... 1 Public facility 2	2 ⇒ Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households..... 10 DK 98	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Islam 1 Hinduism 2 Buddhism 3 Christianity 4 Other religion (specify) 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Bangla 1 English 2 Other language (specify) 6	
HC1C. DOES THE HEAD OF THIS HOUSEHOLD BELONG TO ANY SMALL ETHNIC GROUP?	Yes 1 No..... 2	

HOUSEHOLD CHARACTERISTICS : continued		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand 11 Dung 12 Rudimentary floor Wood planks 21 Palm / Bamboo 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet 35 Other (<i>specify</i>) 96	
Hc4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof 11 Thatch / Palm leaf 12 Sod 13 Rudimentary Roofing Rustic mat 21 Palm / Bamboo 22 Wood planks 23 Cardboard 24 Finished roofing Metal/Tin 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) 96	
Hc5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Natural walls No walls 11 Cane / Palm / Trunks 12 Dirt 13 Rudimentary walls Bamboo with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26 Tin 27 Finished walls Cement 31 Stone with lime / cement 32 Bricks 33 Cement blocks 34 Covered adobe 35 Wood planks / shingles 36 Other (<i>specify</i>) 96	

HOUSEHOLD CHARACTERISTICS : continued			HC		
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity.....	01	01 ⇒ HC8		
	Liquefied Petroleum Gas (LPG).....	02	02 ⇒ HC8		
	Natural gas	03	03 ⇒ HC8		
	Biogas	04	04 ⇒ HC8		
	Kerosene.....	05	05 ⇒ HC8		
	Coal / Lignite.....	06			
	Charcoal.....	07			
	Wood.....	08			
	Straw / Shrubs / Grass	09			
	Animal dung	10			
	Agricultural crop residue	11			
	No food cooked in household	95	95 ⇒ HC8		
	Other (<i>specify</i>)	96			
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? <i>if ‘in the house’, probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>	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			
HC8. DOES YOUR HOUSEHOLD HAVE:		Yes	No		
	[A] ELECTRICITY?	Electricity.....	1	2	
	[B] A RADIO?	Radio	1	2	
	[C] A TELEVISION?	Television.....	1	2	
	[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone	1	2	
	[E] A REFRIGERATOR?	Refrigerator	1	2	
	[F] AN ELECTRIC FAN?	Electric Fan	1	2	
	[G] A COT / BED?	Cot/bed	1	2	
	[H] A TABLE?	Table	1	2	
	[I] AN ALMIRAH / WARDROBE?	Almirah / wardrobe	1	2	
	[J] A SOFA SET?	Sofa set	1	2	
	[K] A WATER DISPENSER?	Water dispenser	1	2	
	[L] A WATER PUMP?	Water pump	1	2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No		
	[A] A WATCH?	Watch	1	2	
	[B] A MOBILE TELEPHONE?	Mobile telephone.....	1	2	
	[C] A BICYCLE?	Bicycle.....	1	2	
	[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter	1	2	
	[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart.....	1	2	
	[F] A CAR OR TRUCK?	Car / Truck	1	2	
	[G] A BOAT WITH A MOTOR?	Boat with motor	1	2	
	[H] RICKSHAW/VAN?	Rickshaw /van?	1	2	
	[I] NASIMAN/KARIMAN/VOTBATI?	Nasiman/Kariman/Votbati	1	2	
	[J] EASY BIKE /AUTO BIKE (BATTERY DRIVEN)	Easy bike/Auto bike (Battery driven)	1	2	
	[K] A COMPUTER?	Computer	1	2	

HOUSEHOLD CHARACTERISTICS : continued		HC
<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>	2⇒HC13
<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>	2⇒HC15
<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] CHICKEN/DUCKS?</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>Chicken/Ducks — —</p> <p>Pigs — —</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>HC16. DO YOU DO ANYTHING TO GET PROTECTION FROM MOSQUITO BITES?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2 ⇒ Next Module</p> <p>8 ⇒ Next Module</p>
<p>HC17. WHAT ARE YOU DOING TO GET PROTECTION FROM MOSQUITO BITES?</p> <p><i>Circle all that apply.</i></p>	<p>Mosquito net A</p> <p>Coil B</p> <p>Spray C</p> <p>Electric mat D</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p>	

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE										SL
<input type="checkbox"/> List each of the children aged 1-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 1-14 years.										
<input type="checkbox"/> Record the line number, name, sex, and age for each child.										
<input type="checkbox"/> If there are no children age 1-14 years in the household, leave the table blank and go to SL6.										
SL1. Rank number	SL2. Line number from HL1	SL3. Name from HL2			SL4. Sex from HL4		SL5. 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	— — —			
SL6. Total number of children age 1-14 years						Total number — —				
SL7. Check the number of children age 1-14 years in SL6:										
<input type="checkbox"/> None ⇒ Go to Handwashing module										
<input type="checkbox"/> One or more ⇒ Continue with SL8										
SL8 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 children age 1-14 in SL6 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 selected child (in SL1)										
		Total Number of Eligible Children in the Household (from SL6)								
Last digit of household number (HH2)	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		
SL9. Record the rank number (SL1), line number (SL2), name (SL3) and age (SL5) of the selected child		Rank number — —					Next Module for this child			
		Line number — —								
		Name Age — —								

CHILD DISCIPLINE		CD
CD2. Write the line number (SL2) and name (SL3) of the child selected.	Line number Name	
CD3. 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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u> .		
	Y N	
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Took away privileges..... 1 2	
[B] EXPLAINED WHY <i>(name)</i> 'S BEHAVIOUR WAS WRONG.	Explained wrong behaviour..... 1 2	
[C] SHOOK HIM/HER.	Shook him/her 1 2	
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Shouted, yelled, screamed 1 2	
[E] GAVE HIM/HER SOMETHING ELSE TO DO.	Gave something else to do 1 2	
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Spanked, hit, slapped on bottom with bare hand 1 2	
[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Hit with belt, hairbrush, stick, or other hard object 1 2	
[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Called dumb, lazy, or another name 1 2	
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Hit/slapped on the face, head or ears 1 2	
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Hit/slapped on hand, arm or leg 1 2	
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD	Beat up, hit over and over as hard as one could 1 2	
CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes1 No.....2 Don't know / No opinion.....8	

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed1 Not observed Not in dwelling / plot / yard2 No permission to see3 Other reason6	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 available1 Water is not available2	
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 soapC Ash / Mud / Sand..... D None.....Y	A ⇒ HH19 B ⇒ HH19 C ⇒ HH19 D ⇒ HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes1 No2	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 soapC Ash / Mud / Sand..... D Not able / Does not want to showY	
Hh19. Record The Time.		Hour and minutes..... :

SALT IODIZATION	SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? <i>Once you have examined 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

HH20. THANK THE RESPONDENT FOR HIS/HER COOPERATION AND CHECK THE HOUSEHOLD LISTING FORM:

☐ A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)

☐ A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)

☐ A separate Questionnaire for Testing Water Quality been issued if household has been selected for water testing (HH 7A/7B))

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12 and under-5s (HH14) Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

MICS5, Bangladesh 2012-13



WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7).</i></p> <p><i>A separate questionnaire should be used for each eligible woman.</i></p>		
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 BANGLADESH BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 40 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 ⇒ Circle 03 in WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) 96	
WM8. Field editor name and number: _____	WM9. Data entry clerk (First) name and number: _____	WM9A. Data entry clerk (Second) name and number: _____
WM10. Interview Time		Hours Minutes

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 PRE-PRIMARY SCHOOL, PRIMARY SCHOOL, SECONDARY SCHOOL, COLLEGE OR UNIVERSITY?	Yes 1 No 2	2 ⇒ WB7
WB4. WHAT IS THE HIGHEST LEVEL OF PRE-PRIMARY SCHOOL, PRIMARY SCHOOL, SECONDARY SCHOOL, COLLEGE OR UNIVERSITY YOU ATTENDED?	Preschool 0 Primary 1 Secondary/Higher secondary 2 Higher 3	0 ⇒ WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THE LEVEL OF PRE-PRIMARY SCHOOL, PRIMARY SCHOOL, SECONDARY SCHOOL, COLLEGE OR UNIVERSITY? <i>If less than 1 grade, enter "00"</i>	Grade.....__ __	
WB6. Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	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 / visually impaired 5	

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

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married 1 No 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe: HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?</i>	Age in years __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	Yes 1 No 2	2⇒MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	Number __ __ DK 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married 1 No 3	3⇒Illness Symptoms Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MA8. IN WHAT MONTH AND YEAR DID YOU START LIVING WITH YOUR (FIRST) HUSBAND?	Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒NEXT MODULE
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR (FIRST) HUSBAND?	Age in years __ __	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
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 HUSBAND. <i>Skip to CM4 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	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM6

CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home..... _ _ Daughters at home..... _ _	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2 → CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere..... _ _ Daughters elsewhere..... _ _	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes 1 No 2	2 → CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead _ _ Girls dead _ _	
CM10. Sum answers to CM5, CM7, and CM9.	Sum _ _	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (TOTAL NUMBER IN CM10) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. Check below: <div style="margin-left: 40px;"> <input type="checkbox"/> No live births ⇒ Go to CONTRACEPTION Module <input type="checkbox"/> One or more live births ⇒ Continue with CM12 </div> <input type="checkbox"/> No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12		
CM12. OF THESE (total number in CM10) 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 _ _ _ _	
CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2010/2011 <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to CONTRACEPTION Module. <input type="checkbox"/> One or more live births in last 2 years. ⇒ Ask for the name of the last-born child <div style="text-align: center;">Name of last-born child _____</div> <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
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 No 2	1⇒NEXT MODULE
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (more) CHILDREN?	Later 1 No more 2	2⇒NEXT MODULE
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months 1 ____ Years 2 ____ DK 998	

MATERNAL AND NEWBORN HEALTH		MN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN5
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Other (specify) X	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ____ DK 98	
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<div style="text-align: right;">Yes No</div> Blood pressure 1 2 Urine sample 1 2 Blood sample 1 2	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8	

<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>Yes1</p> <p>No2</p> <p>DK8</p>	<p>2⇒MN9</p> <p>8⇒MN9</p>
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? If 7 or more times, record '7'.</p>	<p>Number of times__</p> <p>DK8</p>	<p>8⇒MN9</p>
<p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ð Go to MN17</p> <p><input type="checkbox"/> Only one tetanus injection during last pregnancy. ð Continue with MN9</p>		
<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>	<p>2⇒MN17</p> <p>8⇒MN17</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? If 7 or more times, record '7'.</p>	<p>Number of times__</p> <p>DK8</p>	<p>8⇒MN17</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</p>	<p>Years ago__</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? PROBE: ANYONE ELSE? Probe for the type of person assisting and circle all answers given. If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</p>	<p>Health professional:</p> <p>Doctor..... A</p> <p>Nurse / Midwife B</p> <p>Auxiliary midwife C</p> <p>Other person</p> <p>Traditional birth attendant.....F</p> <p>Community health worker G</p> <p>Relative / Friend H</p> <p>Other (specify) X</p> <p>No one.....Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)? Probe to identify the type of source. If unable to determine whether public or private, write the name of the place. _____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home11</p> <p>Other home.....12</p> <p>Public sector</p> <p>Govt. hospital.....21</p> <p>Govt. clinic / health centre.....22</p> <p>Govt. health post23</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital31</p> <p>Private clinic.....32</p> <p>Private maternity home33</p> <p>Other private</p> <p>medical (specify)36</p> <p>Other (specify) 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>

MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes1 No2	
MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large1 Larger than average.....2 Average.....3 Smaller than average.....4 Very small5 DK8	
MN21. WAS (name) WEIGHED AT BIRTH?	Yes1 No2 DK8	2⇒ MN23 8⇒ MN23
MN22. HOW MUCH DID (name) WEIGH? <i>Record weight from health card, if available.</i>	From card 1 (kg) ____ . ____ From recall..... 2 (kg) ____ . ____ DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?	Yes1 No2	
MN24. DID YOU EVER BREASTFEED (name)?	Yes1 No2	2⇒ NEXT MODULE
MN25. 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>	Immediately 000 Hours 1 ____ Days 2 ____ Don't know / remember..... 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒ NEXT MODULE
MN27. WHAT WAS (name) GIVEN TO DRINK? <i>Probe: ANYTHING ELSE?</i>	Milk (other than breast milk) A Plain water..... B Sugar or glucose water C Gripe water..... D Sugar-salt-water solution..... E Fruit juice..... F Infant formula..... G Tea / Infusions H Honey I Other (specify)..... X	
POST-NATAL HEALTH CHECKS PN		
<i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i>		
PN1. Check MN18: Was the child delivered in a health facility? <input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2 <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6		

<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name OR TYPE OF FACILITY IN MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours1 ____</p> <p>Days2 ____</p> <p>Weeks3 ____</p> <p>Don't know / remember998</p>	
<p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY</p> <p>– FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes1</p> <p>No2</p>	
<p>PN4. AND WHAT ABOUT CHECKS 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>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?</p>	<p>Yes1</p> <p>No2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name OR TYPE OF FACILITY IN MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name OR type of facility in MN18)?</p>	<p>Yes1</p> <p>No2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN10</p>		
<p>PN7. YOU HAVE ALREADY SAID THAT (person or persons in MN17) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (person or persons in MN17) LEFT YOU, DID (person or persons in MN17) CHECK ON (name's) HEALTH?</p>	<p>Yes1</p> <p>No2</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>Yes1</p> <p>No2</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>Yes1</p> <p>No2</p>	<p>1⇒PN11</p> <p>2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY</p> <p>— 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>Yes1</p> <p>No2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once1</p> <p>More than once2</p>	<p>1⇒PN12A</p> <p>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.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>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</p> <p>Doctor..... A</p> <p>Nurse / Midwife B</p> <p>Auxiliary midwife C</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>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</p> <p>Respondent's home11</p> <p>Other home.....12</p> <p>Public sector</p> <p>Govt. hospital.....21</p> <p>Govt. clinic / health centre.....22</p> <p>Govt. health post23</p> <p>Other public (<i>specify</i>) 26</p> <p>Private medical sector</p> <p>Private hospital31</p> <p>Private clinic32</p> <p>Private maternity home33</p> <p>Other private</p> <p>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</p> <p>No 2</p>	<p>1 ⇒ PN20</p> <p>2 ⇒ NEXT</p> <p>MODULE</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community 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</p> <p>No 2</p>	<p>1 ⇒ PN20</p> <p>2 ⇒ NEXT</p> <p>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</p> <p>No 2</p>	<p>2 ⇒ NEXT</p> <p>MODULE</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once 1</p> <p>More than once 2</p>	<p>1 ⇒ PN21A</p> <p>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.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>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>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>Doctor A</p> <p>Nurse / Midwife B</p> <p>Auxiliary midwife C</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>	

PN23. WHERE DID THIS CHECK TAKE PLACE?	Home	
	Respondent's home11	
	Other home.....12	
Probe to identify the type of source.	Public sector	
	Govt. hospital.....21	
	Govt. clinic / health centre.....22	
	Govt. health post23	
	Other public (specify) 26	
If unable to determine whether public or private, write the name of the place.	Private medical sector	
	Private hospital31	
	Private clinic.....32	
	Private maternity home33	
	Other private	
	medical (specify) 36	
	Other (specify)..... 96	

(Name of place)		

CONTRACEPTION		CP
CP0. Check MA1: Is respondent currently married?		
<input type="checkbox"/> Yes, currently married (MA1=1) ⇒ Continue with CP1 <input type="checkbox"/> No, not currently married (MA1=3) ⇒ Go to ILLNESS SYMPTOMS Module		
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.	Yes, currently pregnant 1	1⇒CP2A
	No 2	
ARE YOU PREGNANT NOW?	Unsure or DK 8	
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.	Yes 1	1⇒CP3
	No 2	
ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?		
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1	1⇒NEXT MODULE
	No 2	2⇒NEXT MODULE

<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill F</p> <p>Male condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam / Jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence / Rhythm L</p> <p>Withdrawal M</p> <p>Other (specify) X</p>	
UNMET NEED		UN
<p>UN1. CHECK CP1. CURRENTLY PREGNANT?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p>		
<p>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?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1 ⇒ UN4</p>
<p>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later 1</p> <p>No more 2</p>	
<p>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?</p>	<p>Have another child 1</p> <p>No more / None 2</p> <p>Undecided / Don't know 8</p>	<p>1 ⇒ UN7</p> <p>2 ⇒ UN13</p> <p>8 ⇒ UN13</p>
<p>UN5. Check CP3. Currently using "Female sterilization"?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p>		
<p>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?</p>	<p>Have (a/another) child 1</p> <p>No more / None 2</p> <p>Says she cannot get pregnant 3</p> <p>Undecided / Don't know 8</p>	<p>2 ⇒ UN9</p> <p>3 ⇒ UN11</p> <p>8 ⇒ UN9</p>

<p>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ ANOTHER) CHILD?</p>	<p>Months 1 ____</p> <p>Years 2 ____</p> <p>Soon / Now 993</p> <p>Says she cannot get pregnant 994</p> <p>After marriage 995</p> <p>Other 996</p> <p>Don't know 998</p>	<p>994 ⇒ UN11</p>
<p>UN8. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p>		
<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1 ⇒ UN13</p> <p>8 ⇒ UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex A</p> <p>Menopausal B</p> <p>Never menstruated C</p> <p>Hysterectomy (surgical removal of uterus) D</p> <p>Has been trying to get pregnant for 2 years or more without result E</p> <p>Postpartum amenorrheic F</p> <p>Breastfeeding G</p> <p>Too old H</p> <p>Fatalistic I</p> <p>Other (specify) X</p> <p>Don't know Z</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Mentioned ⇒ Go to Next Module</p> <p><input type="checkbox"/> Not mentioned ⇒ Continue with UN13</p>		

<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p><i>Record the answer using the same unit stated by the respondent</i></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</p> <p>Before last birth 995</p> <p>Never menstruated 996</p>	
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ILLNESS SYMPTOMS	IS
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<p>IS1. Check Household Listing, column HL9</p> <p>Is the respondent the mother or caretaker of any child under age 5?</p> <p><input type="checkbox"/> Yes ⇒ Continue with IS2.</p> <p><input type="checkbox"/> No ⇒ Go to Next Module.</p>

<p>IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Probe:</i> ANY OTHER SYMPTOMS?</p> <p><i>Keep asking for more signs or symptoms until the mother/ caretaker cannot recall any additional symptoms.</i></p> <p><i>Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions</i></p>	<p>Child not able to drink or breastfeed A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing D</p> <p>Child has difficult breathing E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Diarrhoea H</p> <p>Other (specify) X</p> <p>Other (specify) Y</p> <p>Other (specify) Z</p>	
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HIV/AIDS	HA
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<p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇒ WM11</p>
<p>HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	

HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes1 No2 DK8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes1 No2 DK8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes1 No2 DK8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes1 No2 DK8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes1 No2 DK8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding.....	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1 No2 DK / Not sure / Depends8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes1 No2 DK / Not sure / Depends8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes1 No2 DK / Not sure / Depends8																	
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?	Yes1 No2 DK / Not sure / Depends8																	
HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13="No" or blank) ⇒ Go to HA27 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																		
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA27																		

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),			
WERE YOU GIVEN ANY INFORMATION ABOUT:		Y	N DK
[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?	AIDS from mother	1	2 8
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?	Things to do.....	1	2 8
[C] GETTING TESTED FOR THE AIDS VIRUS?	Tested for AIDS	1	2 8
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes	1	
	No	2	

WM11. Record the time.	Hour and minutes..... : ____	
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WM12. Check Household Listing Form, column HL9.

Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

☐ 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.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

MICS5, Bangladesh 2012-13



UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>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).</p> <p>A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / ____	

Repeat greeting if not already read to this respondent:

WE ARE FROM BANGLADESH BUREAU OF STATISTICS.

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

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

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

MAY I START NOW?

☐ YES, PERMISSION IS GIVEN ⇒ GO TO UF12 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.

☐ NO, PERMISSION IS NOT GIVEN ⇒ CIRCLE 03 IN UF9. DISCUSS THIS RESULT WITH YOUR SUPERVISOR

UF9. Result of interview for children under 5	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (specify)96	
Codes refer to mother/caretaker.		
UF10. Field editor name and number: _____	UF11. Data entry clerk (First) name and number: _____	UF11A. Data entry clerk (Second) name and number: _____
UF12. Record the starting time of interview		Hours Minutes

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>. IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN? PROBE: WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day98</p> <p>Month..... ____</p> <p>Year..... ____</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years)..... ____</p>	

BIRTH REGISTRATION		BR
<p>BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE?</p> <p><i>If YES, ASK:</i> MAY I SEE IT?</p>	<p>Yes, seen1</p> <p>Yes, not seen.....2</p> <p>No3</p> <p>DK8</p>	<p>1⇒NEXT MODULE</p> <p>2⇒NEXT MODULE</p>
<p>BR2. HAS <i>(name)</i>'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>	<p>1⇒NEXT MODULE</p>
<p>BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?</p>	<p>Yes1</p> <p>No2</p>	

EARLY CHILDHOOD DEVELOPMENT		EC
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None00</p> <p>Number of children's books0 ____</p> <p>Ten or more books10</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>	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys	1	2	8	Toys from a shop	1	2	8	Household objects or outside objects	1	2	8	
	Y	N	DK															
Homemade toys	1	2	8															
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<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><i>If 'none' enter '0'. If 'don't know' enter '8'</i></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. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>																		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</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 (name):</p> <p><i>If yes, ask:</i></p> <p>WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</p>																																				

EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes.....1 No2 DK8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes.....1 No2 DK8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes.....1 No2 DK8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes.....1 No2 DK8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes.....1 No2 DK8	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes.....1 No2 DK8	2⇒BF3 8⇒BF3
BF2. IS (<i>name</i>) STILL BEING BREASTFED?	Yes.....1 No2 DK8	
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>) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF4. DID (<i>name</i>) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) <u>DRINK INFANT FORMULA</u> ?	Number of times _ _	

BF6. DID (<i>name</i>) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) <u>DRINK TINNED, POWDERED OR FRESH ANIMAL MILK</u> ?	Number of times _ _	
BF8. DID (<i>name</i>) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF9. DID (<i>name</i>) <u>DRINK CLEAR BROTH/ CLEAR SOUP</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF10. DID (<i>name</i>) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF11. DID (<i>name</i>) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF12. DID (<i>name</i>) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF13. DID (<i>name</i>) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF15. DID (<i>name</i>) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	
BF16. DID (<i>name</i>) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes.....1 No2 DK8	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 No2 DK8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> HAD DIARRHOEA?	Yes.....1 No2 DK8	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 same3 More.....4 Nothing to drink5 DK8	
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 same3 More.....4 Stopped food5 Never gave food.....6 DK8	

<p>CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: <i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED “<i>PACKET SALINE</i>” (FOR EXAMPLE OR SALINE)?</p> <p>[B] RICE BASED ORS PACKET FOR DIARRHOEA?</p> <p>[C] SUGAR AND SALT SOLUTION?</p> <p>[D] GREEN COCONUT WATER?</p> <p>[E] RICE WATER?</p> <p>[F] BOILED RICE WATER?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet 1 2 8</p> <p>Rice-based ORS packet 1 2 8</p> <p>Sugar and salt solution 1 2 8</p> <p>Green coconut water 1 2 8</p> <p>Rice water 1 2 8</p> <p>Boiled rice water 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>PROBE:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;">(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Zinc..... C</p> <p>Other pill or syrup (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>No2</p> <p>DK8</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>No2</p> <p>DK8</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 only1</p> <p>Blocked or runny nose only2</p> <p>Both3</p> <p>Other (<i>specify</i>) 6</p> <p>DK8</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>No2</p> <p>DK8</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..... B</p> <p>Govt. health post..... C</p> <p>Village health worker..... D</p> <p>Mobile / Outreach clinic..... E</p> <p>Other public (specify) _____ H</p> <p>Private medical sector</p> <p>Private hospital / clinic I</p> <p>Private physician..... J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative / Friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (specify) _____ X</p>	
<p>CA12. WAS (name) GIVEN ANY 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>CA13. WHAT MEDICINE WAS (name) 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</p> <p>Pill / Syrup A</p> <p>Injection..... B</p> <p>Anti-malarials M</p> <p>Paracetamol / Panadol / Acetaminophen..... P</p> <p>Aspirin Q</p> <p>Ibuprofen R</p> <p>Other (specify) _____ X</p> <p>DK Z</p>	
<p>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 (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine..... 01</p> <p>Put / Rinsed into toilet or latrine..... 02</p> <p>Put / Rinsed into drain or ditch 03</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried 05</p> <p>Left in the open 06</p> <p>Other (specify) _____ 96</p> <p>DK 98</p>	
<p>UF13. RECORD THE TIME.</p>	<p>Hour and minutes..... : _____</p>	

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

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.

AN1. Measurer's name and number:	Name_____	
AN2. Result of height / length and weight measurement	Either or both measured1 Child not present2 Child or mother/caretaker refused3 Other (specify) _____ 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) Weight not measured 99.9	
AN4. Child's length or height Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down..... 1 _____ . ____ Height (cm) Standing up..... 2 _____ . ____ Length / Height not measured..... 9999.9	
AN5. Oedema Observe and record	Checked Oedema present1 Oedema not present2 Unsure.....3 Not checked (specify reason) _____ 7	
AN6. 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 ⇒ Check if there are any other individual questionnaires to be completed in the household.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



WATER QUALITY		WQ
WQ1: Measurer name and number	_____	
WQ2: Cluster number from HH1	_____	
WQ3: Household number from HH2	_____	
WQ4: I WOULD LIKE TO TAKE SOME SAMPLES OF THE WATER YOU DRINK IN YOUR HOUSE TO TEST FOR ARSENIC. CAN YOU PLEASE PROVIDE ME WITH A GLASS OF DRINKING WATER, WHICH YOU WOULD GIVE TO A CHILD?	Yes.....1 No2	1 ⇒ WQ6
WQ5: WHY DO YOU NOT WANT TO PROVIDE SAMPLES FOR WATER TESTING?	Specify Reason _____	⇒ End the interview
WQ6: <i>Observe how water for sample was collected.</i> <i>Record Observation</i>	Direct from source outside home 1 Direct from source inside home.2 From filter inside home3 From uncovered storage container4 From covered storage container.....5 Unable to observe6	
WQ7: FROM WHAT SOURCE DID YOU COLLECT THIS WATER?	Piped water Piped into dwelling11 Piped into compound, yard or plo.....2 Piped to neighbour3 Public tap / standpipe.....14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well32 Water from spring Protected spring41 Unprotected spring.....42 Rainwater collection51 Tanker-truck.....61 Cart with small tank / drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>)96	
WQ8: HOW MUCH WATER DO YOU COLLECT IN A DAY FROM THIS SOURCE?	< 5 litres1 5-10 litres2 10-20 litres3 20-50 litres4 50-100 litres5 100-200 litres6 > 200 litres.....7 Don't Know8	

<p>WQ9: Conduct the Arsenic Test</p> <p>Record arsenic level (ppb) in household water sample</p> <p>(0, 10, 25, 50, 100, 200, 300, 500, or 1000)</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	
<p>Discuss arsenic leaflet with respondent, interpreting results</p>		
<p>WQ9A. Check HH7C on Household Questionnaire Cover Page. Is the household selected for additional water testing? Check the Systematic Table, column 6, to confirm that additional water quality testing should be done.</p> <p><input type="checkbox"/> Yes ⇒ Continue with WQ10</p> <p><input type="checkbox"/> No ⇒ Thank the respondent. The Questionnaire is complete.</p>		
<p style="text-align: center;">ADDITIONAL WATER QUALITY TESTING</p>		
<p>WQ10. Using the same glass of drinking water which was tested for arsenic, take a sterile 1 mL syringe and add 1 mL of water to each of two Compact Dry plates. Filter 100 mL of water through a sterile filter paper and place this in one of the Compact Dry plates. Close and label both H-XXXX-YY, where XXXX is the cluster number and YY is the household number.</p>		
<p>WQ10A. Ask if it is possible to visit the drinking water source from where the drinking water was collected?</p> <p><input type="checkbox"/> Yes ⇒ Collect water directly from this source and test it for arsenic and E. coli as done with the household samples. Label these Compact Dry plates S-XXXX-YY, where XXXX is the cluster number and YY is the household number. Continue with WQ11</p> <p><input type="checkbox"/> No ⇒ Thank the respondent. The Questionnaire is complete</p>		
<p>WQ11: Conduct the Arsenic Test:</p> <p>Arsenic level (ppb) in source water sample</p> <p>(0, 10, 25, 50, 100, 200, 300, 500, or 1000)</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	

<p>THE FOLLOWING INFORMATION WQ12 – WQ15 HAS TO BE RECORDED BY THE MEASURER AFTER 24-48 HOURS INCUBATION:</p> <p>WQ12a to WQ13b should be completed for samples provided by the respondent.</p> <p>WQ14a to WQ15b should be completed for samples collected at actual water source</p>		
<p>WQ12a:</p> <p>Record number of red colonies in 1 mL household water sample</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	
<p>WQ12b:</p> <p>Record number of blue colonies in 1 mL household water sample</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	
<p>WQ13a:</p> <p>Record number of red colonies in 100 mL household water sample</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	
<p>WQ13b:</p> <p>Record number of blue colonies in 100 mL household water sample</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	
<p>Test results of samples collected from actual water source</p>		
<p>WQ14a:</p> <p>Record number of red colonies in 1 mL source water sample</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	

WQ14b: Record number of blue colonies in 1 mL source water sample	<input type="text"/> <input type="text"/> <input type="text"/>	
WQ15a: Record number of red colonies in 100 mL source water sample	<input type="text"/> <input type="text"/> <input type="text"/>	
WQ15b: Record number of blue colonies in 100 mL source water sample	<input type="text"/> <input type="text"/> <input type="text"/>	

<p>WQ16. Check the Systematic Table to see if the household is selected for Arsenic Duplicate Sampling (grey shading)</p> <p><input type="checkbox"/> Yes ⇒ Fill and label sample bottles from household and source and continue with WQ17</p> <p><input type="checkbox"/> No ⇒ Thank the respondent. The Questionnaire is complete.</p>		
<p>WQ17. Check the Systematic Table to see if the household is selected for E. Coli Duplicate Sampling and Blank (grey shading and *)</p> <p><input type="checkbox"/> Yes ⇒ Continue with WQ18</p> <p><input type="checkbox"/> No ⇒ Thank the respondent. The Questionnaire is complete.</p>		
WQ18 Conduct the Arsenic Test: Arsenic level (ppb) in Blank (0, 10, 25, 50, 100, 200, 300, 500, or 1000)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Conduct E. coli test on Blank (record results after 24-48 hours)		
WQ19a: Record number of red colonies in 1 mL Blank water sample	<input type="text"/> <input type="text"/> <input type="text"/>	
WQ19b: Record number of blue colonies in 1 mL Blank water sample	<input type="text"/> <input type="text"/> <input type="text"/>	
WQ19c: Record number of red colonies in 100 mL Blank water sample	<input type="text"/> <input type="text"/> <input type="text"/>	
WQ19d: Record number of blue colonies in 100 mL Blank water sample	<input type="text"/> <input type="text"/> <input type="text"/>	

<p align="center">Measurer's Observation (observations or specific indications regarding the samples)</p>
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