

Appendix F1: Household Questionnaire



HOUSEHOLD QUESTIONNAIRE

Sudan Multiple Indicator Survey 2014

HOUSEHOLD INFORMATION PANEL		HH
HH0. state code		
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / 2 0 1 4		
HH6. AREA: Urban..... 1 Rural..... 2		

WE ARE FROM THE **Central Bureau of Statistics**. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **35** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. 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.

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 (<i>specify</i>)	96

<i>After the household questionnaire has been completed, fill in the following information:</i>	
HH10. Respondent to Household Questionnaire: Name _____	
HH11. Total number of household members: _____	<i>After all questionnaires for the household have been completed, fill in the following information:</i>
HH12. Number of women age 15-49 years: _____	
HH14. Number of children under age 5: _____	
	HH13. Number of women's questionnaires completed: _____
	HH15. Number of under-5 questionnaires completed: _____

HH16. Field editor's name and number: Name _____	HH17. Main data entry clerk's name and number: Name _____
Respondent mobile _____	Researcher mobile _____

HH18. Record the time.
Morning 1
Afternoon 2

Hour
Minutes

LIST OF HOUSEHOLD MEMBERS **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
Use an additional questionnaire if all rows in the List of Household Members have been used.

								For women age 15-49	For children age 0-4	For children age 0-17 years						For Children age 0-14
HL1 Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?		HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7. HL7.	HL7B. HL7B.	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (ame)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank or '00' ask: WHO IS THE PRIMARY CARETAKER OF (name)?
			1 Male 2 Female		98 DK	9998 DK	Record in completed years. If age is 95 or above, record '00'.	Circle line no. if woman age 15-49.	Circle line no. if age 0-4.	1 Yes 2 No 8 DK HL13 HL13	If "Yes", record line no. of mother and go to HL13. If "No", record 00.		1 Yes 2 No 8 DK HL15 HL15	If "Yes", record line no. of father and go to HL15. If "No", record 00.		
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y N DK	Mother	Y N DK	Y N DK	Father		Mother
01		01	1	2	---	---	---	01	01	1 2 8	---	1 2 3 8	1 2 8	---	1 2 3 8	---
02		---	1	2	---	---	---	02	02	1 2 8	---	1 2 3 8	1 2 8	---	1 2 3 8	---
03		---	1	2	---	---	---	03	03	1 2 8	---	1 2 3 8	1 2 8	---	1 2 3 8	---
04		---	1	2	---	---	---	04	04	1 2 8	---	1 2 3 8	1 2 8	---	1 2 3 8	---
05		---	1	2	---	---	---	05	05	1 2 8	---	1 2 3 8	1 2 8	---	1 2 3 8	---

								For women age 15-49	For children age 0-4	For children age 0-17 years						For children age 0-14
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)? Record in completed years. If age is 95 or above, record '00'.	HL7. Circle line no. if woman age 15-49.	HL7B. Circle line no. if age 0-4.	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes", record line no. of mother and go to HL13. If "No", record 00.	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes", record line no. of father and go to HL15. If "No", record 00.	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank or '00' ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y N DK	Mother	Y N DK	Y N DK	Father		Mother
06		—	1	2	—	—	—	06	06	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
07		—	1	2	—	—	—	07	07	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
08		—	1	2	—	—	—	08	08	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
09		—	1	2	—	—	—	09	09	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
10		—	1	2	—	—	—	10	10	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
11		—	1	2	—	—	—	11	11	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
12		—	1	2	—	—	—	12	12	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
13		—	1	2	—	—	—	13	13	1 2 8	—	1 2 3 8	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, each eligible man, and each child under five in the household.

** Codes for **HL3**:*

*Relationship to head of
household:*

01 Head

02 Spouse /

Partner

03 Son / Daughter

04 Son-In-Law / Daughter-In-

Law

05 Grandchild

06 Parent

07 Parent-In-Law

08 Brother / Sister

09 Brother-In-Law / Sister-In-

Law

10 Uncle / Aunt

11 Niece /

Nephew

12 Other relative

13 Adopted / Foster/

Stepchild

14 Other (Not related)

98 DK

EDUCATION						ED							
		For household members age 4 and above				For household members age 4-24 years							
ED1. Line number	ED2. Name and age Copy from HL2 and HL6.	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL OR KHALWA ?	ED3.A WHAT WAS THE MAIN REASON FOR NOT ATTENDING SCHOOL? 1 FINANCIAL BURDEN OF SCHOOL EXPENSES 2 UNAVAILABILITY OF EDUCATION SERVICES 3 DISABILITY/ILLNESS 4 WORK TO SUPPORT FAMILY 5 SCHOOL TOO FAR AWAY 6 MIXED EDUCATION 7 OTHER 8 DK Next Line	ED4A. WHAT IS THE HIGHEST EDUCATIONAL LEVEL (name) HAS ATTENDED? 00 KHALWA 01 PRESCHOOL 02 PRELIMINARY 03 PRIMARY 04 BASIC 05 VOCATIONAL TRAINING 06 INTERMEDIATE 07 SECONDARY SCHOOL (3 YEARS) 09 HIGH SCHOOL (4 YEARS) 10 INTERMEDIATE DIPLOMA 11 UNIVERSITY 12 POST GRADUATE 98 DON'T KNOW	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK If the first grade at this level is not completed, enter "00".	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2014-2015, DID (name) ATTEND SCHOOL OR PRESCHOOL OR KHALWA AT ANY TIME? 1 Yes:ED6 2 No ED5A	ED5A WHAT WAS THE MAIN REASON FOR NOT ATTENDING SCHOOL? 1 FINANCIAL BURDEN OF SCHOOL EXPENSES 2 UNAVAILABILITY OF EDUCATION SERVICES 3 DISABILITY/ILLNESS 4 WORK TO SUPPORT FAMILY 5 SCHOOL TOO FAR AWAY 6 MIXED EDUCATION 7 UNAVAILABILITY OF DRINKING WATER AND TOILET. 8 EARLY MARRIAGE 96 OTHERS AFTER EACH ANSWER GO TO ED7	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 00 KHALWA 01 PRESCHOOL 04 BASIC 05 VOCATIONAL TRAINING 08 HIGH SCHOOL 11 UNIVERSITY 12 POST GRADUATE 98 DON'T KNOW If level=00,01 or 12 go to ED7		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND SCHOOL OR PRESCHOOL OR KHALWA 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: 00 KHALWA 01 PRESCHOOL 04 BASIC 05 VOCATIONAL TRAINING 08 HIGH SCHOOL 11 UNIVERSITY 12 POST GRADUATE 98 DON'T KNOW If level=00 or 01,12 go to next line.		Grade: 98 DK

Line	Name	Age	Yes	No		Level	Grade	Yes	No		Level	Grade	Yes	No	DK	Level	Grade
01		—	1	2		—	—	1	2		—	—	1	2	8	—	—
02		—	1	2		—	—	1	2		—	—	1	2	8	—	—
03		—	1	2		—	—	1	2		—	—	1	2	8	—	—
04		—	1	2		—	—	1	2		—	—	1	2	8	—	—
05		—	1	2		—	—	1	2		—	—	1	2	8	—	—
06		—	1	2		—	—	1	2		—	—	1	2	8	—	—
07		—	1	2		—	—	1	2		—	—	1	2	8	—	—
					For household members age 4 and above			For household members age 4-24 years									

ED1. <i>Line number</i>	ED2. <i>Name and age</i> <i>Copy from HL2 and HL6.</i>		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL OR KHALWA ?	ED3.A WHAT WAS THE MAIN REASON FOR NOT ATTENDING SCHOOL?	ED4A. WHAT IS THE HIGHEST EDUCATIONAL LEVEL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2014-2015, DID (name) ATTEND SCHOOL OR PRESCHOOL OR KHALWA AT ANY TIME?	WHAT WAS THE MAIN REASON FOR NOT ATTENDING SCHOOL?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013, DID (name) ATTEND SCHOOL OR PRESCHOOL OR KHALWA AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	
			1 Yes ↘ ED4A 2 No : a. If the age 25 years or more ⇒ next line. 3. If age 4 -24 years continue	0 NOT OF SCHOOL AGE 1 FINANCIAL BURDEN OF SCHOOL EXPENSES 2 UNAVAILABILITY OF EDUCATION SERVICES 3 DISABILITY/ILLNESS 4 WORK TO SUPPORT FAMILY 5 SCHOOL TOO FAR AWAY 6 MIXED EDUCATION 7 OTHER 9 DK ↘ Next Line	LEVEL: 00 KHALWA 01 PRESCHOOL 02 PRELIMINARY 03 PRIMARY 04 BASIC 05 VOCATIONAL TRAINING 06 INTERMEDIATE 07 SECONDARY 08 HIGH SCHOOL (3 YEARS) 09 HIGH SCHOOL (4 YEARS) 10 INTERMEDIATE DIPLOMA 11 UNIVERSITY 12 POST GRADUATE 98 DON'T KNOW <i>If level=00,01 or 12, skip to ED5</i>	Grade: 98 DK <i>If the first grade at this level is not completed, enter "00".</i>	1 Yes:ED6 2 No ↘ ED5A		LEVEL: 00 KHALWA 01 PRESCHOOL 04 BASIC 05 VOCATIONAL TRAINING 08 HIGH SCHOOL 11 UNIVERSITY 12 POST GRADUATE 98 DON'T KNOW <i>If level=00,01 or 12 go to ED7 If level=00 or 01, skip to ED7.</i>	Grade: 98 DK	1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	LEVEL: 00 KHALWA 01 PRESCHOOL 04 BASIC 05 VOCATIONAL TRAINING 08 HIGH SCHOOL. 11 UNIVERSITY 12 POST GRADUATE 98 DON'T KNOW <i>If level=00,01 or 12 go to ED7</i>	Grade : 98 DK
Line	Name	Age	Yes No		Level	Grade	Yes No		Level	Grade	Yes No DK	Level	Grade

08		—	1 2		—	—	1	2		—	—	1 2 8	—	—
09		—	1 2		—	—	1	2		—	—	1 2 8	—	—
10		—	1 2		—	—	1	2		—	—	1 2 8	—	—
11		—	1 2		—	—	1	2		—	—	1 2 8	—	—
12		—	1 2		—	—	1	2		—	—	1 2 8	—	—
13		—	1 2		—	—	1	2		—	—	1 2 8	—	—

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE
SL

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.

Total number ____

SL2. Check the number of children age 1-17 years in SL1:

☐ Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.

☐ One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.

☐ Two or more ⇒ Continue with SL2A.

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. 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	___

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 1-17 years in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.

Rank number ____

Line number ____

Name _____

Age ____

CHILD LABOUR		CL														
CL1. Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module (Child discipline) <input type="checkbox"/> 5-17 years ⇒ Continue with CL2.																
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS? [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Worked on plot / farm / food garden / looked after animals</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped in family / relative's business/ran own business</td> <td>1</td> <td>2</td> </tr> <tr> <td>Produce / sell articles / handicrafts / clothes / food or agricultural products</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any other activity</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Worked on plot / farm / food garden / looked after animals	1	2	Helped in family / relative's business/ran own business	1	2	Produce / sell articles / handicrafts / clothes / food or agricultural products	1	2	Any other activity	1	2
	Yes	No														
Worked on plot / farm / food garden / looked after animals	1	2														
Helped in family / relative's business/ran own business	1	2														
Produce / sell articles / handicrafts / clothes / food or agricultural products	1	2														
Any other activity	1	2														
CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8																
CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00"</i>	Number of hours..... _ _															
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes 1 No 2	1⇒ CL8														
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes 1 No 2	1⇒ CL8														

<p>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)?</p> <p>[A] IS (name) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (name) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p>																									
<p>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes 1 No 2</p>	<p>2⇒ CL10</p>																								
<p>CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours..... — —</p>																									
<p>CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking / cleaning utensils /house ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old / sick</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment	1	2	Cooking / cleaning utensils /house ...	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old / sick	1	2	Other household tasks	1	2	
	Yes	No																								
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Other household tasks	1	2																								
<p>CL11. Check CL10, A to G</p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module</p>																										
<p>CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p>	<p>Number of hours — —</p>																									

<i>If less than one hour, record "00"</i>		
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CHILD DISCIPLINE		CD																																				
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇨ Continue with CD2 <input type="checkbox"/> 15-17 years ⇨ Go to Next Module																																						
CD2. Write the line number and name of the child from SL9.	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. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name)</u> IN THE PAST MONTH.	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY <u>(name)</u>'S BEHAVIOUR WAS WRONG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK, SLIPPER OR OTHER HARD OBJECT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[B] EXPLAINED WHY <u>(name)</u> 'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE 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, SLIPPER OR OTHER HARD OBJECT.	1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	1	2	
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CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No 2 DK/ No opinion.....8																																					

HOUSEHOLD CHARACTERISTICS		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 Ganaa (Palm / Bamboo) 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement/ Dafra (bricks+cement) 34 Carpet 35 Concrete 36 Marble.....37 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 Ganaa (Palm / Bamboo) 22 Wood planks 23 Cardboard 24 Traditional roof (mat+wood planks) 25 Finished roofing Metal / Tin (Zinc) 31 Wood 32 Ceramic tiles 34 Cement / concrete 35 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 (jaloos) 13 Rudimentary walls Bamboo (Ganaa) with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26 Finished walls	

	Stone with lime / cement 32 Bricks 33 Cement blocks 34 Covered adobe (Bayad) 35 Wood planks / shingles 36 Other (specify) _____ 96																																		
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity 01 Liquefied Petroleum Gas (LPG) 02 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw / Shrubs / Grass 09 Animal dung 10 Agricultural crop residue 11 Solar energy.....1212 Wood dust.....13 No food cooked in household.....95 Other (specify) _____ 96	01⇒HC8 02⇒HC8 05⇒HC8 95⇒HC8																																	
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/tukul 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4 Other (specify) _____ 6																																		
HC8. DOES YOUR HOUSEHOLD HAVE:	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr> <td>[A] ELECTRICITY?</td><td>Electricity1</td><td>2</td></tr> <tr> <td>[B] A RADIO?</td><td>Radio1</td><td>2</td></tr> <tr> <td>[C] A TELEVISION?</td><td>Television.....1</td><td>2</td></tr> <tr> <td>[D] A NON-MOBILE TELEPHONE?</td><td>Non-mobile telephone.....1</td><td>2</td></tr> <tr> <td>[E] A REFRIGERATOR?</td><td>Refrigerator1</td><td>2</td></tr> <tr> <td>[F] A DIGITAL RECEIVER?</td><td>Digital receiver.....1</td><td>2</td></tr> <tr> <td>[G] A FLAT SCREEN TV</td><td>Flat screen TV1</td><td>2</td></tr> <tr> <td>[H] AN INTERNET CONNECTION?</td><td>Internet connection.....1</td><td>2</td></tr> <tr> <td>[I] DESKTOP COMPUTER</td><td>Desktop computer1</td><td>2</td></tr> <tr> <td>[J] Washing machine</td><td>Washing machine1</td><td>2</td></tr> </tbody> </table>		Yes	No	[A] ELECTRICITY?	Electricity1	2	[B] A RADIO?	Radio1	2	[C] A TELEVISION?	Television.....1	2	[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone.....1	2	[E] A REFRIGERATOR?	Refrigerator1	2	[F] A DIGITAL RECEIVER?	Digital receiver.....1	2	[G] A FLAT SCREEN TV	Flat screen TV1	2	[H] AN INTERNET CONNECTION?	Internet connection.....1	2	[I] DESKTOP COMPUTER	Desktop computer1	2	[J] Washing machine	Washing machine1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[B] A MOBILE PHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART (KARO)?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p> <p>[H] A RAKSHA</p> <p>[I] A SMART PHONE</p> <p>[J] A LAPTOP COMPUTER/ TABLET</p> <p>[K] THORAYA PHONE</p>	<table> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>Mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal-drawn cart (Karo).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Raksha</td> <td>1</td> <td>2</td> </tr> <tr> <td>Smart phone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Laptop/ tablet</td> <td>1</td> <td>2</td> </tr> <tr> <td>Thoraya phone.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		No	Yes	Mobile telephone.....	1	2	Bicycle.....	1	2	Motorcycle / Scooter	1	2	Animal-drawn cart (Karo).....	1	2	Car / Truck	1	2	Boat with motor.....	1	2	Raksha	1	2	Smart phone	1	2	Laptop/ tablet	1	2	Thoraya phone.....	1	2	
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<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>	<table> <tbody> <tr> <td>Own</td> <td>1</td> </tr> <tr> <td>Rent</td> <td>2</td> </tr> <tr> <td>Other (specify) _____</td> <td>6</td> </tr> </tbody> </table>	Own	1	Rent	2	Other (specify) _____	6																												
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<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<table> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Yes	1	No	2	2⇒HC13																													
Yes	1																																		
No	2																																		
<p>HC12. HOW MANY FEDDANS 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>Feddans ____ ____</p>																																		
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<table> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Yes	1	No	2	2⇒HC15																													
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No	2																																		
<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>Cattle, milk cows, or bulls ____ ____</p> <p>Horses, donkeys, or mules ____ ____</p> <p>Goats ____ ____</p> <p>Sheep ____ ____</p>																																		

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	11⇒WS6
	Piped into compound, yard or plot 12	12⇒WS6
	Piped to neighbour 13	13⇒WS6
	Public tap / standpipe 14	14⇒WS3
	Elevated tank, handpump (Kharjaka) 15	15⇒WS3
	Dug well	
	Protected well 31	31⇒WS3
	Unprotected well 32	41⇒WS3
	Water from spring	
	Protected spring 41	42⇒WS3
	Unprotected spring 42	
	Surface water (river, stream, dam, hafeer, lake, pond, canal, irrigation channel) filtered 52	52⇒WS3
	Surface water (river, stream, dam, hafeer, lake, pond, canal, irrigation channel) unfiltered 53	53⇒WS3
	Tanker-truck/ Cart with tank	
	Transported from sources (11, 12,13, 14, 15,31, 41,52) 61	61⇒WS3
	Transported from sources (32, 42, 53) 62	62⇒WS3
	Unknown source 63	63⇒WS3
	Bottled water 91	
	Other (<i>specify</i>) 96	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	11⇒WS6
	Piped into compound, yard or plot 12	12⇒WS6
	Piped to neighbour 13	13⇒WS6
	Public tap / standpipe 14	
	Elevated tank, handpump (Kharjaka) 15	
	Dug well	
	Protected well 31	
	Unprotected well 32	
	Water from spring	
	Protected spring 41	
	Unprotected spring 42	61⇒WS6
	Surface water (river, stream, dam, hafeer, lake, pond, canal, irrigation channel) filtered 52	62⇒WS
	Surface water (river, stream, dam, hafeer, lake, pond, canal, irrigation channel) unfiltered 53	63⇒WS6

	Tanker-truck/ Cart with tank Transported from sources (11, 12,13, 14, 15,31, 41,52).....61 Transported from sources (32, 42, 53) 62 Unknown source..... 63 Other (<i>specify</i>)_____96	
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	
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 (e.g. zeer) F Other (<i>specify</i>)_____X DK Z	
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 not possible to determine, 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 No facility, Bush, Field 95 Other (<i>specify</i>) _____ 96	95⇒WS11A
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No 2	2⇒WS11 A
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⇒WS11 A
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	
WS11A. WHAT IS THE MAIN METHOD USED FOR DISPOSING GARBAGE?	Removed by garbage vehicles 1 Thrown away from living areas 2 Thrown out of the house 3 Burned 4 Buried 5 Others (<i>specify</i>) _____ 6	

HANDWASHING		HW
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed 1 Not observed Not in dwelling / plot / yard 2 No permission to see 3 /Other reason (specify) _____ 6	2 ⇒ HW4 3 ⇒ HW4 6 ⇒ HW4
HW2. <i>Observe presence of water at the 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	
HW3A. <i>Is soap, detergent or mud/sand present at the place for handwashing?</i>	Yes, present 1 No, not present..... 2	2 ⇒ HW4
HW3B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Mud / Sand D	A ⇒ next module B ⇒ next module C ⇒ next module D ⇒ next module
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes 1 No 2	2 ⇒ next module
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown..... 1 No, not shown..... 2	2 ⇒ NEXT MODULE
HW5B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	

FOOD CONSUMPTION & SOURCES		FC
FC1: NOW I WOULD LIKE TO TALK ABOUT YOUR FOOD ITEMS & CONSUMPTION; DID YOUR FAMILY CONSUME (FOOD ITEM) <u>IN THE LAST 7 DAYS?</u>		
[A] SORGHUM?	Yes.....1 No.....2	2⇒ FC1[B]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[B] MILLET?	Yes.....1 No.....2	2⇒ FC1[C]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[C] WHEAT/ BREAD?	Yes.....1 No.....2	2⇒ FC1[D]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[D] GROUNDNUTS, PULSES (BEANS, LENTILS)?	Yes.....1 No.....2	2⇒ FC1[E]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[E] MEAT/CHICKEN, BUSH MEAT, ETC.	Yes.....1 No.....2	2⇒ FC1[F]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[F] COOKING OIL/FATS	Yes.....1 No.....2	2⇒ FC1[G]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
Food source codes		
1 Own production (crops, animals)	5 Borrowed	
2 Purchased on market, shop etc.	6 Gift from family/ friends / relatives	
3 Hunting, fishing, gathering	7 Food aid (NGOs, WFP)	
4 Received in-kind against labour or other items		

[G] FRUITS?	Yes.....1 No.....2	2⇒ FC1[H]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[H] MILK, YOGHURT, CHEESE, ETC ?	Yes.....1 No.....2	2⇒ FC1[I]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[I] SUGAR?	Yes.....1 No.....2	2⇒ FC1[J]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[J] EGG?	Yes.....1 No.....2	2⇒ FC1[K]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[K] FRESH VEGETABLES?	Yes.....1 No.....2	2⇒ FC1[L]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[L] DRY VEGETABLES (OKRA, TOMATOES, ONION , ETC?)	Yes.....1 No.....2	2⇒next module
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	

Food source codes		5 Borrowed
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4 Received in-kind against labour or other items		

COPING STRATEGIES		CS
..CS1: IN THE PAST 7 DAYS, WERE THERE TIMES WHEN YOU DID NOT HAVE ENOUGH FOOD OR MONEY TO BUY FOOD FOR YOUR FAMILY?	Yes.....1 No.....2	2⇒HH19

CS2: WHAT WAS THE COPING STRATEGY THAT YOU ADOPTED DURING THAT TIMES? Probe (Don't read answers)		
	Rely on less preferred and less expensive food [A] <i>If If the respondent mentioned this option ask:</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?	Number of days... ...__
	Eat borrowed food or borrow money to purchase food[B] <i>If If the respondent mentioned this option ask;</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?	Number of days.....__ —
	Rely on help from friends or relatives (musaada)[C] <i>If If the respondent mentioned this option ask;</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?	Number of days..... —
	Limit portion size at mealtimes[D] <i>If If the respondent mentioned this option ask;</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?	Number of days.....__ —
	Restrict consumption for adults in order for small children to eat[E] <i>If If the respondent mentioned this option ask;</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?	Number of days..... —
	Reduce number of meals eaten in a day[F] <i>If the respondent mentioned this option ask:</i> HOW MANY DAY DID YOU ADOPT THAT STRATEGY?	Number of days.....__ —

HH19. <i>Record the time.</i>	Morning 1 Afternoon 2 Hour and minutes :	
--------------------------------------	--	--

SALT IODIZATION		SI
SI1. THERE ARE TYPES OF SALT THAT CONTAIN IODINE WHICH IS AN IMPORTANT NUTRIENT. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD? <i>If salt not tested, please mention the reasons.</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 4 Salt not tested (specify reason) _____ 5	

HH20. *Thank the respondent for his/her cooperation and check the List of Household Members:*

☐ *A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7).*

☐ *A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B).*

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Appendix F2: Questionnaire for Individual Women



QUESTIONNAIRE FOR INDIVIDUAL WOMEN Sudan Multiple Indicator Survey 2014

WOMAN'S INFORMATION PANEL		WM
This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7). A separate questionnaire should be used for each eligible woman.		
WM0 State code	_____	
WM1. Cluster number:	WM2. Household number:	
_____	_____	
WM3. Woman's name:	WM4. Woman's line number:	
Name _____	_____	
WM5. Interviewer's name and number:	WM6. Day / Month / Year of interview:	
Name _____	_____/_____/2014	

<p>Repeat greeting if not already read to this woman:</p> <p>WE ARE FROM THE CENTRAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. 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 ANONYMOUS.</p>	<p>If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:</p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 45 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in WM7. Discuss this result with your supervisor.</p>	

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
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WM8. Field editor's name and number:	WM9. Main data entry clerk's name and number:
Name _____	Name _____

WM10. <i>Record the time.</i>	Morning 1	
	Afternoon 2	
	Hour and 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 SCHOOL OR KHALWA OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU ATTAINED?	KHALWA.....00 PRESCHOOL.....01 PRELIMINARY.....02 PRIMARY.....03 BASIC.....04 VOCATIONAL TRAINING.....05 INTERMEDIATE.....06 SECONDARY.....07 HIGH SCHOOL (3 YEARS)08 HIGH SCHOOL...(4 YEARS).....09 INTERMEDIATE DIPLOMA10 UNIVERSITY.....11 POST GRADUATE.....12	00⇒WB7 01⇒WB7 12⇒NEXT MODULE
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00".</i>	Grade	
WB6. <i>Check WB4:</i> <input type="checkbox"/> <i>Vocational training or higher (WB4=05, 06, 07, 08,09,10,11) ⇒ Go to Next Module.</i> <input type="checkbox"/> <i>Primary (WB4=02, 03 or 04) ⇒ Continue with WB7.</i>		

<p>WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p>	<p>Cannot read at all 1</p> <p>Able to read only parts of sentence 2</p> <p>Able to read whole sentence 3</p> <p>No sentence in required language 4 <i>(specify language)</i></p> <p>Blind / visually impaired 5</p>	
--	--	--

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married 1 Not currently married 2	2⇒MA5
MA2. HOW OLD IS YOUR HUSBAND? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	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 CURRENTLY?	Number __ __ DK 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married 1 No 2	2⇒FGM 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	1⇒MA8A 2⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of (first) marriage Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND?	Age in years __ __	

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

BIRTH HISTORY													BH					
NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD. <i>Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.</i>																		
BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?		BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?		BH8. Record household line number of child (from HLI) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? Record days if less than 1 month; record months if less than 2 years; or years		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?			
		S	M	B	G	Month	Year		Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01		1	2	1	2	___	___		1	2	___	1	2	___	Days 1 Months 2 Years 3	___		
									⇒ BH9					⇒ Next Line				
02		1	2	1	2	___	___		1	2	___	1	2	___	Days 1 Months 2 Years 3	___	1	2
									⇒ BH9					⇒ BH10				
03		1	2	1	2	___	___		1	2	___	1	2	___	Days 1 Months 2 Years 3	___	1	2
									⇒ BH9					⇒ BH10				
04		1	2	1	2	___	___		1	2	___	1	2	___	Days 1 Months 2 Years 3	___	1	2
									⇒ BH9					⇒ BH10				
05		1	2	1	2	___	___		1	2	___	1	2	___	Days 1 Months 2 Years 3	___	1	2
									⇒ BH9					⇒ BH10				
06		1	2	1	2	___	___		1	2	___	1	2	___	Days 1 Months 2 Years 3	___	1	2
									⇒ BH9					⇒ BH10				
07		1	2	1	2	___	___		1	2	___	1	2	___	Days 1 Months 2 Years 3	___	1	2
									⇒ BH9					⇒ BH10				

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWIN?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? Record days if less than 1 month; record months if less than 2 years; or years		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No					
		S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N	
08		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days 1 Months 2 Years 3	__ __	1 2	
09		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days 1 Months 2 Years 3	__ __	1 2	
10		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days 1 Months 2 Years 3	__ __	1 2	
11		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days 1 Months 2 Years 3	__ __	1 2	
12		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days 1 Months 2 Years 3	__ __	1 2	
13		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days 1 Months 2 Years 3	__ __	1 2	
14		1 2	1 2	__ __	__ __ __ __	1 2 ⇒ BH9	__ __	1 2	__ __ ⇒ BH10	Days 1 Months 2 Years 3	__ __	1 2	

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. <i>Record household line number of child (from HL1)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>Record days if less than 1 month; record months if less than 2 years; or years</i>		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No	
		S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N	
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?							Yes 1 No 2					1⇒Record birth(s) in Birth History	

CM12A. Compare number in CM10 with number of births in the BIRTH HISTORY Module above and check:

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

CM13. Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2012** (if the month of interview and the month of birth are the same, and the year of birth is **2012**, consider this as a birth within the last 2 years)

- ☐ No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.
- ☐ One or more live births in last 2 years. ⇒ Record name of last born child and continue with Next Module.

Name of last-born child _____

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

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 the date of interview. Record name of last-born child from CM13 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? <i>Record the answer as stated by respondent.</i>	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 the date of interview. Record name of last-born child from CM13 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 Health visitor C Certified midwife D Medical assistant E Other person Traditional birth attendant/Daya habil F Community health worker G Other (specify) X													
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? <i>Record the answer as stated by respondent.</i>	Weeks 1 ____ Months 2 0 ____ DK 998													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	Number of times ____ DK 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No												
Blood pressure	1	2												
Urine sample	1	2												
Blood sample	1	2												
MN4D. WHILE YOU WERE RECEIVING ANTENATAL CARE, WAS THE TYPE OF YOUR DELIVERY DISCUSSED (NORMAL OF CAESAREAN SECTION) WITH YOU?	Yes 1 No 2													
MN4E. WHILE YOU WERE RECEIVING ANTENATAL CARE, WAS THE PLACE OF YOUR DELIVERY DISCUSSED WITH YOU?	Yes 1 No 2													
MN4F. DURING YOUR PREGNANCY WITH (name) DID YOU USE IRON OR FEFOL TABLETS OR SYRUP LIKE THESE? <i>Show the tablets</i>	Yes 1 No 2 DK 8													
MN5. DO YOU HAVE AN IMMUNIZATION 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													

MN18A. WHAT WAS THE MODE OF DELIVERY OF (name)?	Vaginal delivery 1 Assisted delivery (vacuum or forceps)..... 2 Caesarean section.....3	1⇒MN20 2⇒MN20
MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before 1 After..... 2	
MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN21. WAS (name) WEIGHED AT BIRTH?	Yes 1 No..... 2 DK 8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (name) WEIGH? <i>If a card is available, record weight from card.</i>	From card.....1 (kg) __ . __ __ __ From recall2 (kg) __ . __ __ __ DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?	Yes 1 No..... 2	
MN24. DID YOU EVER BREASTFEED (name)?	Yes 1 No..... 2	2⇒Next Module (Post-natal health checks)
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 __ __ DK / Don't 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 (Post-natal health checks)
MN27. WHAT WAS (name) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk).....A Plain waterB Sugar or glucose waterC Gripe water.....D Sugar-salt-water solutionE Fruit juice.....F Infant formulaG Tea / herbal InfusionsH HoneyI Other (specify).....X	

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POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.</i></p>		
<p>PN1. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-32) ⇒ Continue with PN2.</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6.</p>		
<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).</p> <p>YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 ____</p> <p>Days 2 ____</p> <p>Weeks 3 ____</p> <p>DK / Don't remember 998</p>	
<p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.</p> <p>BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p> <p>DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (name or type of facility in MN18).</p> <p>DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒PN11</p> <p>2⇒PN16</p>
<p>PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, 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 (<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>DK / Don't remember 998</p>	

PN13. WHO CHECKED ON (name)'S HEALTH AT THAT TIME?	Health professional Doctor A Nurse midwife B Health visitor C Certified midwife D Medical assistant E Other person Traditional birth attendant /Dayat habel . F Community health worker G Other (specify) _____ X	
PN14. WHERE DID THIS CHECK TAKE PLACE? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ (Name of place)	Home Respondent's home 11 Other home 12 Public sector Government hospital 21 Government clinic / health centre 22 Government health post 23 Other public (specify) _____ 26 Private medical sector Private hospital 31 Private clinic 32 Other private medical (specify) _____ 36 Other (specify) _____ 96	
PN15. 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 PN16. <input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17.		
PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next Module (Illness symptoms)
PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery? <input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN18 <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		
PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1⇒PN20 2⇒Next Module (Illness symptoms)

<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 (Illness symptoms)</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 _ _ DK / Don't remember 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional Doctor.....A Nurse midwifeB Health visitorC Certified midwife.....D Medical assistant.....E</p> <p>Other person Traditional birth attendant (Dayat habel).F Community health worker G 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 Respondent's home 11 Other home 12</p> <p>Public sector Government hospital 21 Government clinic / health centre 22 Government health post..... 23 Other public (<i>specify</i>) 26</p> <p>Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	

IS1. Check List of Household Members, columns HL7B and HL15:

Is the respondent the mother or caretaker of any child under age 5?

☐ Yes ⇒ Continue with IS2.

☐ No ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY?

Probe:

ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do not prompt with any suggestions

Child not able to drink or breastfeed A
 Child becomes sicker B
 Child develops a fever C
 Child has fast breathing D
 Child has difficulty breathing E
 Child has blood in stool F
 Child is drinking poorly G

Other (specify) X

Other (specify) Y

Other (specify) Z

CONTRACEPTION		CP
CP0: Check MA1: respondent is currently married? <input type="checkbox"/> No, ⇒ Go to FGM module <input type="checkbox"/> Yes, currently married ⇒ Continue with CP1		
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No..... 2 Unsure or DK 8	1⇒CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No..... 2	1⇒CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No..... 2	1⇒Next Module (Unmet need) 2⇒Next Module (Unmet need)
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	IUD C Injectables D Implants..... E Pill F Male condom..... G Female condom H Diaphragm..... I Foam / Jelly J Lactational amenorrhoea method (LAM) K Periodic abstinence / Rhythm L Withdrawal M Other (<i>specify</i>) X	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant? <input type="checkbox"/> <i>Yes, currently pregnant ⇒ Continue with UN2.</i> <input type="checkbox"/> <i>No, unsure or DK ⇒ Go to UN6.</i>		
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 No 2	1⇒UN4
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 No more / None 2 Undecided / DK 8	1⇒UN7 2⇒UN13 8⇒UN13
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 Says she cannot get pregnant 3 Undecided / DK 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i>	Months 1 ____ Years 2 ____ Does not want to wait (soon/now) 993 Says she cannot get pregnant 994 Other 996 DK 998	994⇒UN11
UN8. Check CP1: Currently pregnant? <input type="checkbox"/> <i>Yes, currently pregnant ⇒ Go to UN13.</i> <input type="checkbox"/> <i>No, unsure or DK ⇒ Continue with UN9.</i>		

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

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No..... 2	2⇒Next Module (Domestic violence)
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 No..... 2	2⇒FG8C
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 No..... 2 DK 8	1⇒FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No..... 2 DK 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED? <i>If necessary, probe: Was it sealed?</i>	Yes 1 No..... 2 DK 8	
FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? <i>If the respondent does not know the exact age, probe to get an estimate</i>	Age at circumcision __ __ DK / Don't remember / Not sure 98	
FG8. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor..... 11 Nurse Midwife 12 Health visitor 13 Certified midwife..... 14 Medical assistant..... 15 Other health professional (<i>specify</i>) 16 Traditional persons Traditional birth attendant 22 Other traditional (<i>specify</i>) 26 DK 98	
FG8A. Check MA1 and MA5: Is the respondent currently married or ever married? <input type="checkbox"/> No ⇒ Go to FG22 <input type="checkbox"/> Yes ⇒ Continue with FG8B		
FG8B. DID YOU PERFORM RE CIRCUMCISION (ADAL) ?	Yes 1 No..... 2 DK 8	
FG8C. Check MA1 and MA5: Is the respondent currently married or ever married? <input type="checkbox"/> No ⇒ Go to FG22 <input type="checkbox"/> Yes ⇒ Continue with FG9		
FG9. Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here	Total number of living daughters __ __	

FG10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (total number in FG9) LIVING DAUGHTERS.
IS THIS CORRECT?

☐ Yes

☐ One or more living daughters ⇒ Continue with FG11

☐ Does not have any living daughters ⇒ Go to FG22

☐ No ⇒ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes

FG11. Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time.

The total number of daughters in FG12 should be equal to the number in FG9.

If more than 4 daughters, use additional questionnaires.

	Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12. Name of daughter	_____	_____	_____	_____
FG13. HOW OLD IS (name)?	Age ____	Age ____	Age ____	Age ____
FG14. IS (name) YOUNGER THAN 15 YEARS OF AGE?	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter in an additional questionnaire. If no more daughters, go to FG22.</i>
FG15. IS (name) CIRCUMCISED?	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter. If no more daughters, go to FG22.</i>	Yes..... 1 No 2 <i>If "No", go to FG13 for next daughter in an additional questionnaire. If no more daughters, go to FG22.</i>
FG16. HOW OLD WAS (name) WHEN THIS OCCURRED? <i>If the respondent does not know the age, probe to get an estimate.</i>	Age ____ DK..... 98	Age ____ DK..... 98	Age ____ DK..... 98	Age ____ DK..... 98

FG20. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor..... 11 Nurse midwife. 12 Health visitor... 13 Certified midwife 14 Medical assistant 15 Other health professional (specify) ____ 16 Traditional persons Traditional birth attendant 22 Other traditional (specify) ____ 26 DK 98	Health professional Doctor..... 11 Nurse midwife. 12 Health visitor... 13 Certified midwife 14 Medical assistant 15 Other health professional (specify) ____ 16 Traditional persons Traditional birth attendant 22 Other traditional (specify) ____ 26 DK..... 98	Health professional Doctor..... 11 Nurse midwife. 12 Health visitor... 13 Certified midwife 14 Medical assistant 15 Other health professional (specify) ____ 16 Traditional persons Traditional birth attendant 22 Other traditional (specify) ____ 26 DK..... 98	Health professional Doctor..... 11 Nurse midwife. 12 Health visitor... 13 Certified midwife 14 Medical assistant 15 Other health professional (specify) ____ 16 Traditional persons Traditional birth attendant 22 Other traditional (specify) ____ 26 DK..... 98
	FG21.	<i>Go back to FG13 for next daughter. If no more daughters, continue with FG22.</i>	<i>Go back to FG13 for next daughter. If no more daughters, continue with FG22.</i>	<i>Go back to FG13 for next daughter. If no more daughters, continue with FG22.</i>
<div style="text-align: right;"> Tick here if additional questionnaire used. <input type="checkbox"/> </div>				

FG22 DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED	Continued 1	
	Discontinued..... 2	
	Depends 3	
	DK..... 8	
FG23 WHAT DO YOU NAME GIRL WHO IS NOT CIRCUMCISED ?	Not circumcised 1	
	Intact (Salema) 2	
	Not sanitized/unclean (Ma mutahara) 3	
	Other (specify)_____ 8	

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

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK 8	2⇒WM11																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>During pregnancy.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>During delivery</td><td>1</td><td>2</td><td>8</td></tr><tr><td>By breastfeeding</td><td>1</td><td>2</td><td>8</td></tr></table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy.....	1	2	8															
During delivery	1	2	8															
By breastfeeding	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8																	

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 HA24. <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14.																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15. <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24.																						
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table border="0"> <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	
	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																			
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes 1 No 2 DK 8	2⇒HA19 8⇒HA19																				
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK 8	2⇒HA22 8⇒HA22																				
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes 1 No 2 DK 8	1⇒HA22 2⇒HA22 8⇒HA22																				
HA19. Check MN17: Birth delivered by health professional (A, B, C, D or E)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B, C, D or E) ⇒ Continue with HA20. <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒ Go to HA24.																						
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes 1 No 2	2⇒HA24																				
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2																					
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes 1 No 2	1⇒HA25																				

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..... 1	1⇒WM11
	12-23 months ago 2	2⇒WM11
	2 or more years ago 3	3⇒WM11
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	2⇒HA27
	No 2	
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1	
	12-23 months ago 2	
	2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1	1⇒WM11
	No 2	2⇒WM11
	DK 8	8⇒WM11
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.	Morning 1	
	Afternoon 2	
	Hour and minutes __ : __	

WM11A.
Indicate to the respondent that you will need to take a blood sample for anaemia and explain that the results will be provided to her immediately.

Ask the respondent for permission?

☐ Yes, permission is given

☐ No, permission is not given

WM12. Check List of Household Members, columns HL7 and HL15:
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then 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 and proceed to Complete the result of woman's interview (WM7) on the cover page.

MID UPPER ARM CIRCUMFERENCE(MUAC)		MU
After questionnaires for all women and children are complete, then measurer takes the MUAC measures <i>from the respondent (women and children)</i>		
MU1. Measurer's name and number:	Name _____	
MU2. Mid upper arm circumference (MUAC)	Circumference (cm) _____ Circumference not measured 999.9	

HAEMOGLOBIN TESTING (ANAEMIA)		HT
After questionnaires for all women and children are complete, the measurer <i>measures</i> draws a sample of blood for testing the Haemoglobin.		
HT1. Check WM11A: Permission given? <input type="checkbox"/> Yes ⇒ Continue with HT2. <input type="checkbox"/> No ⇒ Go to HT4.		
HT2. Result of the HB measurement	HB measured 1 Women not present..... 2 Other (specify)..... 6	2⇒HT4 6⇒HT4
HT3. HB measurements	
HT4. Is there another woman in the household who is eligible for the blood test? <input type="checkbox"/> Yes ⇒ Go to the Haemoglobin testing module <i>in the next woman questionnaire</i> . <input type="checkbox"/> No ⇒ End the testing procedure.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Appendix F3: Questionnaire for Children Under-Five



QUESTIONNAIRE FOR CHILDREN UNDER FIVE Sudan Multiple Indicator Survey 2014

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF0. State code	___	___
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's name and number:	Name _____	
UF8. Day / Month / Year of interview:	___ / ___ / 2014	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE CENTRAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (child's name from UF3)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (child's name from UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 35 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 03 in UF9. Discuss this result with your supervisor.</p>	

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed01</p> <p>Not at home02</p> <p>Refused03</p> <p>Partly completed04</p> <p>Incapacitated05</p> <p>Other (specify) _____ 96</p>
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UF10. Field editor's name and number: Name _____ _ _	UF11. Main data entry clerk's name and number: Name _____ _ _
--	---

UF12. Record the time.	Morning	1
	Afternoon.....	2
	Hour and minutes..... :	

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (<i>name</i>).</p> <p>ON WHAT DAY, MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day _ _</p> <p>DK day.....98</p> <p>Month..... _ _</p> <p>Year 2 0 _ _</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 MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1 Yes, not seen.....2 No3 DK.....8	1⇒Next Module (Early Childhood development) 2⇒Next Module (Early Childhood development)
BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No2 DK.....8	1⇒Next Module (Early Childhood development) 8⇒BR3
BR2A. WHY WASN'T (NAME) REGISTERED?	Very expensive 1 Too far2 Did not know that a birth certificate is supposed to be registered3 Other (<i>specify</i>) 6	
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes 1 No2	

EARLY CHILDHOOD DEVELOPMENT MODULE		EC																
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None00 Number of children's books.....0 ____ Ten or more books10																	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i>	<table border="0"> <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															
Toys from a shop.....	1	2	8															
Household objects or outside objects	1	2	8															
EC4. Check AG2: Age of child. <input type="checkbox"/> Child age: Newborn (less than a year, 1 or 2 ⇒ Go to Next Module. <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5.																		
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?	Yes1 No2 DK.....8	2⇒IM20 8⇒IM20																
EC5A. DURING THE LAST SEVEN DAYS OF THE PREVIOUS SCHOOL YEAR (2013-2014), HOW MANY DAYS DID <i>(name)</i> ATTEND THIS PROGRAM?	Number of days _____ DK8																	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. Check AG2: Age of child <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2. <input type="checkbox"/> Child age 3 or 4 ⇒ Go to IM20 in the immunization module.		
BD2. HAS (name) EVER BEEN BREASTFED?	Yes 1 No 2 DK 8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes 1 No 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK 8	
BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK 8	
BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (NAME) DRINK (NAME OF ITEM) YESTERDAY DURING THE DAY OR THE NIGHT:	<div style="text-align: right;">Yes No DK</div>	
[A] PLAIN WATER?	Plain water 1 2 8	
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks 1 2 8	
[C] BROTH / CLEAR SOUP (SALEGA/ MARAGA)?	Soup 1 2 8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk 1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK?</i> <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	Number of times drank milk	
[E] INFANT FORMULA?	Infant formula 1 2 8	
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA?</i> <i>If 7 or more times, record '7'.</i> <i>If unknown, record '8'.</i>	Number of times drank infant formula	
[F] ANY OTHER LIQUIDS? (Specify)_____	Other liquids 1 2 8	

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:				
		Yes	No	DK
[A] YOGURT?	Yogurt	1	2	8
<i>If yes:</i> HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? <i>If 7 or more times, record '7'. If unknown, record '8'.</i>		Number of times drank/ate yogurt __		
[B] ANY CERELAC?	Cerelac....	1	2	8
[C] BREAD, RICE, MACARONA, PORRIDGE (ASYDA), OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains...	1	2	8
[D] PUMPKIN, CARROTS, SWEET POTATOES?	Pumpkin, carrots....	1	2	8
[E] POTATOES, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	Potatoes, manioc, cassava, etc.....	1	2	8
[F] ANY GREEN, LEAFY VEGETABLES LIKE SPINACH OR MOLAOKHIYA/ WARAG/ THALIG/ ROCKET?	Green, leafy vegetables...	1	2	8
[G] MANGOES, PAPAYAS OR DALEB?	Mangoes.....	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables...	1	2	8
[I] LIVER, KIDNEY, HEART, INTESTINES, SPLEEN OR OTHER ORGAN MEATS?	Liver, kidney.....	1	2	8
[J] ANY MEAT, SUCH AS BEEF, LAMB, GOAT, CAMEL, PORK CHICKEN, OR DUCK?	Meat, such as beef, lamb, goat, etc.....	1	2	8
[K] EGGS?	Eggs...	1	2	8
[L] FRESH OR DRIED FISH / KAJEED, SARDEEN/ FASEEKH OR SHELLFISH?	Fresh or dried fish....	1	2	8
[M] ANY FOODS MADE FROM BEANS, LENTILS, CHICKPEAS, FAVA BEANS, LEMA BEANS, ADASEEYA OR LUBYA?	Foods made from lentils....	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK (MULAH ALROOB, MOLAH ALLABAN, MISH?	Cheese	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (Specify)_____	Other food.....	1	2	8
BD9. Check BD8 (Categories “A” through “O”). <input type="checkbox"/> If you circle “Yes” at least once or all answers where “DK ⇒ Go to BD11. <input type="checkbox"/> Else ⇒ Continue with BD10.				
BD10. Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night. <input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module. <input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11.				
BD11. HOW MANY TIMES DID (<i>name</i>) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? <i>If 7 or more times, record '7'.</i>	Number of times.....__ DK8			

IMMUNIZATION MODULE										IM
<i>If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM16A will only be asked if a card is not available.</i>										
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>					Yes, seen 1 Yes, not seen 2 No card 3				1⇒IM3 2⇒IM6	
IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD FOR (name)?					Yes 1 No 2				1⇒IM6 2⇒IM6	
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.					Date of Immunization Day Month Year					
BCG		BCG								
POLIO AT BIRTH		OPV0								
POLIO 1 (FIRST DOSE)		OPV1								
POLIO 2 (SECOND DOSE)		OPV2								
POLIO 3 (THIRD DOSE)		OPV3								
PENTA FIRST DOSE		PENTA1								
PENTA SECOND DOSE		PENTA2								
PENTA THIRD DOSE		PENTA3								
MEASLES FIRST DOSE (OR MMR OR MR)		MEASLES 1								
MEASLES SECOND DOSE (OR MMR OR MR)		MEASLES 2								
IM4. Check IM3. Are all vaccines (BCG to Measles) recorded? <input type="checkbox"/> Yes ⇒ Go to IM19A. <input type="checkbox"/> No ⇒ Continue with IM5.										
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS? <input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19A. <input type="checkbox"/> No/DK ⇒ Go to IM19.										
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?					Yes 1 No 2 DK 8				2⇒IM19A 8⇒IM19A	

IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM?	Yes..... 1 No 2 DK 8	
IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes..... 1 No 2 DK 8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes..... 1 No 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED? <i>Count only those take during routine immunization</i>	Number of times _	
IM11. HAS (<i>name</i>) EVER RECEIVED A PENTA VACCINATION – THAT IS, AN INJECTION IN THE LEFT THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, MENINGITIS AND HEPATITIS? <i>Probe by indicating that PENTA vaccination is sometimes given at the same time as Polio.</i>	Yes..... 1 No 2 DK 8	2⇒IM16 8⇒IM16
IM12. HOW MANY TIMES WAS THE PENTA VACCINE RECEIVED?	Number of times _	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE LEFT ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No 2 DK 8	2 19A 8 19A
IM16A. HOW MANY TIMES (<i>name</i>) RECEIVED MEASLES DOSES?	Measles doses received _	
IM19A. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE POLIO CAMPAIGNS, POLIO NATIONAL IMMUNIZATION DAYS AND/ OR POLIO CHILD HEALTH DAYS?	Yes 1 No 2 DK 8	
IM19B. PLEASE TELL ME IF (<i>NAME</i>) HAS PARTICIPATED IN ANY OF THE MEASLES CAMPAIGNS, MEASLES NATIONAL IMMUNIZATION DAYS AND/ OR MEASLES CHILD HEALTH DAYS?	Yes 1 No 2 DK 8	
IM20. Check AG2: Age of child. <input type="checkbox"/> 6 month or more ⇒ Continue to IM21. <input type="checkbox"/> 0-5 month ⇒ Go to next module (Care of illness).		
IM21. DID THE (<i>name</i>) TAKE ANY VITAMIN A LIKE THIS IN THE LAST 6 MONTH? <i>Display the capsules & different containers to the respondent</i> <i>100,000 unit (blue) for 6-11 month</i> <i>200,000 unit (red) for 12-59 month</i>	Yes..... 1 No 2 DK 8	2⇒ IM24 8⇒ IM24
IM22. WHEN DID (<i>name</i>) RECEIVE THE LAST DOES?	Less than 6 month 1 More than 6 month..... 2 DK 8	

IM23. HOW DID YOU GET THE LAST DOSE?	Routine visit to health center1 Visit to the health center while child is sick. 2 National campaign 3 Other (<i>specify</i>)6 DK 8	
IM24. DID THE (NAME) SUFFER FROM VISION DIFFICULTY AFTER SUN SET (NIGHT BLINDNESS)?	Yes..... 1 No 2 DK 8	

CARE OF ILLNESS MODULE		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	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA4 8⇒CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (<i>Name of place</i>)	Public sector Government hospital A Government health centre B Primary healthcare unit C Community health worker D Mobile / Outreach clinic E Other public (<i>specify</i>) H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) X	

<p>CA4. During the time (<i>name</i>) had diarrhoea, was (<i>name</i>) given to drink:</p> <p>[A] A fluid made from a special packet called <i>amlah mualajat aljafaf</i> for ORS packet solution?</p> <p>[B] A pre-packaged ORS fluid for diarrhoea for pre-packaged ORS fluid?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet..... 1 2 8</p> <p>Pre-packaged ORS fluid 1 2 8</p>	
<p>CA4A. Check CA4: ORS.</p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B.</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA4C.</p>		
<p>CA4B. WHERE DID YOU GET THE ORS?</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 style="text-align: center;">(<i>Name of place</i>)</p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre..... 12</p> <p>Government health post 13</p> <p>Community health worker..... 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) 96</p>	
<p>CA4C. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets 1 2 8</p> <p>Zinc syrup 1 2 8</p>	
<p>CA4D. Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E.</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA4F.</p>		

<p>CA4E. WHERE DID YOU GET THE ZINC?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre..... 12</p> <p>Government health post..... 13</p> <p>Community health worker..... 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic..... 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Present at home..... 40</p> <p>Other (<i>specify</i>) 96</p>	
<p>CA4F. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] <i>Fresh juice (lemon, karkade, gongoliz)?</i></p> <p>[B] <i>Rice water or starch?</i></p> <p>[C] <i>Water?</i></p>	<p style="text-align: right;">Y N DK</p> <p><i>Fresh juice</i> 1 2 8</p> <p><i>Rice water or starch</i> 1 2 8</p> <p><i>Water</i>..... 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</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>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</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>	

CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?	Yes 1 No 2 DK..... 8	2⇒CA14 8⇒CA14
CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 DK..... 8	
CA10. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒CA12 8⇒CA12
CA11. FROM WHERE DID YOU SEEK CARE (ADVICE OR TREATMENT)? <i>Probe: ANYWHERE ELSE?</i> <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify the type of source and circle the appropriate code.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (Name of place)	Public sector: Govt. hospital A Govt. health centre B Govt. health Unit..... C Village health worker D Mobile/outreach clinic..... E Other public sector(specify) H Private medical sector: Private hospital/clinic..... I Private physician J Private pharmacy K Mobile clinic (private)..... L Other private sector(specify) O Other source: Relative or friend P Shop Q Traditional healer..... R Other (specify) X	
CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes 1 No 2 DK..... 8	2⇒CA14 8⇒CA14
CA13. WHAT MEDICINE WAS (name) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> _____ (Names of medicines)	Antibiotics: Pill / Syrup I Injection J Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin..... Q Ibuprofen R Other (specify) X DK..... Z	
CA14. Check AG2: Is child under age 3? <input type="checkbox"/> Yes ⇒ Continue with CA15. <input type="checkbox"/> No ⇒ Go to UF13.		

CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet / latrine	01	
	Put / Rinsed into toilet or latrine	02	
	Put / Rinsed into drain or ditch	03	
	Thrown into garbage (solid waste)	04	
	Buried	05	
	Left in the open.....	06	
	Other (<i>specify</i>)	96	
	DK.....	98	

UF13. Record the time.	Morning	1	
	Afternoon.....	2	
	Hour and minutes	__ : __	

UF13A Indicate to the respondent that you will need to measure the weight and height of the child and the haemoglobin test later, ask her if she agree :

☐ Yes

☐ No

UF14. Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ Yes ⇒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 her/him for her/his cooperation . before you leave the household.

Check to see if there are other woman's, or under-5 questionnaires to be administered in this household

ANTHROPOMETRY MODULE		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement:	Either or both measured 1 Child not present 2 Child or mother/caretaker refused 3 Other (specify) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight:	Kilograms (kg) Weight not measured 99.9	⇒AN3B
AN3A. Was the child undressed to the minimum? <input type="checkbox"/> Yes 1 <input type="checkbox"/> No, the child could not be undressed to the minimum 2		
AN3B. 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).		
AN4. Child's length or height:	Length / Height (cm) Length / Height not measured 999.9	⇒ AN4B
AN4A. How was the child actually measured? Lying down or standing up?	Lying down 1 Standing up 2	
AN4B. Mid upper arm circumference (MUAC)	Circumference (cm) Circumference not measured 99.9	
AN5. Check both child legs for oedema and record the result Observe and record	Child has odema: Yes 1 No 2 Child not present 3 Refused 4	

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 ⇒ Go to next module.

HAEMOGLOBIN TESTING (ANAEMIA)		HT
After questionnaires for all women and children are complete, the measurer measures the Haemoglobin.		
HT1. Check AUF14: Permission given? <input type="checkbox"/> Yes ⇒ Continue with HT2. <input type="checkbox"/> No ⇒ Go to HT4.		
HT2. Result of the HB measurement	HB measured1 Child not present.....2 Other (specify)6	2⇒HT4 6⇒HT4
HT3. HB measurements	____ ____ . ____	
HT4. Is there another child in the household who is eligible for the blood test? <input type="checkbox"/> Yes ⇒ Go to the Haemoglobin testing module in the next child questionnaire. <input type="checkbox"/> No ⇒ End the testing procedure.		

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

Table ED.2: School readiness

Percentage of children attending first grade of primary school who attended pre-school the previous year, Sudan, 2014

	Percentage of children attending first grade who attended preschool in previous year ¹	Number of children attending first grade of primary school
Sudan	69.2	2696
Sex		
Male	65.3	1357
Female	73.1	1339
State		
Northern	79.9	56
River Nile	86.7	95
Red Sea	65.5	58
Kassala	67.4	81
Gadarif	72.4	150
Khartoum	87.2	333
Gezira	77.4	506
White Nile	82.8	147
Sinnar	72.5	92
Blue Nile	76.6	112
North Kordofan	66.6	181
South Kordofan	60.5	90
West Kordofan	54.1	128
North Darfor	59.6	234
West Darfor	58.3	77
South Darfor	39.0	223
Central Darfor	31.4	49
East Darfor	59.5	82
Area		
Urban	80.6	805
Rural	64.3	1891
Wealth index quintile		
Poorest	49.6	503
Second	57.1	505
Middle	70.3	604
Fourth	80.1	586
Richest	87.0	498
¹ MICS indicator 7.2 - School readiness		

Table ED.3: Primary school entry

Percentage of children of primary school entry age entering grade 1 (net intake rate), Sudan, 2014

	Percentage of children of primary school entry age entering grade 1	Number of children of primary school entry age
Sudan	38.0	3142
Sex		
Male	37.3	1560
Female	38.7	1582
State		
Northern	74.3	54
River Nile	66.5	88
Red Sea	44.7	78
Kassala	28.7	141
Gadarif	35.1	180
Khartoum	69.2	372
Gezira	47.7	456
White Nile	42.2	163
Sinnar	32.8	129
Blue Nile	29.4	141
North Kordofan	38.2	225
South Kordofan	28.8	111
West Kordofan	13.4	180
North Darfor	22.8	263
West Darfor	24.5	122
South Darfor	22.6	272
Central Darfor	24.4	58
East Darfor	20.1	108
Area		
Urban	57.6	843
Rural	30.8	2299
Wealth index quintile		
Poorest	15.7	727
Second	21.3	693
Middle	34.3	704
Fourth	58.9	548
Richest	78.4	469

Table ED.4: Primary school attendance and out of school children

Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), percentage attending preschool, and percentage out of school, Sudan, 2014

	Male					Female					Total				
	Percentage of children:					Percentage of children:					Percentage of children:				
	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school ^a	Number of children	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school ^a	Number of children	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school ^a	Number of children
Sudan	71.3	19.1	9.1	28.2	11522	69.6	21.1	8.9	30.0	11454	70.5	20.1	9.0	29.1	22977
State															
Northern	93.8	3.2	3.1	6.2	204	93.9	2.8	3.3	6.1	200	93.8	3.0	3.2	6.2	404
River Nile	87.0	6.8	5.9	12.7	321	90.5	6.9	2.3	9.2	344	88.8	6.8	4.1	10.9	665
Red Sea	77.8	13.3	8.5	21.8	263	76.9	14.5	7.9	22.4	249	77.4	13.9	8.2	22.1	512
Kassala	59.5	27.4	12.6	40.0	547	52.8	29.1	17.9	47.0	469	56.4	28.2	15.0	43.3	1016
Gadarif	65.7	21.5	12.8	34.3	621	61.4	27.6	11.1	38.6	600	63.6	24.5	11.9	36.4	1220
Khartoum	89.2	3.2	7.4	10.6	1377	91.2	2.5	6.2	8.6	1411	90.2	2.8	6.8	9.6	2788
Gezira	82.0	11.2	6.4	17.6	1801	80.2	11.4	8.4	19.8	1783	81.1	11.3	7.4	18.7	3585
White Nile	76.5	16.8	5.7	22.5	564	76.2	17.5	6.0	23.4	584	76.3	17.2	5.8	23.0	1148
Sinnar	69.9	15.3	14.8	30.1	408	65.9	17.2	16.8	34.1	409	67.9	16.3	15.8	32.1	816
Blue Nile	51.7	18.9	29.3	48.3	500	52.1	19.4	28.5	47.9	479	51.9	19.2	28.9	48.1	979
North Kordofan	75.2	20.0	4.3	24.3	748	71.6	24.6	2.9	27.4	758	73.4	22.3	3.6	25.9	1506
South Kordofan	66.7	26.7	6.1	32.7	399	64.3	26.3	9.2	35.5	380	65.5	26.5	7.6	34.1	779
West Kordofan	54.0	39.6	5.7	45.3	715	45.7	44.8	8.5	53.2	769	49.7	42.3	7.2	49.4	1483
North Darfur	70.5	19.3	9.7	29.1	989	72.0	19.1	7.9	27.0	959	71.2	19.2	8.8	28.1	1949
West Darfur	57.5	31.1	9.8	40.9	436	52.6	41.0	5.3	46.3	405	55.1	35.9	7.6	43.5	841
South Darfur	59.2	29.7	10.8	40.5	979	60.8	29.8	9.1	38.9	996	60.0	29.7	10.0	39.7	1975
Central Darfur	54.9	36.5	7.1	43.6	219	48.3	43.5	6.4	49.9	230	51.5	40.1	6.7	46.8	449
East Darfur	61.9	28.6	8.4	37.0	431	53.0	39.2	7.0	46.2	428	57.5	33.9	7.7	41.6	859
Area															
Urban	86.9	6.5	6.2	12.7	3205	88.3	5.6	5.6	11.2	3241	87.6	6.1	5.9	12.0	6446
Rural	65.3	24.0	10.2	34.2	8317	62.2	27.2	10.2	37.4	8213	63.8	25.6	10.2	35.8	16531
Age at beginning of school year															
6	38.9	34.5	25.5	60.0	1560	40.8	32.4	26.2	58.6	1582	39.8	33.5	25.8	59.3	3142
7	62.7	24.7	12.1	36.8	1605	62.5	25.5	11.3	36.8	1706	62.6	25.1	11.7	36.8	3311
8	71.3	20.2	7.8	28.0	1637	71.4	20.1	7.9	28.0	1567	71.3	20.2	7.8	28.0	3204
9	81.6	12.5	5.7	18.1	1357	77.2	15.6	6.6	22.1	1284	79.5	14.0	6.1	20.1	2640
10	78.3	16.4	5.0	21.4	1607	78.7	16.8	4.4	21.2	1456	78.5	16.6	4.7	21.3	3063
11	85.3	10.4	4.0	14.5	1127	81.0	14.5	4.4	18.9	1161	83.1	12.5	4.2	16.7	2289
12	80.7	13.6	5.6	19.1	1541	78.2	18.6	3.0	21.6	1509	79.4	16.0	4.3	20.4	3051
13	79.8	16.6	3.5	20.1	1088	74.6	21.7	3.5	25.2	1189	77.1	19.2	3.5	22.8	2277
Wealth index quintile															
Poorest	54.3	35.9	9.2	45.1	2710	50.4	40.5	8.3	48.8	2644	52.4	38.2	8.7	46.9	5353
Second	59.6	29.2	10.7	39.9	2473	54.5	34.0	11.0	45.0	2469	57.1	31.6	10.9	42.5	4942
Middle	70.5	14.7	14.3	29.1	2462	69.8	15.9	13.8	29.7	2326	70.2	15.3	14.1	29.4	4788
Fourth	88.6	5.8	5.2	11.0	2154	87.9	5.1	6.7	11.8	2197	88.3	5.5	6.0	11.4	4352
Richest	94.5	1.3	4.0	5.3	1724	95.7	1.2	3.1	4.3	1818	95.1	1.2	3.5	4.8	3542

^a The percentage of children of primary school age out of school are those not attending school and those attending preschool

Table ED.5: Secondary school attendance and out of school children

Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Sudan, 2014

	Male				Female				Total			
	Percentage of children:				Percentage of children:				Percentage of children:			
	Net attendance ratio (adjusted)	Attending primary school	Out of school ^a	Number of children	Net attendance ratio (adjusted)	Attending primary school	Out of school ^a	Number of children	Net attendance ratio (adjusted)	Attending primary school	Out of school ^a	Number of children
Sudan	28.2	43.7	27.7	3087	30.3	34.8	34.6	3214	29.3	39.1	31.2	6300
State												
Northern	36.3	43.4	20.3	77	58.2	30.4	11.5	64	46.3	37.5	16.3	141
River Nile	49.4	31.3	19.2	118	51.6	19.7	28.7	104	50.5	25.9	23.7	222
Red Sea	33.1	46.9	20.0	79	38.1	35.0	25.8	58	35.2	41.9	22.4	137
Kassala	13.7	46.2	39.3	148	17.1	29.8	52.6	127	15.2	38.6	45.5	275
Gadarif	15.7	48.1	36.2	167	18.3	39.2	42.5	154	16.9	43.8	39.3	321
Khartoum	56.3	27.7	16.0	369	59.8	29.4	10.8	422	58.2	28.6	13.2	790
Gezira	39.1	40.9	19.9	464	40.9	19.5	39.2	567	40.1	29.2	30.5	1031
White Nile	25.5	41.7	32.3	172	28.7	35.9	34.3	150	27.0	39.0	33.2	322
Sinnar	18.3	44.3	37.4	102	27.5	37.3	35.3	100	22.8	40.8	36.4	202
Blue Nile	11.1	37.7	50.9	137	14.9	28.1	56.4	137	13.0	32.9	53.7	274
North Kordofan	16.5	43.3	39.8	213	15.1	41.5	42.9	192	15.8	42.5	41.3	405
South Kordofan	14.9	46.2	38.1	73	20.9	34.2	44.9	92	18.2	39.5	41.9	165
West Kordofan	18.0	45.3	35.6	178	13.2	44.2	42.6	197	15.5	44.7	39.3	374
North Darfur	22.3	57.0	19.9	248	23.7	52.1	23.8	285	23.0	54.4	22.0	533
West Darfur	30.2	54.8	14.4	105	18.8	44.4	35.9	114	24.3	49.4	25.6	219
South Darfur	20.4	50.5	27.4	263	17.0	44.6	38.2	273	18.7	47.5	32.9	536
Central Darfur	14.5	54.8	29.7	63	11.4	40.1	46.9	66	12.9	47.3	38.5	130
East Darfur	15.0	52.6	32.4	112	17.6	43.9	38.4	111	16.3	48.3	35.4	224
Area												
Urban	40.9	43.9	14.9	959	46.4	38.7	14.6	1007	43.7	41.2	14.8	1966
Rural	22.4	43.6	33.5	2128	23.0	33.0	43.7	2207	22.7	38.2	38.7	4334
Age at beginning of school year												
14	19.6	58.0	22.3	1094	21.3	48.4	30.0	1499	20.6	52.5	26.7	2593
15	28.9	41.8	28.7	1025	33.5	29.9	36.3	848	30.9	36.4	32.1	1873
16	37.2	29.5	32.8	969	42.8	15.9	40.7	866	39.8	23.1	36.5	1835
Mother's education												
None	14.9	46.7	38.1	1699	14.6	37.2	48.0	1713	14.7	41.9	43.0	3412
Primary	33.1	49.1	17.2	708	43.2	40.9	15.8	754	38.3	44.9	16.5	1462
Secondary	62.6	29.0	8.1	437	69.7	25.9	3.5	414	66.1	27.5	5.9	851
Higher	77.0	21.7	1.3	72	85.5	14.5	0.0	71	81.2	18.1	0.6	143
Cannot be determined ^b	30.5	39.1	29.3	166	19.7	18.7	60.6	253	24.0	26.7	48.2	419
Missing/DK	*	*	*	6	*	*	*	8	*	*	*	14
Wealth index quintile												
Poorest	9.9	49.6	40.1	658	8.9	40.2	50.6	679	9.4	44.8	45.4	1337
Second	17.9	44.2	37.2	674	14.0	39.3	46.4	645	16.0	41.8	41.7	1320
Middle	15.0	52.1	32.3	590	16.0	38.4	45.0	640	15.5	45.0	38.9	1230
Fourth	36.7	43.2	19.9	565	41.8	36.1	21.7	645	39.4	39.4	20.9	1210
Richest	64.7	28.7	6.2	599	74.7	18.6	6.6	604	69.7	23.6	6.4	1204

^a The percentage of children of secondary school age out of school are those who are not attending primary, secondary, or higher education

^b Children age 15 or higher at the time of the interview whose mothers were not living in the household

(*) Based on less than 25 unweighted cases and has been suppressed

Table ED.6: Children reaching last grade of primary school

Percentage of children entering first grade of primary school who eventually reach the last grade of primary school (Survival rate to last grade of primary school), Sudan, 2014

	Percent attending grade 1 last school year who are in grade 2 this school year	Percent attending grade 2 last school year who are attending grade 3 this school year	Percent attending grade 3 last school year who are attending grade 4 this school year	Percent attending grade 4 last school year who are attending grade 5 this school year	Percent attending grade 5 last school year who are attending grade 6 this school year	Percent attending grade 6 last school year who are attending grade 7 this school year	Percent attending grade 7 last school year who are attending grade 8 this school year	Percent who reach grade 6 of those who enter grade 1
Sudan	97.2	98.5	97.6	97.4	97.3	96.1	93.8	79.9
Sex								
Male	96.6	98.5	98.0	97.7	97.2	95.3	93.8	79.1
Female	97.8	98.4	97.1	97.2	97.4	96.9	93.9	80.6
State								
Northern	100.0	99.5	97.9	98.6	95.7	95.8	92.4	81.3
River Nile	100.0	98.8	98.4	98.8	99.0	97.1	96.0	88.6
Red Sea	100.0	98.7	99.2	95.9	100.0	98.1	97.9	90.3
Kassala	99.0	98.8	100.0	99.3	100.0	98.4	96.9	92.6
Gadarif	98.4	99.6	98.1	97.0	96.1	98.3	89.2	78.6
Khartoum	100.0	100.0	98.8	98.9	99.4	98.0	99.3	94.5
Gezira	97.1	99.7	98.0	98.6	98.4	94.5	94.5	82.2
White Nile	98.4	98.0	97.6	97.7	97.8	97.4	92.1	80.7
Sinnar	99.1	97.6	97.9	98.3	98.7	97.1	87.1	77.8
Blue Nile	93.9	93.0	92.5	94.5	96.5	89.8	90.6	59.9
North Kordofan	99.0	99.6	98.2	100.0	97.8	93.4	86.8	76.8
South Kordofan	96.7	99.0	100.0	98.1	94.7	93.9	93.5	78.2
West Kordofan	95.9	96.3	93.2	93.5	94.5	97.9	90.4	67.3
North Darfor	98.8	98.4	98.6	96.0	96.5	95.8	91.0	77.4
West Darfor	89.3	95.6	93.4	92.5	91.0	92.4	91.8	56.9
South Darfor	91.7	96.2	95.8	95.5	94.0	95.9	93.9	68.4
Central Darfor	92.0	98.1	94.9	95.2	89.3	96.1	98.5	69.0
East Darfor	96.3	100.0	97.5	97.7	98.7	98.9	97.5	87.3
Area								
Urban	99.3	99.8	98.9	99.3	99.0	99.1	96.8	92.5
Rural	96.2	97.9	96.9	96.4	96.3	94.4	91.9	73.5
Wealth index quintile								
Poorest	94.5	98.0	95.9	93.7	94.0	94.1	89.2	65.7
Second	95.9	96.7	96.3	96.9	94.7	96.6	91.6	72.6
Middle	96.7	98.3	97.1	96.8	97.0	94.1	90.3	73.6
Fourth	99.5	99.4	98.8	99.4	99.0	96.0	97.5	90.0
Richest	100.0	100.0	99.8	100.0	99.8	99.5	98.3	97.3

Table ED.7: Primary school completion and transition to secondary school

Primary school completion rates and transition and effective transition rates to secondary school, Sudan, 2014

	Primary school completion rate	Number of children of primary school completion age	Transition rate to secondary school	Number of children who were in the last grade of primary school the previous year	Effective transition rate to secondary school	Number of children who were in the last grade of primary school the previous year and are not repeating that grade in the current school year
Sudan	82.7	2277	90.9	1203	98.1	1115
Sex						
Male	88.8	1088	90.6	610	99.7	555
Female	77.1	1189	91.2	592	96.5	560
State						
Northern	98.1	45	92.6	27	92.6	27
River Nile	95.5	67	96.1	48	97.0	47
Red Sea	104.1	41	95.2	15	99.7	14
Kassala	63.6	104	89.5	27	112.4	22
Gadarif	54.9	129	87.8	57	93.5	54
Khartoum	120.5	285	92.9	171	96.9	164
Gezira	72.2	363	91.2	258	96.9	243
White Nile	94.1	110	96.8	64	106.0	58
Sinnar	60.9	85	90.3	30	105.3	26
Blue Nile	51.8	91	80.7	34	94.5	29
North Kordofan	62.4	160	87.6	49	122.3	35
South Kordofan	82.9	64	87.4	28	92.0	27
West Kordofan	60.9	148	83.2	37	84.0	37
North Darfor	97.7	176	89.1	159	97.0	146
West Darfor	91.7	81	95.0	49	103.9	45
South Darfor	103.2	188	90.1	96	94.3	92
Central Darfor	74.3	47	92.4	18	107.9	16
East Darfor	73.5	91	94.2	35	97.8	34
Area						
Urban	114.0	677	94.0	455	100.5	426
Rural	69.4	1600	89.0	747	96.6	689
Wealth index quintile						
Poorest	63.3	510	84.9	173	94.2	155
Second	61.0	489	91.4	205	98.7	190
Middle	81.1	447	87.2	202	96.8	182
Fourth	98.4	452	90.3	301	99.1	275
Richest	119.7	378	96.6	322	99.5	313

Table ED.8: Education gender parity

Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Sudan, 2014

	Primary school			Secondary school		
	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR
Sudan	69.6	71.3	0.98	30.3	28.2	1.08
State						
Northern	93.9	93.8	1.00	58.2	36.3	1.60
River Nile	90.5	87.0	1.04	51.6	49.4	1.04
Red Sea	76.9	77.8	0.99	38.1	33.1	1.15
Kassala	52.8	59.5	0.89	17.1	13.7	1.25
Gadarif	61.4	65.7	0.93	18.3	15.7	1.17
Khartoum	91.2	89.2	1.02	59.8	56.3	1.06
Gezira	80.2	82.0	0.98	40.9	39.1	1.04
White Nile	76.2	76.5	1.00	28.7	25.5	1.12
Sinnar	65.9	69.9	0.94	27.5	18.3	1.50
Blue Nile	52.1	51.7	1.01	14.9	11.1	1.34
North Kordofan	71.6	75.2	0.95	15.1	16.5	0.92
South Kordofan	64.3	66.7	0.96	20.9	14.9	1.40
West Kordofan	45.7	54.0	0.85	13.2	18.0	0.73
North Darfor	72.0	70.5	1.02	23.7	22.3	1.06
West Darfor	52.6	57.5	0.91	18.8	30.2	0.62
South Darfor	60.8	59.2	1.03	17.0	20.4	0.83
Central Darfor	48.3	54.9	0.88	11.4	14.5	0.78
East Darfor	53.0	61.9	0.86	17.6	15.0	1.18
Area						
Urban	88.3	86.9	1.02	46.4	40.9	1.13
Rural	62.2	65.3	0.95	23.0	22.4	1.02
Wealth index quintile						
Poorest	50.4	54.3	0.93	8.9	9.9	0.90
Second	54.5	59.6	0.91	14.0	17.9	0.78
Middle	69.8	70.5	0.99	16.0	15.0	1.07
Fourth	87.9	88.6	0.99	41.8	36.7	1.14
Richest	95.7	94.5	1.01	74.7	64.7	1.15

Table ED.9: Out of school gender parity

Percentage of girls in the total out of school population, in primary and secondary school, Sudan, 2014

	Primary school				Secondary school			
	Percentage of out of school children	Number of children of primary school age	Percentage of girls in the total out of school population of primary school age	Number of children of primary school age out of school	Percentage of out of school children	Number of children of secondary school age	Percentage of girls in the total out of school population of secondary school age	Number of children of secondary school age out of school
Sudan	29.1	22977	51.3	6684	31.2	6300	56.5	1966
State								
Northern	6.2	404	49.2	25	16.3	141	32.3	23
River Nile	10.9	665	43.8	73	23.7	222	56.8	53
Red Sea	22.1	512	49.3	113	22.4	137	48.5	31
Kassala	43.3	1016	50.2	440	45.5	275	53.6	125
Gadarif	36.4	1220	52.1	445	39.3	321	51.8	126
Khartoum	9.6	2788	45.5	268	13.2	790	(43.5)	104
Gezira	18.7	3585	52.6	670	30.5	1031	70.6	315
White Nile	23.0	1148	51.9	264	33.2	322	48.1	107
Sinnar	32.1	816	53.1	262	36.4	202	48.1	73
Blue Nile	48.1	979	48.7	471	53.7	274	52.6	147
North Kordofan	25.9	1506	53.3	390	41.3	405	49.2	167
South Kordofan	34.1	779	50.9	266	41.9	165	59.7	69
West Kordofan	49.4	1483	55.8	733	39.3	374	57.0	147
North Darfor	28.1	1949	47.4	547	22.0	533	57.9	117
West Darfor	43.5	841	51.3	366	25.6	219	73.0	56
South Darfor	39.7	1975	49.4	784	32.9	536	59.2	176
Central Darfor	46.8	449	54.6	210	38.5	130	62.3	50
East Darfor	41.6	859	55.4	357	35.4	224	54.1	79
Area								
Urban	12.0	6446	47.1	771	14.8	1966	50.7	290
Rural	35.8	16531	51.9	5912	38.7	4334	57.5	1676
Wealth index quintile								
Poorest	46.9	5353	51.4	2512	45.4	1337	56.6	607
Second	42.5	4942	53.0	2099	41.7	1320	54.4	550
Middle	29.4	4788	49.1	1407	38.9	1230	60.2	479
Fourth	11.4	4352	52.3	497	20.9	1210	55.4	253
Richest	4.8	3542	46.0	169	6.4	1204	52.0	77

() Figures that are based on 25-49 unweighted cases

Table ED.10: Summary of education indicators (ISCED^a)

Summary of education indicators classified according to the International Standard Classification of Education (ISCED), Sudan, 2014

	Primary school (ISCED 1)				Transition (ISCED 1 to 2)	Secondary school (ISCED 2+3)
	Percentage of children of primary school entry age entering grade 1 ¹	Net attendance ratio (adjusted) ²	Percent who reach grade 6 of those who enter grade 1 ³	Primary school completion rate ⁴	Transition rate to secondary school ⁵	Net attendance ratio (adjusted) ⁶
Sudan	36.8	68.1	88.5	86.9	96.2	30.8
Sex						
Male	36.1	68.7	88.5	86.5	95.4	30.2
Female	37.5	67.5	88.5	87.4	97.0	31.4
Gender parity index (GPI) ^{7, 8}	na	0.98	na	na	na	1.04
¹ MICS indicator 7.3 - Net intake rate in primary education ² MICS indicator 7.4; MDG indicator 2.1 - Primary school net attendance ratio (adjusted) ³ MICS indicator 7.6; MDG indicator 2.2 - Children reaching last grade of primary ⁴ MICS indicator 7.7 - Primary completion rate ⁵ MICS indicator 7.8 - Transition rate to secondary school ⁶ MICS indicator 7.5 - Secondary school net attendance ratio (adjusted) ⁷ MICS indicator 7.9; MDG indicator 3.1 - Gender parity index (primary school) ⁸ MICS indicator 7.10; MDG indicator 3.1 - Gender parity index (secondary school)						

^a ISCED 1 are *grades* 1-6, ISCED 2 are *grades* 7-9, and ISCED 3 are *grades* 10-12.

na: not applicable