

F1. Household questionnaire



HOUSEHOLD QUESTIONNAIRE

Multiple Indicators Clusters Survey in Kyrgyzstan

HOUSEHOLD INFORMATION PANEL		HH
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: ____ / ____ / 2014	HH7. REGIONS: BATKEN 1 DJALAL-ABAD 2 /SSYK-KUL 3 NARYN 4 OSH 5 TALAS..... 6 CHUI..... 7 BISHKEK C. 8 OSH C. 9	
HH6. AREA: Urban.....1 Rural.....2		

WE ARE FROM **the National Statistical Committee of the Kyrgyz Republic**. 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 **20** 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:
Completed01
No household member or no competent respondent at home at time of visit02
Entire household absent for extended period of time03
Refused04
Dwelling vacant / Address not a dwelling.....05
Dwelling destroyed.....06
Dwelling not found.....07
Other (specify) 96

After the household questionnaire has been completed, fill in the following information:
HH10. Respondent to Household Questionnaire: Name _____
HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____
HH14. Number of children under age 5: _____

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

HH18. Record the time.

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? 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 '95'.	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	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	—
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	—

						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? 98 DK 9998 DK		HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'.</i>	HL7. <i>Circle line no. if woman age 15-49.</i>	HL7B. <i>Circle line no. if age 0-4.</i>	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No <input type="checkbox"/> HL13 8 DK <input type="checkbox"/> HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If "Yes", record line no. of mother and go to HL13. If "No", record 00.</i>	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 <input type="checkbox"/> HL15 8 DK <input type="checkbox"/> HL15	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If "Yes", record line no. of father and go to HL15. If "No", record 00.</i>	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. <i>Record line no. of mother from HL12 if indicated.</i> <i>If HL12 is blank or '00' ask:</i> 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	Father		Mother
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	___
14		___	1 2	___	___	___	14	14	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
15		___	1 2	___	___	___	15	15	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, and each child under five in the household.

* Codes for HL3: Relationship to head of household:	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Spouse / Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

EDUCATION													ED		
			For household members age 5 and above			For household members age 5-24 years									
ED1 Line number	ED2. Name and age Copy from HL2 and HL6.		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED LAST? Level: 0 Preschool 1 Primary 2 L.Sec-ry 3 U.Sec-ry 4 Prof Prim 5 Prof Middle 6 Higher 8 DK	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK <i>If the first grade at this level is not completed, enter "00".</i>	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013- 2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↗ ED7	ED6. DURING 2013-2014 SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 L.Sec-ry 3 U.Sec-ry 4 Prof Primaryl 5 Prof Middle 6 Higher 8 DK <i>If level=0, skip to ED7.</i>		Grade: 98 DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012- 2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↗ Next Line 8 DK ↗ Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 L.Sec-ry 3 U.Sec-ry 4 Prof Primaryl 5 Prof Middle 6 Higher 8 DK <i>If level=0, go to next line.</i>		Grade: 98 DK		
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Yes	No	DK	Level	Grade
01			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
02			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
03			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
04			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
05			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
06			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
07			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
08			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
09			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
10			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
11			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
12			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
13			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
14			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 8	
15			1	2	0 1 2 3 4 5 6 8		1	2	0 1 2 3 4 5 6 8		1	2	8	0 1 2 3 4 5 6 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	— —
8	— —		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. <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="0"> <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>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</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																								
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																								
<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><i>If less than one hour, record "00"</i></p>	<p>Number of hours __ __</p>																									

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> <u>IN THE PAST MONTH</u> . <div style="text-align: right;">Yes No</div> <div> [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE. </div> <div> [B] EXPLAINED WHY <u>(name)</u>'S BEHAVIOUR WAS WRONG. </div> <div> [C] SHOOK HIM/HER. </div> <div> [D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER. </div> <div> [E] GAVE HIM/HER SOMETHING ELSE TO DO. </div> <div> [F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND. </div> <div> [G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT. </div> <div> [H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT. </div> <div> [I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS. </div> <div> [J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG. </div> <div> [K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD. </div>	<div> Took away privileges..... 1 2 </div> <div> Explained wrong behaviour..... 1 2 </div> <div> Shook him/her 1 2 </div> <div> Shouted, yelled, screamed 1 2 </div> <div> Gave something else to do 1 2 </div> <div> Spanked, hit, slapped on bottom with bare hand 1 2 </div> <div> Hit with belt, hairbrush, stick, or other hard object 1 2 </div> <div> Called dumb, lazy, or another name 1 2 </div> <div> Hit / slapped on the face, head or ears 1 2 </div> <div> Hit / slapped on hand, arm or leg 1 2 </div> <div> Beat up, hit over and over as hard as one could..... 1 2 </div>	
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
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Islam</i>1 <i>Christianity</i>2 <i>Buddhism</i>3 Other religion (<i>specify</i>) 6 Not a believer7 Doesn't want to declare.....8	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Kyrgyz</i>1 <i>Russian</i>2 <i>Uzbek</i>3 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand / Clay.....11 Dung12 Rudimentary floor Wood planks (non whittled)21 Reed22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips.....32 Ceramic tiles / stone tile33 Cement34 Carpet35 Asphalt.....36 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof.....11 Thatch / Rush12 Sod13 Rudimentary roofing Adobe21 Roofing paper22 Wood planks23 Cardboard.....24 Finished roofing Metal31 Wood32 Roofing slate/Calamine / Cement fibre..33 Ceramic tiles34 Cement/ concrete slab.....35 Roofing shingles/shingles.....36 Shifer.....37 Other (<i>specify</i>) 96	

HC5. Main material of the exterior walls. <i>Record observation.</i>	Natural walls No walls11 Cane /12 Clay.....13 Rudimentary walls Straw with mud21 Stone with mud22 Uncovered adobe23 Plywood24 Cardboard.....25 Reused wood (fibreboard)26 Finished walls Cement31 Stone with lime / cement32 Bricks33 Cement blocks34 Covered adobe35 Wood planks / shingles.....36 Other (<i>specify</i>) 96																						
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity01 Liquefied Petroleum Gas (LPG)02 Natural gas03 Biogas.....04 Kerosene05 Coal / Lignite.....06 Charcoal07 Wood08 Straw / Shrubs / Grass09 Animal dung.....10 Agricultural crop residue/stalk11 No food cooked in household95 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒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 kitchen1 Elsewhere in the house2 In a separate building3 Outdoors4 Other (<i>specify</i>) 6																						
HC8. DOES YOUR HOUSEHOLD HAVE: [A] ELECTRICITY? [B] A RADIO? [C] A TELEVISION? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR? [F] COMPUTER/NOTEBOOK/PLANSKET	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer/laptop</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television.....	1	2	Non-mobile telephone	1	2	Refrigerator.....	1	2	Computer/laptop	1	2	
	Yes	No																					
Electricity	1	2																					
Radio	1	2																					
Television.....	1	2																					
Non-mobile telephone	1	2																					
Refrigerator.....	1	2																					
Computer/laptop	1	2																					

[G] TABLE	Table.....	1	2	
[H] ARM CHAIR	Arm Chair.....	1	2	
[J] SOFA	Sofa	1	2	
[K] BED	Bed	1	2	
[L] CUPBOARD	Cupboard.....	1	2	
[M] FAN	Fan	1	2	
[N] WATER HEATER (FOR EXAMPLE, ARISTON)	Water Heater	1	2	
[O] THREE PHASE ELECTRICITY	Three phase electricity	1	2	
[P] WASHING MACHINE	Washing machine	1	2	
[R] AIR CONDITIONING	Air conditioning	1	2	
[S] CAMERA	Camera	1	2	
[T] MICROWAVE	Microwave	1	2	
[U] BATH IN HOUSE	Bath	1	2	
[W] TOILET IN HOUSE	Toilet	1	2	
HC8A. DOES THIS HOUSEHOLD HAVE :				
		Yes	No	
[A] CENTRALIZED HEATING SYSTEM	Centralized Heating.....	1	2	
[B] CENTRALIZED CANALIZATION SYSTEM	Centralized canalization...	1	2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:				
		Yes	No	
[A] A WATCH?	Watch.....	1	2	
[B] A MOBILE TELEPHONE?	Mobile telephone	1	2	
[C] A BICYCLE?	Bicycle	1	2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter	1	2	
[E] AN ANIMAL-DRAWN CART?	Animal-drawn cart.....	1	2	
[F] A CAR ?	Car	1	2	
[G] A BOAT WITH A MOTOR?	Boat with motor.....	1	2	
[H] TRACTOR OR OTHER MACHINERY FOR HOUSEHOLD	Tractor or other household Machinery	1	2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?				
	Own	1		
	Rent	2		
<i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>	Other (<i>specify</i>)	6		
<i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i>				

HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes.....1 No2	2⇒HC13
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If 1 hectare or more, circle '1' and record hectares.</i> <i>If 95 or more hectares, circle '1' and record '95'.</i> <i>If less than 1 hectare, circle '2' and record in ares.</i> <i>If less than 1 are, circle '2' and record '00'.</i> <i>If unknown, record '998'.</i> <i>100 Ares = 1 Hectare</i>	Hectares 1 ____ ____ Ares 2 ____ ____ DK..... 998	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes.....1 No2	2⇒HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? <i>If none, record "00". If 95 or more, record "95".</i> <i>If unknown, record "98".</i>	Cattle, milk cows, or bulls..... ____ ____ Horses, donkeys..... ____ ____ Goats ____ ____ Sheep ____ ____ Chickens..... ____ ____ Pigs..... ____ ____	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes.....1 No2	

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 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 (cesspool) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where..... 15 Pit latrine (cesspool) Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit..... 23 Composting toilet 31 Bucket 41 Hanging toilet, Hanging latrine 51 No facility, Bush, Field..... 95 Other (<i>specify</i>) 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No 2	2⇒Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) 1 Public facility..... 2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ____ Ten or more households 10 DK 98	

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. Observe presence of water at the place for handwashing. <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. Is soap, detergent or ash/mud/sand present at the place for handwashing?	Yes, present 1 No, not present 2	 2 ⇨ HW4
HW3B. Record your observation. <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	A ⇨ HH19 B ⇨ HH19 C ⇨ HH19 D ⇨ HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes 1 No 2	 2 ⇨ HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown 1 No, not shown 2	 2 ⇨ HH19
HW5B. Record your observation. <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	
HH19. Record the time	Hour and minutes :	

SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house..... 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), men (HH13A), 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

F2 Questionnaire for Individual Women (age 15-49)



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

Multiple Indicator Cluster Survey in Kyrgyzstan

WOMAN'S INFORMATION PANEL		WM
<p><i>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.</i></p>		
WM1. Cluster number: <div style="text-align: right;">_ _ _ _</div>	WM2. Household number: <div style="text-align: right;">_ _ _ _</div>	
WM3. Woman's name: Name _____	WM4. Woman's line number: <div style="text-align: right;">_ _ _ _</div>	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: <div style="text-align: right;">_ _ _ / _ _ _ / 2 0 1 4</div>	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM National Statistical Committee. 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 25 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 woman, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 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
---	---

WM8. Field editor's name and number: Name _____	WM9. Main data entry clerk's name and number: Name _____
---	--

MT1. Check WB7:

- ☐ Question left blank (Respondent has secondary or higher education) ⇒ Continue with MT2.
- ☐ Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2.
- ☐ Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3.

MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Almost every day..... 1
At least once a week 2
Less than once a week..... 3
Not at all 4

MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Almost every day..... 1
At least once a week 2
Less than once a week..... 3
Not at all 4

MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Almost every day..... 1
At least once a week 2
Less than once a week..... 3
Not at all 4

MT5. Check WB2: Age of respondent?

- ☐ Age 15-24 ⇒ Continue with MT6.
- ☐ Age 25-49 ⇒ Go to Next Module.

MT6. HAVE YOU EVER USED A COMPUTER?

Yes 1
No 2

2⇒MT9

MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?

Yes 1
No 2

2⇒MT9

MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Almost every day..... 1
At least once a week 2
Less than once a week..... 3
Not at all 4

MT9. HAVE YOU EVER USED THE INTERNET?

Yes 1
No 2

2⇒Next
Module

MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?

Yes 1
No 2

2⇒ Next
Module

If necessary, probe for use from any location, with any device.

MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?

Almost every day..... 1
At least once a week 2
Less than once a week..... 3
Not at all 4

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> <div style="margin-left: 40px;"> <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> </div> <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 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? 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? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	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? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? 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 Yes 2 No	
		S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N	
01		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ Next Line	Days 1 Months 2 Years 3	___		
02		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
03		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
04		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
05		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
06		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
07		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	

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 HLI)</i> <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? <i>If "1 year", probe:</i> HOW MANY MONTHS OLD WAS (name)? <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	
08		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
09		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
10		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
11		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
12		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
13		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
14		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒ BH10	Days 1 Months 2 Years 3	___	1 2 Add Birth Next Birth	
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.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>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.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>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⇒MN17												
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Other (specify) X													
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												

<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p>Probe: ANYONE ELSE?</p> <p>Probe for the type of person assisting and circle all answers given.</p> <p>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</p>	<p>Health professional:</p> <p>Doctor.....A</p> <p>Nurse / MidwifeB</p> <p>Auxiliary midwifeC</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative / FriendH</p> <p>Other (specify)X</p> <p>No one.....Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p>Probe to identify the type of source.</p> <p>If unable to determine whether public or private, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital/maternity 21</p> <p>Government clinic / health centre 22</p> <p>Government health post..... 23</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic 32</p> <p>Private maternity home 33</p> <p>Other private medical (specify) 36</p> <p>Other (specify) 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒MN20</p>
<p>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before..... 1</p> <p>After..... 2</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1</p> <p>Larger than average..... 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>DK 8</p>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>

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
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? <i>If less than 1 hour, record “00” hours.</i> <i>If less than 24 hours, record hours.</i> <i>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
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 / Infusions.....H HoneyI Other (<i>specify</i>) _____X	

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.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>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 31-36) ⇒ 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.</i> <i>If less than one week, record days.</i> <i>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 / MidwifeB Auxiliary midwifeC Other person Traditional birth attendantF Community health workerG Relative / FriendH 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 Private maternity home 33 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
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
PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes 1 No 2	2⇒Next Module

PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once..... 1 More than once 2	1⇒PN21A 2⇒PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	Hours..... 1 __ __ Days 2 __ __ Weeks 3 __ __ DK / Don't remember 998	
PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	Health professional Doctor.....A Nurse / MidwifeB Auxiliary midwifeC Other person Traditional birth attendantF Community health workerG Relative / FriendH Other (<i>specify</i>)X	
PN23. 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> _____ (<i>Name of place</i>)	Home Respondent's home 11 Other home 12 Public sector Government hospital 21 Government clinic / health centre 22 Government health post..... 23 Other public (<i>specify</i>) 26 Private medical sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	

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. I WOULD LIKE TO TALK WITH YOU ABOUT
ANOTHER SUBJECT – FAMILY PLANNING.

HAVE YOU HEARD OF :

[A] FEMALE STERILIZATION?

Probe: WOMEN CAN HAVE AN OPERATION TO
AVOID HAVING ANY MORE CHILDREN.

Yes.....1

No2

[B] MALE STERILIZATION?

Probe: MEN CAN HAVE AN OPERATION TO AVOID
HAVING ANY MORE CHILDREN.

Yes.....1

No2

[C] IUD?

Probe: WOMEN CAN HAVE A LOOP OR COIL
PLACED INSIDE THEM BY A DOCTOR OR A
NURSE.

Yes.....1

No2

[D] INJECTABLES?

Probe: WOMEN CAN HAVE AN INJECTIONBY A
HEALTH PROVIDER THAT STOPS THEM FROM
BECOMING PREGNANT FOR ONE OR MORE
MONTHS.

Yes.....1

No2

[E] IMPLANTS?

Probe: WOMEN CAN HAVE ONE OR MORE SMALL
RODS PLACED IN THEIR UPPER ARM BY A
DOCTOR OR NURSE WHICH CAN PREVENT
PREGNANCY FOR ONE OR MORE YEARS.

Yes.....1

No2

[F] PILL?

Probe: WOMEN CAN TAKE A PILL EVERY DAY TO
AVOID BECOMING PREGNANT.

Yes.....1

No2

[G] CONDOM?

Probe: MEN CAN PUT A RUBBER SHEATH ON
THEIR PENIS BEFORE SEXUAL
INTERCOURSE.

Yes.....1

No2

[H] FEMALE CONDOM?

Probe: WOMEN CAN PLACE A SHEATH IN THEIR
VAGINA BEFORE SEXUAL INTERCOURSE.

Yes.....1

No2

[I] DIAPHRAGM?

Probe: WOMEN CAN INSERT A SOFT RUBBER CUP
IN THEIR VAGINA TO BLOCK THE SPERM FROM
ENTERING THEIR UTERUS OR FALLOPIAN
TUBES.

Yes.....1

No2

[J] FOAM / JELLY?

Probe: WOMEN MAY USE SPERMICIDAL
PRODUCTS (E.G. FOAM, JELLY, CREAM) THAT
CAN KILL OR PREVENT THE SPERM FROM
MOVING AND REACHING THE EGG.

Yes.....1

No2

[K] LACTATIONAL AMENORRHOEA METHOD
(LAM)?

Yes.....1

No2

<p>[L] PERIODIC ABSTINENCE / RHYTHM METHOD? <i>Probe: TO AVOID PREGNANCY, WOMEN DO NOT HAVE SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH THEY THINK THEY CAN GET PREGNANT.</i></p> <p>[M] WITHDRAWAL? <i>Probe: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</i></p> <p>[N] EMERGENCY / POSTCOITAL CONTRACEPTION? <i>Probe: AS AN EMERGENCY MEASURE, WITHIN THREE DAYS AFTER THEY HAVE UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY.</i></p> <p>[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?</p>	<p>Yes.....1 No2</p> <p>Yes.....1 No2</p> <p>Yes.....1 No2</p> <p>Yes.....1 _____ <i>(specify)</i> _____ <i>(specify)</i> No2</p>	
<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant1 No2 Unsure or DK.....8</p>	<p>1⇒CP2A</p>
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes.....1 No2</p>	<p>1⇒CP3</p>
<p>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes.....1 No2</p>	<p>1⇒Next module 2⇒Next module</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization.....A Male sterilization.....B IUD.....C InjectablesD ImplantsE PillF Male condomG Female condom.....H DiaphragmI Foam / JellyJ Lactational amenorrhoea method (LAM).....K Periodic abstinence / Rhythm.....L WithdrawalM Other (<i>specify</i>)X</p>	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2. <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5.		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes 1 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
UN5. Check CP3: Currently using "Female sterilization"? <input type="checkbox"/> Yes ⇒ Go to UN13. <input type="checkbox"/> No ⇒ Continue with UN6.		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None 2 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 After marriage 995 Other 996 DK 998	994⇒UN11
UN8. Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13. <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9.		

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	

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling.....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him.....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8
[F] IF SHE NEGLECTS HOUSEWORK (HOUSEKEEPING, LAUNDRY, CARE AFTER ANIMALS)	Neglects housework.....	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married1 Yes, living with a man.....2 No, not in union3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes1 No2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number.....__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married1 Yes, formerly lived with a man2 No3	3⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced2 Separated3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once.....2	1⇒MA8A 2⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	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/PARTNER?	Age in years.....__ __	

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⇒Next Module																
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																	
HA6A. CAN PEOPLE GET THE AIDS VIRUS THROUGH SALIVA BY KISSING SOMEONE INFECTED WITH THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8																	
HA6B. CAN PEOPLE GET THE AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH AIDS?	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 or C)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B or C) ⇒ 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	Yes 1 No 2	2⇒HA24																				

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

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes1 No2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette00 Age ____ ____	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes1 No2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____ ____	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i>	Number of days0 ____ 10 days or more but less than a month10 Every day / Almost every day30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes1 No2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes1 No2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	CigarsA Water pipeB CigarillosC PipeD Other (<i>specify</i>)X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i>	Number of days0 ____ 10 days or more but less than a month10 Every day / Almost every day30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes1 No2	2⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes1 No2	2⇒TA14

<p>TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco A Snuff B Dip C Other (<i>specify</i>) X</p>	
<p>TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i></p>	<p>Number of days 0 ____ 10 days or more but less than a month..... 10 Every day / Almost every day..... 30</p>	
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol 00 Age ____ ____</p>	<p>00⇒Next Module</p>
<p>TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00". If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i></p>	<p>Did not have one drink in last one month.. 00 Number of days 0 ____ 10 days or more but less than a month..... 10 Every day / Almost every day..... 30</p>	<p>00⇒Next Module</p>
<p>TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks ____ ____</p>	

LIFE SATISFACTION
LS
LS1. Check WB2: Age of respondent is between 15 and 24?

☐ Age 25-49 ⇒ Go to WM11.

☐ Age 15-24 ⇒ Continue with LS2.

LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.

FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.

Very happy 1
Somewhat happy 2
Neither happy nor unhappy 3
Somewhat unhappy 4
Very unhappy 5

LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied 5

LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied 5

LS5. DURING THE **current / 2013-2014** SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

Yes 1
No 2

2⇒LS7

LS6. HOW SATISFIED (*are/were*) YOU WITH YOUR SCHOOL?

Very satisfied 1
Somewhat satisfied 2
Neither satisfied nor unsatisfied 3
Somewhat unsatisfied 4
Very unsatisfied 5

LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that she does not have a job, circle "0" and continue with the next question. Do not probe to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job 0 Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that she does not have any income, circle "0" and continue with the next question. Do not probe to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income 0 Very satisfied..... 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5	
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENE, OVERALL?	Improved 1 More or less the same..... 2 Worsened 3	
LS15. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better..... 1 More or less the same..... 2 Worse 3	

WM11. <i>Record the time.</i>	Hour and minutes__ __ : __ __	
--------------------------------------	-------------------------------------	--

<p>WM12. <i>Check List of Household Members, columns HL7B and HL15:</i> <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>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.</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>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.</i></p>
--

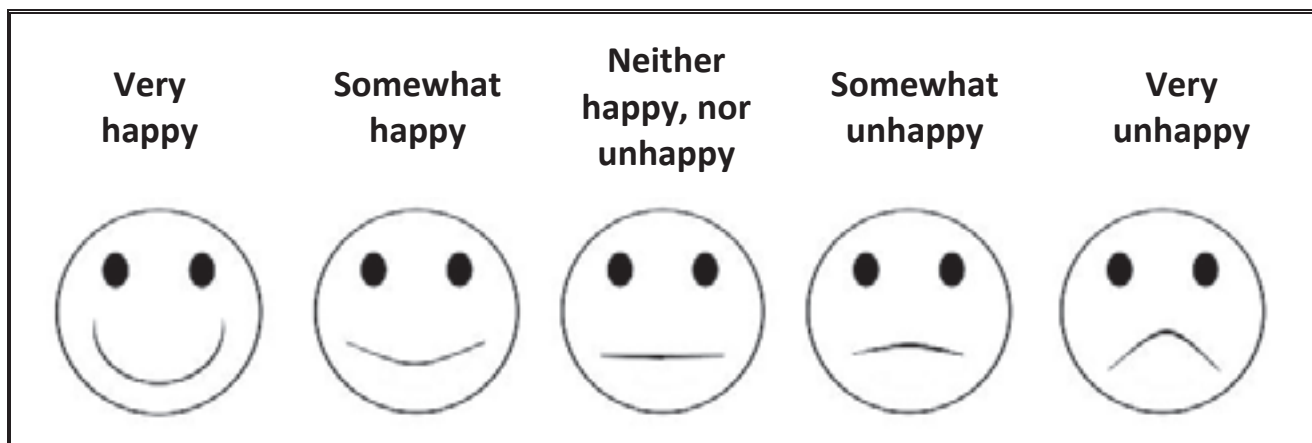
Interviewer’s Observations

Field Editor’s Observations

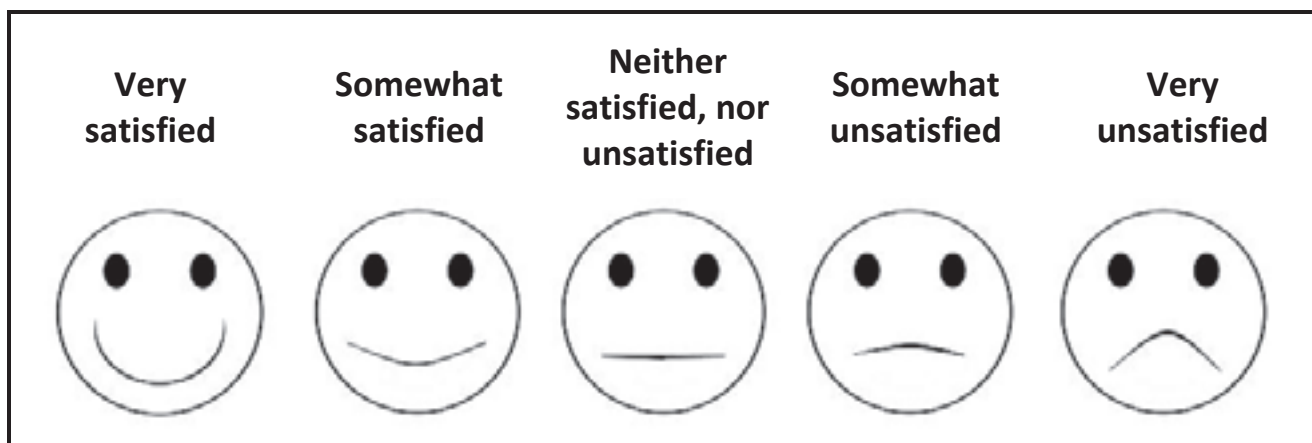
Supervisor’s Observations

RESPONSE CARD:

SIDE 1



SIDE 2



Examples for reading

Бала китеп окуп жатат. Ушул жылы жаандар кеч башталды. Ата-эне өз балдарын жакшы көрүшү керек.

Ребенок читает книгу. В этом году дожди начались поздно. Родители должны любить своих детей.

Sen bilan vaqtimni yaxshi o'tkazdim. Vaqti-vaqti bilan menga yozishni unutma. Mamlakatingizga mamnuniyat bilan yana kelaman.

Агар шумо ба мо ҳамроҳ мешудед, якҷоя ба Қасри санъат рафта марҳилаи хотимагии конкурса ҳаваскорони санъати халқиро тамошо мекардем (Если бы вы составили нам компанию, вместе пошли бы во Дворец искусств смотреть заключительный тур конкурса любителей народного искусства).

Вә зә бу на жә щин хуан ниди лын щё -我再不拿热心换你的冷笑

F3. Questionnaire for Children Under Five



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Multiple Indicators Clusters Survey in Kyrgyzstan

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>		
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: _____ / _____ / 2 0 1 4	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM National Statistical Committee. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 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 (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 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>	

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed01 Not at home02 Refused03 Partly completed.....04 Incapacitated05 Other (<i>specify</i>) 96
---	--

UF10. Field editor's name and number: Name _____	UF11. Main data entry clerk's name and number: Name _____
--	---

UF12. Record the time.

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		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen.....1	1⇒Next Module
	Yes, not seen.....2	2⇒Next Module
	No3	
	DK.....8	
BR2. HAS <i>(name)</i>'S BIRTH BEEN REGISTERED WITH the civil authorities (ZAGS, local authorities office) ?	Yes.....1	1⇒Next Module
	No2	
	DK.....8	
BR3. DO YOU KNOW HOW TO REGISTER <i>(name)</i>'S BIRTH?	Yes.....1	
	No2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None00 Number of children's books0 ____ Ten or more books10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: <div style="text-align: right; margin-right: 50px;">Y N DK</div> [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>	Homemade toys1 2 8 Toys from a shop1 2 8 Household objects or outside objects1 2 8	
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (name): [A] LEFT ALONE FOR MORE THAN AN HOUR? [B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? <i>If 'none' enter '0'. If 'don't know' enter '8'.</i>	Number of days left alone for more than an hour ____ Number of days left with other child for more than an hour ____	
EC5. DOES (name) 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	
EC4. Check AG2: Age of child. <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module. <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC7.		

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
	Mother	Father	Other	No one																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (name)'S DEVELOPMENT.</p> <p>CAN (name) IDENTIFY OR NAME TEN OR MORE LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				

EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes1 No2 DK.....8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No2 DK.....8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No2 DK.....8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes1 No2 DK.....8	

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 CARE OF ILLNESS 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:		
[A] PLAIN WATER?	Plain water 1 2 8	
[B] JUICE OR JUICE DRINKS?	Juice or juice drinks 1 2 8	
[C] SHORPO, CLEAR BROTH OR CLEAR SOUP?	Soup 1 2 8	
[D] MILK SUCH AS TINNED, POWDERED, OR PURE 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 (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. DID (name) EAT (Name of food) YESTERDAY DURING THE DAY OR THE NIGHT:				
		Yes	No	DK
[A] YOGURT, KEFIR, AIRAN, BIOLAKT?	Yogurt, kefir, airan, biolakt	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt ____			
[B] ANY commercially fortified baby food like Nestle, NAN, malysh ?	Nestle, NAN, Malysh, Malutka, etc	1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS?	Pumpkin, carrots.	1	2	8
[E] WHITE POTATOES, CULTIVATED CABBAGE, TURNIP (RADISH), OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, cultivated cabbage, turnip (radish), etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] DRIED APRICOTS, PERSIMMON?	dried apricots, persimmon	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk	1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED? (Specify)_____	Other solid, semi-solid, or soft food	1	2	8
BD9. Check BD8 (Categories “A” through “O”). <input type="checkbox"/> At least one “Yes” or all “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 (name) 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										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-IM16 will only be asked if a card is not available.</i>										
IM1. DO YOU HAVE A CARD AT HOME 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										
HEPB AT BIRTH HEP0										
POLIO AT BIRTH OPV0										
POLIO 1 OPV1										
POLIO 2 OPV2										
POLIO 3 OPV3										
VACCINATION AGAINST WHOOPING COUGH, DIPHTHERIA AND TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B - PENTA-1										
VACCINATION AGAINST WHOOPING COUGH, DIPHTHERIA AND TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B - PENTA-2										
VACCINATION AGAINST WHOOPING COUGH, DIPHTHERIA AND TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B - PENTA-3										
MEASLES (OR MMR OR MR) MEASLES										
IM4. Check IM3. Are all vaccines (BCG to Measles) recorded? <input type="checkbox"/> Yes ⇒ Go to Next Module. <input type="checkbox"/> No ⇒ Continue with IM5.										

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID <i>(name)</i> RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?		
<input type="checkbox"/> <i>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 Next Module.</i>		
<input type="checkbox"/> <i>No/DK ⇒ Go to Next Module.</i>		
IM6. HAS <i>(name)</i> 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⇒NEXT MODULE 8⇒NEXT MODULE
IM7. HAS <i>(name)</i> EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	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 DK 8	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times..... ____	
IM11. HAS <i>(name)</i> EVER RECEIVED A PENTA VACCINATION (AKDS+VGV+HIB) – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B AND HAEMOPHILUS INFLUENZAE? <i>Probe by indicating that Penta vaccination (AKDS+VGV+HIB) is sometimes given at the same time as Polio.</i> <i>English acronyms:</i> (AKDS+VGV+HIB) = DPT Vaccine	Yes 1 No 2 DK 8	2⇒IM14 8⇒IM14
IM12. HOW MANY TIMES WAS THE PENTA VACCINE RECEIVED?	Number of times..... ____	
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH	Yes 1 No 2 DK 8	
IM16. HAS <i>(name)</i> EVER RECEIVED A MEASLES CONTAINING INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES.	Yes 1 No 2 DK 8	
IM20. Issue a QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY for this child. Complete the Information Panel on that Questionnaire and go to Next Module.		

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK 8	2⇒CA6A 8⇒CA6A
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 Family medicine centre B Family group practitioners C Feldsher Accoucher Point 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 REGIDRON OR REGIVIT?</p> <p>(HERE A RUSSIAN TRANSLATION IS ALSO ADDED IN ORDER TO MAKE THE QUESTION CLEARER)</p>	<p style="text-align: right;">Y N DK</p> <p>Regidron or Regivit based fluid 1 2 8</p>	
<p>CA4A. Check CA4: ORS.</p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' 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>Family medicine centre 12</p> <p>Family group practitioners 13</p> <p>Feldsher Accoucher Point 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>Family medicine centre 12</p> <p>Family group practitioners 13</p> <p>Feldsher Accoucher Point 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>CA4F. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) 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] Boiled water ?</p> <p>[B] Rice water ?</p> <p>[C] Cultured milk foods (airan, kefir) ?</p>	<p style="text-align: right;">Y N DK</p> <p>A) Boiled water? 1 2 8</p> <p>B) Rice water? 1 2 8</p> <p>C) Airan, kefir? 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⇒CA6A</p> <p>8⇒CA6A</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 (antiemetic) B</p> <p>Other pill or syrup (bifidumbakterin, laktovit-forte, lyneks, laktogy) 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>	

CA6A. IN THE LAST TWO WEEKS, HAS <i>(name)</i> BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK 8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS <i>(name)</i> HAD AN ILLNESS WITH A COUGH?	Yes 1 No 2 DK 8	2⇒CA9A 8⇒CA9A
CA8. WHEN <i>(name)</i> HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes 1 No 2 DK 8	2⇒CA10 8⇒CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only 1 Blocked or runny nose only 2 Both 3 Other (<i>specify</i>) 6 DK 8	1⇒CA10 2⇒CA10 3⇒CA10 6⇒CA10 8⇒CA10
CA9A. Check CA6A: Had fever? <input type="checkbox"/> Child had fever ⇒ Continue with CA10. <input type="checkbox"/> Child did not have fever ⇒ Go to CA14.		
CA10. DID YOU SEEK ANY 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 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 Family medicine centre B Family group practitioners C Feldsher Accoucher Point 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	
CA12. AT ANY TIME DURING THE ILLNESS, WAS <i>(name)</i> GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes 1 No 2 DK 8	2⇒CA14 8⇒CA14

<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Probe:</i></p> <p>ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotics:</p> <p>Pill / Syrup I</p> <p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen . P</p> <p>Aspirin..... Q</p> <p>Ibuprofen R</p> <p>Lytic mixture S</p> <p>(analgin+iphenhydramine hydrochloride+novocaine)</p> <p>Other (specify) X</p> <p>DK Z</p>	
<p>CA13A. Check CA13: Antibiotic mentioned (codes I or J)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA13B.</p> <p><input type="checkbox"/> No ⇒ Go to CA13C.</p>		
<p>CA13B. WHERE DID YOU GET THE (name of medicine from CA13)?</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>Family medicine center 12</p> <p>Faily Group practitioners 13</p> <p>Feldsher Accoucher Point 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (specify) 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 (specify) 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 (specify) 96</p>	
<p>CA14. Check AG2: Age of child.</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15.</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13.</p>		
<p>CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine 01</p> <p>Put / Rinsed into toilet or latrine 02</p> <p>Put / Rinsed into drain or ditch 03</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried 05</p> <p>Left in the open..... 06</p> <p>Other (specify) 96</p> <p>DK 98</p>	

UF13. <i>Record the time.</i>	Hour and minutes__ __ : __ __
--------------------------------------	-------------------------------------

<p>UF14. <i>Check List of Household Members, columns HL7B and HL15.</i></p> <p><i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household.</i></p> <p><i>Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.</i></p>

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.</p>		
AN1. Measurer's name and code	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	
AN3A. Was the child undressed to the minimum? <input type="checkbox"/> Yes. <input type="checkbox"/> No, the child could not be undressed to the minimum.		
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	⇒ AN6
AN4A. How was the child actually measured? Lying down or standing up?	Lying down..... 1 Standing up..... 2	

AN6. Is there another child in the household who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ Check if there are any other individual questionnaires to be completed in the household.
--

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

F4. Questionnaire Form for Vaccination Records at Health Facility



QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY

Kyrgyzstan 2014

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations and Vitamin A supplementation for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i></p>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name: Name _____	HF4. Child's line number: _____	
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: _____	
HF7. Interviewer's name and number: Name _____	HF8. Day / Month / Year of facility visit: _____ / _____ / 201 _____	
HF9. Day, month and year of birth (From AG1 in Questionnaire for Children Under-5) _____ / _____ / 201 _____	HF10. Name of health facility: _____	

HF11. Result of health facility visit	Vaccination record seen 01
	Vaccination record not seen 02
	Other (specify) _____ 96

HF11A. Field editor's name and number: Name _____	HF11B. Main data entry clerk's name and number: Name _____
--	---

IMMUNIZATION										HF
HF12. Record day, month and year of birth as written on vaccination record				____ / ____ / 2 0 1 ____						
HF13. (c) Copy dates for each vaccination from the card. (d) Write '44' in day column if card shows that vaccination was given but no date recorded.				Date of Immunization						
				Day	Month		Year			
BCG	BCG									
HEPB AT BIRTH	HEP0									
POLIO AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
AGAINST PERTUSSIS, DIPHTHERIA, TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZA TYPE-B (AS PART OF PENTAVALENT VACCINE)		PENTA-1								
AGAINST PERTUSSIS, DIPHTHERIA, TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZA TYPE-B (AS PART OF PENTAVALENT VACCINE)		PENTA-2								
AGAINST PERTUSSIS, DIPHTHERIA, TETANUS, HEPATITIS B AND HAEMOPHILUS INFLUENZA TYPE-B (AS PART OF PENTAVALENT VACCINE)		PENTA-3								
MEASLES (MEASLES, MUMPS AND RUBELLA)		MEASLES								