

Appendix F. Questionnaires

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL

HH

HH1. Enumeration area number: _____	HH2. Household number _____
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____
HH5. Day / Month / Year of interview: ____ / ____ / ____	
HH6. Area: Urban..... 1 Rural..... 2	HH7. Region: HH7A. LGA: _____ HH7B. District: _____ HH7C. Settlement: _____ HH7D. PHC/NON-PHC: _____

WE ARE FROM VARIOUS GOVERNMENT DEPARTMENTS/ INSTITUTIONS (GAMBIA BUREAU OF STATISTICS, MOH & SW, MOBSE, WOMEN'S BUREAU, DEPT. OF COMMUNITY DEVELOPMENT, ETC.). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 1HR. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW?

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

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

HH8. Name of head of household: _____	
HH9. Result of household interview: Completed..... 1 No household member or no competent respondent at home at time of visit 2 Entire household absent for extended period of time..... 3 Refused..... 4 Dwelling vacant / Address not a dwelling 5 Dwelling destroyed 6 Dwelling not found 7 Other (specify)..... 9	HH10. Respondent to household questionnaire: Name: _____ Line number: ____
HH11. Total number of household members ____	
HH12. Number of women age 15-49 years: ____	HH13. Number of woman's questionnaires completed: ____
HH14. Number of children under age 5: ____	HH15. Number of under-5 questionnaires completed ____
HH16. Field edited by (Name and number): Nom _____	HH17. Data entry clerk (Name and number): Nom _____

HOUSEHOLD LISTING FORM

HL

HH18.
Record the time:
Hour ---
Minutes ---

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

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

				For women age 15-49	For children age 5-14	For children under age 5	For all household members	For children age 0-17 years									
HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"				
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Y	N	DK	Mother	Y	N	DK	Father
01		0 1	1	2	---	---	---	01	---	1	2	---	---	1	2	8	---
02		---	1	2	---	---	---	02	---	1	2	---	---	1	2	8	---
03		---	1	2	---	---	---	03	---	1	2	---	---	1	2	8	---
04		---	1	2	---	---	---	04	---	1	2	---	---	1	2	8	---
05		---	1	2	---	---	---	05	---	1	2	---	---	1	2	8	---
06		---	1	2	---	---	---	06	---	1	2	---	---	1	2	8	---
07		---	1	2	---	---	---	07	---	1	2	---	---	1	2	8	---
08		---	1	2	---	---	---	08	---	1	2	---	---	1	2	8	---
09		---	1	2	---	---	---	08	---	1	2	---	---	1	2	8	---

HOUSEHOLD LISTING FORM (cont.)

HL

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	For women age 15-49	For children age 5-14	For children under age 5	For all household members	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No ⁵ HL13 8 DK ⁵ HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No ⁵ Next Line 8 DK ⁵ Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"
Line	Name	Relation*	M F	Month	Year	Age	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
10		0 1	1 2	---	---	10	---	---	1 2	1 2 8	---	1 2 8	---
11		---	1 2	---	---	11	---	---	1 2	1 2 8	---	1 2 8	---
12		---	1 2	---	---	12	---	---	1 2	1 2 8	---	1 2 8	---
13		---	1 2	---	---	13	---	---	1 2	1 2 8	---	1 2 8	---
14		---	1 2	---	---	14	---	---	1 2	1 2 8	---	1 2 8	---
15		---	1 2	---	---	15	---	---	1 2	1 2 8	---	1 2 8	---

Tick here if additional questionnaire used ☐

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster / Stepchild
02 Wife / Husband	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Not related
03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative	98 Don't know

EDUCATION

ED

For household members age 3 and above				For household members age 3-24 years							
ED1. Line No.	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 NO Next Line	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2009-2010) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ED7	ED6. During this/that school year, which level and grade is/was (NAME) attending?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008-2009), 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?				
Line	Name	Age	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		—	1	2		—	1	2	8		—
02		—	1	2		—	1	2	8		—
03		—	1	2		—	1	2	8		—
04		—	1	2		—	1	2	8		—
05		—	1	2		—	1	2	8		—
06		—	1	2		—	1	2	8		—
07		—	1	2		—	1	2	8		—
08		—	1	2		—	1	2	8		—
09		—	1	2		—	1	2	8		—
10		—	1	2		—	1	2	8		—
11		—	1	2		—	1	2	8		—
12		—	1	2		—	1	2	8		—
13		—	1	2		—	1	2	8		—
14		—	1	2		—	1	2	8		—
15		—	1	2		—	1	2	8		—

WATER AND SANITATION

WS

WS1	WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap / standpipe 14 Tube Well, Borehole..... 21 Dug well Protected well 31 Unprotected well 32 Rainwater collection..... 51 Tanker-truck..... 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (specify)..... 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2	WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap / standpipe 14 Tube Well, Borehole..... 21 Dug well Protected well 31 Unprotected well 32 Rainwater collection..... 51 Tanker-truck..... 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (specify)..... 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3	WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot..... 2 Elsewhere..... 3	1⇒WS6 2⇒WS6
WS4	HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes __ __ __ DK..... 998	
WS5	WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? Probe: 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? Probe: ANYTHING ELSE? Record all items mentioned.	Boil A Add bleach / chlorine..... B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection..... E Let it stand and settle F Other (specify)..... X DK..... Z	

WS8	WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO? If necessary, ask permission to observe the facility.	Flush / Pour flush Flush to piped sewer system11 Flush to septic tank12 Flush to pit (latrine)13 Flush to somewhere else14 Flush to unknown place / Not sure / DK where15 Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab22 Pit latrine without slab / Open pit23 Composting toilet31 Bucket41 Hanging toilet, Hanging latrine.....51 No facility, Bush, Field95 Other (specify) 96	95⇒Next Module
WS8A	IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, YOUR U=YARD OR ELSEWHERE?	In own dwelling1 In own yard / plot.....2 Elsewhere.....3	
WS9	DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes.....1 No.....2	2⇒Next Module
WS10	DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public)1 Public facility.....2	2⇒Next Module
WS11	HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households 10 DK..... 98	

HOUSEHOLD CHARACTERISTICS

HC

HC1A	WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Islam1 Christianity2 Other religion (specify) 6 No religion7	
HC1C	TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Mandinka/Jahanka01 Wolof.....02 Jola/Karoninka03 Fula/Tukulur/Lorobo04 Serere05 Serahuleh.....07 Creole&Aku Marabou.....08 Manjago09 Bambara10 Non-Gambian.....11 Other ethnic group (specify) 96	
HC2	HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	

HC3	Main material of the dwelling floor. Record observation.	Natural floor Earth / Sand.....11 Dung.....12 Rudimentary floor Wood planks21 Palm / Bamboo.....22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips.....32 Ceramic tiles33 Cement.....34 Carpet.....35 Other (specify).....96	
HC4	Main material of the roof. Record observation.	Natural roofing No Roof.....11 Thatch / Palm leaf.....12 Sod.....13 Rudimentary Roofing Rustic mat.....21 Palm / Bamboo.....22 Wood planks23 Cardboard.....24 Finished roofing Metal31 Wood32 Calamine / Cement fibre.....33 Ceramic tiles34 Cement/Concrete.....35 Roofing shingles.....36 Corrugated Iron/Asbestos.....37 Other (specify)96	
HC5	Main material of the exterior walls. Record observation.	Natural walls No walls.....11 Cane / Palm / Trunks.....12 Dirt.....13 Rudimentary walls Bamboo with mud.....21 Stone with mud22 Uncovered adobe.....23 Plywood24 Cardboard.....25 Reused wood.....26 Mud/Krinting27 Finished walls Cement.....31 Stone with lime / cement32 Bricks33 Cement blocks34 Covered adobe.....35 Wood planks / shingles36 Other (specify)96	

HC6	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity	01	01⇒HC8
		Liquefied Petroleum Gas (LPG)	02	02⇒HC8
		Natural gas	03	03⇒HC8
		Biogas.....	04	04⇒HC8
		Kerosene	05	05⇒HC8
		Coal / Lignite.....	06	
		Charcoal	07	
		Wood/Fuelwood	08	
		Straw / Shrubs / Grass	09	
		Animal dung	10	
		Agricultural crop residue	11	
		No food cooked in household.....	95	95⇒HC8
		Other (specify)	96	
HC7	IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house		
		In a separate room used as kitchen.....	1	
		Elsewhere in the house	2	
		In a separate building	3	
		Outdoors	4	
HC8	DOES YOUR HOUSEHOLD HAVE:	Other (specify)	6	
HC9	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:			
HC10	DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? If "Rented from someone else", circle "2". For other responses, circle "6".			
HC11	DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes.....	1	
		No.....	2	2⇒HC13
HC12	HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.			

HC13	DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes.....1 No.....2	2⇒HC15
HC14	HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.	Cattle, milk cows, or bulls Horses, donkeys, or mules Goats Sheep Chickens Pigs.....	
HC15	DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes1 No2 DK.....8	

INSECTICIDE TREATED NETS

TN

TN1	DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No.....2	2⇒Next Module
TN2	HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets.....	
TN2A	HOW MANY BEDS DO YOU HAVE IN THE HOUSEHOLD?	Number of beds.....	
TN3	Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

		1 st Net	2 nd Net	3 rd Net
TN4	Mosquito net observed?	Observed1 Not observed2	Observed1 Not observed2	Observed1 Not observed2
TN5	Observe or ask the brand/type of mosquito net If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent	PERMANENT' NET Conical11 Rectangular12 Other(specify)16 'PRETREATED' NET (Ordinary) Conical21 Rectangular22 Other(specify)26 Dk brand28 OTHER31 NOT SURE98	PERMANENT' NET Conical11 Rectangular12 Other(specify)16 'PRETREATED' NET (Ordinary) Conical21 Rectangular22 Other(specify)26 Dk brand28 OTHER31 NOT SURE98	PERMANENT' NET Conical11 Rectangular12 Other(specify)16 'PRETREATED' NET (Ordinary) Conical21 Rectangular22 Other(specify)26 Dk brand28 OTHER31 NOT SURE98
TN6	HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? If less than one month, record "00"	Months ago More than 36 mo. ago95 DK / Not sure98	Months ago More than 36 mo. ago95 DK / Not sure98	Months ago More than 36 mo. ago95 DK / Not sure98
TN7	Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-16) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-16) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-16) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue

TN8	WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOS?	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8
TN9	SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOS?	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11
TN10	HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? If less than one month, record "00"	Months ago More than 24 mo. ago 95 DK / Not sure 98	Months ago More than 24 mo. ago 95 DK / Not sure 98	Months ago More than 24 mo. ago 95 DK / Not sure 98
TN11	DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13	Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13	Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13
TN12	WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? Record the person's line number from the household listing form If someone not in the household list slept under the mosquito net, record "00"	Name Line number Name Line number Name Line number Name Line number Name Line number Name Line number Name Line number Name Line number	Name Line number Name Line number Name Line number Name Line number Name Line number Name Line number Name Line number Name Line number	Name Line number Name Line number Name Line number Name Line number Name Line number Name Line number Name Line number Name Line number
TN13		Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module

Tick here if additional questionnaire used ☐

INDOOR RESIDUAL SPRAYING

IR

IR1	AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOS?	Yes 1 No 2 DK 8	2⇒Next Module 8⇒Next Module
IR2	WHO SPRAYED THE DWELLING? Circle all that apply.	Government worker / program A Private company B Non-governmental organization C Other (specify) X DK Z	

CHILD DISCIPLINE

CD

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

- o List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- o Record the line number, name, sex, and age for each child.
- o Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	— —		1	2	— —
2	— —		1	2	— —
3	— —		1	2	— —
4	— —		1	2	— —
5	— —		1	2	— —
6	— —		1	2	— —
7	— —		1	2	— —
8	— —		1	2	— —

CD6. Total children age 2-14 years — —

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

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

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

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

CD8. Record the rank number of the selected child —

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

HANDWASHING

HW

HW1	PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed 1 Not observed Not in dwelling / plot / yard 2 No permission to see 3 Other reason 6	2 ⇒ HW4 3 ⇒ HW4 6 ⇒ HW4
HW2	Observe presence of water at the specific place for handwashing Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water	Water is available 1 Water is not available 2	
HW3	Record if soap or detergent is present at the specific place for handwashing. Circle all that apply.	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D None Y	} HH19

HW4	DO YOU HAVE ANY SOAP OR DETERGENT (or other locally used cleansing agent) IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes.....1 No.....2	2 ⇒ HH19
HW5	CAN YOU PLEASE SHOW IT TO ME? Record observation. Circle all that apply	Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / SandD Notable / Does not want to show.....Y	
HW6A	WHEN DO YOU WASH YOUR HANDS WITH SOAP AND WATER?	Before or after eatingA After cleansing a child.....B After using the toiletC Before or after cookingD Other (Specify)X No regular behaviourZ	
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 TO COOK MEALS IN YOUR HOUSEHOLD? Once you have tested the salt, circle number that corresponds to test outcome.	Not iodized 0 PPM1 More than 0 PPM & less than 15 PPM2 15 PPM or more.....3 No salt in the house.....6 Salt not tested7	
-----	--	---	--

HH20 Does any eligible woman age 15-49 reside in the household?

Check household listing, column HL7 for any eligible woman.

You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.☐ No. ⇒ Continue.

HH21 Does any child under the age of 5 reside in the household?

Check household listing, column HL9 for any eligible child under age 5.

You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.☐ No. ⇒ End the interview by thanking the respondent for his/her cooperation.

Gather together all questionnaires for this household and complete the relevant information on the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL

UF

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

A separate questionnaire should be used for each eligible child.

UF1. Cluster number: _____	UF2. Household number: _____
UF3. Child's name: Name _____	UF4. Child's line number: _____
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / ____
Repeat greeting if not already read to this respondent: We are from (THE GAMBIA BUREAU OF STATISTICS, MOB&SE, MOH&SW, WOMEN'S BUREAU, COMMUNITY DEVELOPMENT). We are working on a project concerned with family health and education. I would like to talk to you about (NAME)'s health and well-being. The interview will take about (45) minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.	If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following: Now I would like to talk to you more about (CHILD'S NAME FROM UF3)'s health and other topics. This interview will take about (45) minutes. Again, all the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.
MAY I START NOW?	
<input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.	
<input type="checkbox"/> No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor	
UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed..... 1 Not at home..... 2 Refused..... 3 Partly completed..... 4 Incapacitated..... 5 Other (specify)..... 9
UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
UF12. Record the time.	Hour and minutes..... : ____

AGE

AG

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

BIRTH REGISTRATION

BR

BR1	DOES (name) HAVE A BIRTH CERTIFICATE? If yes, ask: MAY I SEE IT?	Yes, seen.....1 Yes, not seen.....2 No.....3 DK.....8	1⇒Next Module 2⇒Next Module
BR2	HAS (name's) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes.....1 No.....2 DK.....8	2⇒ BR3 8⇒ BR3
BR2A	WHERE WAS (name) REGISTERED?	Health Centre1 Medical & Health Headquarters.....2 DK.....8	1⇒Next Module 2⇒Next Module 8⇒Next Module
BR3	DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....1 No.....2	
BR4	WHY IS (name)'S BIRTH NOT REGISTERED?	Costs too much.....1 Must travel too far2 Did not know it should be registered3 Does not know where to register5 Nothing will do it later7 Other (specify)6	

EARLY CHILDHOOD DEVELOPMENT

EC

EC1	HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None 00 Number of children's or picture books..... 0 ____ Ten or more books 10	
EC2	I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	Y N DK Homemade toys 1 2 8 Toys from a shop 1 2 8 Household objects or outside objects 1 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? If 'none' enter '0'. If 'don't know' enter '8'	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, DAY CARE CENTRE OR COMMUNITY CHILD CARE?	Yes.....1 No.....2 DK.....8	2⇒EC6B 8⇒EC6B

EC6	WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	Number of hours..... _ _ _																																				
EC6A	DO YOU PAY FEES/CONTRIBUTIONS FOR (NAME) ATTENDANCE TO ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION?	Yes.....1 No.....2 DK.....8	1⇒EC6C 2⇒EC6C 8⇒EC6C																																			
EC6B	WHY DOES (name) NOT ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN, DAY CARE CENTER OR COMMUNITY CHILD CARE?	Not interested1 Facility too far.....2 Too young.....3 Cannot afford cost4 Don't know where to find one..... Nothing6 Other (specify)9																																				
EC6C	Check AG2: Age of child <input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC7 <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module																																					
EC7	IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name): If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)? Circle all that apply. [A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)? [B] TOLD STORIES TO (name)? [C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES? [D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? [E] PLAYED WITH (name)? [F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?	<table><tr><td></td><td>Mother</td><td>Father</td><td>Other</td><td>No one</td></tr><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></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																																		
EC8	I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT. CAN (name) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes.....1 No.....2 DK.....8																																				
EC9	CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes.....1 No.....2 DK.....8																																				
EC10	DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes.....1 No.....2 DK.....8																																				
EC11	CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes.....1 No.....2 DK.....8																																				
EC12	IS (name) SOMETIMES TOO SICK TO PLAY?	Yes.....1 No.....2 DK.....8																																				
EC13	DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes.....1 No.....2 DK.....8																																				

EC14	WHEN GIVEN SOMETHING TO DO, IS (name) ABLE TO DO IT INDEPENDENTLY?	Yes..... 1 No..... 2 DK..... 8	
EC15	DOES (name) GET ALONG WELL WITH OTHER CHILDREN?	Yes..... 1 No..... 2 DK..... 8	
EC16	DOES (name) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes..... 1 No..... 2 DK..... 8	
EC17	DOES (name) GET DISTRACTED EASILY?	Yes..... 1 No..... 2 DK..... 8	

BREASTFEEDING

BF

BF1	HAS (name) EVER BEEN BREASTFED?	Yes..... 1 No..... 2 DK..... 8	2⇒BF3 8⇒BF3
BF1A	FOR HOW MANY MONTHS HAS (name) BEEN BREASTFEED?	Months..... DK.....98	
BF1B	WAS (name) GIVEN THE FIRST MILK THAT CAME OUT OF THE BREAST (COLOSTRUM)?	Yes..... 1 No..... 2 DK..... 8	
BF2	IS HE/SHE STILL BEING BREASTFED?	Yes..... 1 No..... 2 DK..... 8	2⇒BF3 8⇒BF3
BF2A	AT WHAT MONTH/ YEAR DO YOU THINK (name) WILL STOP TO BE BREAST-FED?	Months..... 1 ____ Years 2 ____	
BF3	I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (name) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (name) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF4	DID (name) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF6 8⇒BF6
BF5	HOW MANY TIMES DID (name) DRINK INFANT FORMULA?	Number of times	
BF6	DID (name) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF8 8⇒BF8
BF7	HOW MANY TIMES DID (name) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times	
BF8	DID (name) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF9	DID (name) DRINK ('Ogi' 'Gisuma monor') YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF10	DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	

BF11	DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF12	DID (name) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF13	DID (name) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF15 8⇒BF15
BF14	HOW MANY TIMES DID (name) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF15	DID (NAME) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF16	DID (name) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF18 8⇒BF18
BF17	HOW MANY TIMES DID (name) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF18	YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes..... 1 No..... 2 DK..... 8	1⇒Next Module 8⇒Next Module
BF19	HAS NAME EVER BEEN GIVEN ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes..... 1 No..... 2 DK..... 8	

CARE OF ILLNESS

CA

CA1	IN THE LAST TWO WEEKS, HAS (name) HAD DIARRHOEA?	Yes..... 1 No..... 2 DK..... 8	2⇒CA7 8⇒CA7
CA2	I WOULD LIKE TO KNOW HOW MUCH (name) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? If less, probe: 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 (name) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If "less", probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less 1 Somewhat less 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK..... 8	
CA4	DURING THE EPISODE OF DIARRHOEA, WAS (name) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SPECIAL PACKET CALLED (local name for ORS packet solution)? [B] SUGAR SALT SOLUTION (SSS)	Y N DK Fluid from ORS packet..... 1 2 8 SSS..... 1 2 8	

CA5	<p>WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
CA6	<p>WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p>Probe:</p> <p>ANYTHING ELSE?</p> <p>Record all treatments given. Write brand name(s) of all medicines mentioned.</p> <p>-----</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic.....A</p> <p>Antimotility.....B</p> <p>Zinc.....C</p> <p>Other (Not antibiotic, antimotility or zinc)...G</p> <p>Unknown pill or syrup.....H</p> <p>Injection</p> <p>Antibiotic.....L</p> <p>Non-antibiotic.....M</p> <p>Unknown injection.....N</p> <p>Intravenous.....O</p> <p>Home remedy / Herbal medicine.....Q</p> <p>Other (specify).....X</p>	
CA7	<p>AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
CA8	<p>WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
CA9	<p>WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest..... 1</p> <p>Blocked or runny nose..... 2</p> <p>Both..... 3</p> <p>Other (specify)..... 6</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
CA10	<p>DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
CA11	<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p>Probe:</p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>-----</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital.....A</p> <p>Govt. health centre.....B</p> <p>Govt. health post.....C</p> <p>Village health worker.....D</p> <p>Mobile / Outreach clinic.....E</p> <p>Other public (specify).....H</p> <p>Private medical sector</p> <p>Private hospital / clinic.....I</p> <p>Private physician.....J</p> <p>Private pharmacy.....K</p> <p>Mobile clinic.....L</p> <p>Other private medical (specify).....O</p> <p>Other source</p> <p>Relative / Friend.....P</p> <p>Shop.....Q</p> <p>Traditional practitioner.....R</p> <p>Other (specify).....X</p>	
CA12	<p>WAS (name) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>

CA13	<p>WHAT MEDICINE WAS (name) GIVEN?</p> <p>Probe:</p> <p>ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>-----</p> <p>(Names of medicines)</p>	<p>Antibiotic</p> <p>Pill / Syrup.....A</p> <p>Injection.....B</p> <p>Anti-malarials.....M</p> <p>Paracetamol / Panadol / Acetaminophen.....P</p> <p>Aspirin.....Q</p> <p>Ibuprofen.....R</p> <p>Other (specify)X</p> <p>DK.....Z</p>
CA14	<p>Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA15</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>	
CA15	<p>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 open06</p> <p>Other (specify)96</p> <p>DK.....98</p>

MALARIA

ML

ML1	<p>IN THE LAST TWO WEEKS, HAS (name) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2⇒Next Module</p> <p>8⇒Next Module</p>
ML2	<p>AT ANY TIME DURING THE ILLNESS, DID (name) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	
ML3	<p>DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2⇒ML8</p> <p>8⇒ML8</p>
ML4	<p>WAS (NAME) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2⇒ML8</p> <p>8⇒ML8</p>
ML5	<p>WAS (name) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2⇒ML7</p> <p>8⇒ML7</p>
ML6	<p>ML6. WHAT MEDICINE WAS (name) GIVEN?</p> <p>Probe:</p> <p>ANY OTHER MEDICINE?</p> <p>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</p> <p>-----</p> <p>(Name)</p>	<p>Anti-malarials:</p> <p>SP / FansidarA</p> <p>Chloroquine.....B</p> <p>Amodiaquine.....C</p> <p>Quinine.....D</p> <p>Combination with Artemisinin (Coartem).....E</p> <p>Country-specific CBD anti-malarial.....F</p> <p>Other anti-malarial (specify)H</p> <p>Antibiotic drugs</p> <p>Pill / Syrup.....I</p> <p>Injection.....J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol /Acetaminophen.....P</p> <p>AspirinQ</p> <p>Ibuprofen.....R</p> <p>Other (specify)X</p> <p>DK.....Z</p>	

ML7	<p>WAS (name) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?</p>	<p>Yes..... 1 1⇒ML9</p> <p>No..... 2 2⇒ML10</p> <p>DK..... 8 8⇒ML10</p>
ML8	<p>WAS (name) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?</p>	<p>Yes..... 1 2⇒ML10</p> <p>No..... 2 8⇒ML10</p> <p>DK..... 8</p>
ML9	<p>WHAT MEDICINE WAS (name) GIVEN?</p> <p>Probe:</p> <p>ANY OTHER MEDICINE?</p> <p>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</p> <p>_____</p> <p>(Name)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar A</p> <p>Chloroquine..... B</p> <p>Amodiaquine..... C</p> <p>Quinine..... D</p> <p>Combination with Artemisinin (Coartem) E</p> <p>Country-specific CBD anti-malarial..... F</p> <p>Other anti-malarial (specify) _____ H</p> <p>Antibiotic drugs</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>Other (specify) _____ X</p> <p>DK..... Z</p>
ML10	<p>Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML11</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>	
ML11	<p>HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML6 or ML9)?</p> <p>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</p> <p>Record how long after the fever started the first anti-malarial was given.</p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever..... 4</p> <p>DK..... 8</p>

IMMUNIZATION

IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.

IM1	DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?		Yes, seen..... 1 Yes, not seen..... 2 No card 3	1⇒IM3 2⇒IM6
IM2	DID YOU EVER HAVE A VACCINATION 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
	BCG	BCG		
	POLIO AT BIRTH	OPV0		
	POLIO 1	OPV1		
	POLIO 2	OPV2		
	POLIO 3	OPV3		
	POLIO 4	OPV4		
	POLIO BOOSTER	OPV5		
	DPT - HIB1/ PENTA 1	DPT1/P1		
	DPT - HIB2/ PENTA 2	DPT2/P2		
	DPT -HIB3/ PENTA 3	DPT3/P3		
	DPT 4(BOOSTER)	DPT4		
	PNEUMO 1	PNE 1		
	PNEUMO 2	PNE 2		
	PNEUMO 3	PNE 3		
	HEPB AT BIRTH	H0		
	MEASLES (OR MMR)	MEASLES		
	YELLOW FEVER	YF		
IM4	Check IM3. Are all vaccines (BCG to Yellow Fever) recorded? <input type="checkbox"/> Yes⇒ Go to IM18 <input type="checkbox"/> No ⇒ Continue with IM5			
IM5	IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions vaccines shown in the table above.		Yes 1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18) No 2 DK 8	2⇒IM18 8⇒IM18
IM6	HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?		Yes 1 No 2 DK 8	2⇒IM18 8⇒IM18
IM7	HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?		Yes 1 No 2 DK 8	
IM8	HAS (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, 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 OR LATER?		First two weeks 1 Later 2	
IM10	HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?		Number of times.....	

IM11	HAS (name) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? Probe by indicating that DPT vaccination is sometimes given at the same time as Polio	Yes..... 1 No..... 2 DK..... 8	2⇒IM12A 8⇒IM12A																				
IM12	HOW MANY TIMES WAS A DPT VACCINE RECEIVED?	Number of times.....																					
IM12A	HAS (name) EVER RECEIVED A PNEUMO VACCINATION – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING PNEUMONIA?	Yes..... 1 No..... 2 DK..... 8	2⇒IM13 8⇒IM13																				
IM12B	HOW MANY TIMES WAS A PNEUMO VACCINE RECEIVED?	Number of times.....																					
IM13	HAS (name) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines	Yes..... 1 No..... 2 DK..... 8	2⇒IM16 8⇒IM16																				
IM14	WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?	Within 24 hours 1 Later..... 2																					
IM15	HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?	Number of times.....																					
IM16	HAS (name) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes..... 1 No..... 2 DK..... 8																					
IM17	HAS (name) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the measles vaccine	Yes..... 1 No..... 2 DK..... 8																					
IM18	HAS (name) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS? Show common types of ampules / capsules / syrups	Yes..... 1 No..... 2 DK..... 8	2⇒IM20 8⇒IM20																				
IM19	Record date for most recent Vitamin A dose as seen on vaccination card Write '44' for 'day' if card shows that Vitamin A was given but no date recorded; leave month and year blank.	Day Month Year Card does not show receipt of Vitamin A 99999994 No card / Card not seen 99999995																					
IM20	Please tell me if (name) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days: [A] 27 Nov – 3 Dec 2006/ Measles [B] 9 Nov – 11 Dec 2009/Vitamin A [C] 9 Nov – 11 Dec 2009/Deworming [D] 6 – 9 March 2010/Polio	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Measles.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Vitamin</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Deworming</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Polio.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Measles.....	1	2	8	Vitamin	1	2	8	Deworming	1	2	8	Polio.....	1	2	8	
	Y	N	DK																				
Measles.....	1	2	8																				
Vitamin	1	2	8																				
Deworming	1	2	8																				
Polio.....	1	2	8																				
UF13.	Record the time.	Hour and minutes :																					
UF14.	Is the respondent the mother or caretaker of another child age 0-4 living in this household? <input type="checkbox"/> 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 <input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child. Check to see if there are other woman's or under-5 questionnaires to be administered in this household. Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.																						

ANTHROPOMETRY

AN

After questionnaires for all children are complete, the measurer weighs and measures each child.

Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.

AN1.	Measurer's name and number:	Name.....	
AN2.	Result of height / length and weight measurement	Either or both measured.....	1
		Child not present	2 2⇒AN6
		Child or caretaker refused.....	3 3⇒AN6
		Other (specify)	6 6⇒AN6
AN3.	Child's weight	Kilograms (kg)	
		Weight not measured.....	99.9
AN4.	Child's length or height	Length (cm)	
	Check age of child in AG2:	Lying down.....	1
	<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).	Height (cm)	
	<input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Standing up	2
		Length / Height not measured.....	9999.9
AN5.	Oedema	Checked	
	Observe and record	Oedema present	1
		Oedema not present.....	2
		Unsure	3
		Not checked	
		(specify reason)	7
AN6.	Is there another child in the household who is eligible for measurement?		
	<input type="checkbox"/> Yes. ⇒ Record measurements for next child.		
	<input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.		
	Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL

WM

This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman

WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman's name: Name _____	WM4. Woman's line number: _____
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ____ / ____ / ____
Repeat greeting if not already read to this woman: WE ARE FROM ((The Gambia Bureau of Statistics, MOB&SE, MOH&SW, Women's Bureau, Community Development). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (45) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.	If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following: NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT (45) MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.
MAY I START NOW?	
<input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview. <input type="checkbox"/> No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.	
WM7. Result of woman's interview	Completed..... 1 Not at home..... 2 Refused..... 3 Partly completed..... 4 Incapacitated..... 5 Other (specify) _____ 9
WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
WM10. Record the time.	Hour and minutes :

WOMAN'S BACKGROUND

WB

WB1	IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Mont DK month.....98 Year DK year.....9998	
WB2	HOW OLD ARE YOU? Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? Compare and correct WB1 and/or WB2 if inconsistent	Age (in completed years).....	
WB3	HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB3A	WHAT TYPE OF SCHOOL DID YOU ATTEND?	Formal School (Western)..... 1 Madrassah (Formal) 2 Adult Literacy Classes in Local Languages.. 3	3⇒WB7
WB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school 00 Pre-school (Madrassa)..... 10 Primary 01 Primary (Madrassa) 11 Secondary (Upper Basic/ Junior/Senior).... 02 Secondary (Madrassa)..... 12 Higher (Tertiary, University, College) 03 Vocational 04 Non Standard Curriculum..... 06 DK..... 98	00⇒WB7 10⇒WB7
WB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? If less than 1 grade, enter "00"	Grade.....	
WB6	Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7	NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? EXAMPLE SENTENCES FOR LITERACY TEST: 1. THE CHILD IS READING A BOOK 2. THE RAINS CAME LATE THIS YEAR 3. PARENTS MUST CARE FOR THEIR CHILDREN 4. FARMING IS HARD WORK	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence..... 3 No sentence in required language 4 (specify language) Blind / mute, visually / speech impaired..... 5	
WB7A	CAN YOU READ AND WRITE IN ANY LANGUAGE?	No, I'm Illiterate 1 Yes In Roman 2 Yes in Arabic..... 3 Yes in Both Roman & Arabic..... 4 Yes in Other language (Specify)..... 6	

CHILD MORTALITY

CM

All questions refer only to LIVE births.

CM1	NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes1 No2	2⇒CM8
CM2	WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.	Date of first birth Day DK day98 Month DK month98 Year DK year9998	⇒CM4
CM3	HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth	
CM4	DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes1 No2	2⇒CM6
CM5	HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? If none, record '00'.	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?	Yes1 No2	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? If none, record '00'.	Sons elsewhere Daughters elsewhere	
CM8	HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? 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?	Yes1 No2	2⇒CM10
CM9	HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? If none, record '00'.	Boys dead Girls dead	
CM10	Sum answers to CM5, CM7, and CM9	Sum	
CM11	JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (total number) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. Check below: <input type="checkbox"/> No births ⇒ Go to ILLNESS SYMPTOMS Module <input type="checkbox"/> One or more births ⇒ Continue with CM12 <input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12		
CM12	OF THESE (total number) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Date of last birth Day DK day98 Month Year	
CM13	Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2008 <input type="checkbox"/> No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Ask for the name of the child Name of child _____ If child has died, take special care when referring to this child by name in the following modules. Continue with the next module.		

DESIRE FOR LAST BIRTH

DB

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

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

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

DB1	WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes1 No2	1⇒Next Module
DB2	DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later 1 No more 2	2⇒Next Module
DB3	HOW MUCH LONGER DID YOU WANT TO WAIT?	Months 1 ____ Years 2 ____ DK 998	

MATERNAL AND NEWBORN HEALTH

MN

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

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

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

MN1A	DID YOU REGISTER FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes1 No2	
MN1	DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes1 No2	2⇒MN5
MN2	WHOM DID YOU SEE? Probe: ANYONE ELSE? Probe for the type of person seen and circle all answers given.	Health professional: DoctorA Nurse / MidwifeB Auxiliary nurseD Other person Traditional birth attendantF Relative/ FriendH Other (specify)X	
MN3	HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ____ DK 98	
MN4	AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [BA] DID YOU RECEIVE/TOLD THE RESULTS OF THE URINE TEST? [C] DID YOU GIVE A BLOOD SAMPLE? [CA] DID YOU RECEIVE/TOLD THE RESULTS OF THE BLOOD TEST?	Yes No Blood pressure1 2 Urine sample1 2 Urine test results received/ told1 2 Blood sample 1 2 Blood test results received/ told 1 2	2⇒MN4C 2⇒MN5
MN5	DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? If a card is presented, use it to assist with answers to the following questions.	Yes (card seen) 1 Yes (card not seen)2 No3 DK8	
MN6	WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes 1 No2 DK8	2⇒MN9 8⇒MN9
MN7	HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)? If 7 or more times, record '7'.	Number of times ____ DK8	8⇒MN9

MN8	How many tetanus injections during last pregnancy were reported in MN7? <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12 <input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9		
MN9	DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes1 No2 DK8	2⇒MN17 8⇒MN17
MN10	HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? If 7 or more times, record '7'.	Number of times..... DK8	8⇒MN12
MN11	HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago — —	
MN12	Check MN1 for presence of antenatal care during this pregnancy: <input type="checkbox"/> Yes, antenatal care received.⇒ Continue with MN13 <input type="checkbox"/> No antenatal care received ⇒ Go to MN17		
MN13	DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes1 No2 DK8	2⇒MN17 8⇒MN17
MN13A	WAS THE MEDICINE YOU TOOK DURING YOUR PREGNANCY TO PREVENT YOU FROM GETTING MALARIA PRESCRIBED DURING ONE OF THE ANTENATAL VISITS?	Yes1 No2	
MN14	WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.	SP / Fansidar.....A Chloroquine B Other (specify)X DK..... Z	
MN15	Check MN14 for medicine taken: <input type="checkbox"/> SP / Fansidar taken.⇒ Continue with MN16 <input type="checkbox"/> SP / Fansidar not taken.⇒ Go to MN17		
MN16	DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times..... DK98	
MN17	WHO ASSISTED WITH THE DELIVERY OF (name)? Probe: ANYONE ELSE? Probe for the type of person assisting and circle all answers given. If respondent says no one assisted, probe to determine whether any adults were present at the delivery.	Health professional: DoctorA Nurse / Midwife B Auxiliary nurseC Other person Traditional birth attendant..... F Relative / Friend..... H Other (specify)X No oneY	
MN18	WHERE DID YOU GIVE BIRTH TO (name)? Probe to identify the type of source. If unable to determine whether public or private, write the name of the place. <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">(Name of place)</div>	Home Your home11 Other home12 Public sector Govt. hospital21 Govt. clinic / health centre22 Govt. health post.....23 Other public (specify) 26 Private Medical Sector Private hospital31 Private clinic.....32 Private maternity home33 Other private medical (specify) 36 Other (specify).....96	11⇒MN20 12⇒MN20 96⇒MN20

MN19	WAS (name) DELIVERED BY CAESEREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT 'OPERE'?	Yes 1 No 2	
MN20	WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN21	WAS (name) WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2⇒MN23 8⇒MN23
MN22	HOW MUCH DID (name) WEIGH? Record weight from health card, if available.	From card 1 (kg) ____ . ____ ____ From recall 2 (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? If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.	Immediately 000 Hours 1 ____ Days 2 ____ Don't know / remember 998	
MN26	IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2	2⇒MN28
MN27	WHAT WAS (name) GIVEN TO DRINK? Probe: ANYTHING ELSE?	Milk (other than breast milk) A Plain water B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Fruit juice F Infant formula G Tea / Infusions H Honey I Other (specify) X	
MN27A	Check child mortality module CM13. Is last born child is alive? : <input type="checkbox"/> Yes⇒ Continue with MN28 <input type="checkbox"/> No⇒ Go to Next Module		
MN28	IS (NAME) STILL BREASTFED?	Yes 1 No 2	
MN29	HOW LONG HAS (NAME) BEEN FED WITH ONLY BREAST MILK? If 6 months or more, register 6	Number of Months ____ DK 8	

ILLNESS SYMPTOMS

IS

IS1	Check Household Listing, column HL9 Is the respondent the mother or caretaker of any child under age 5? <input type="checkbox"/> Yes ⇒ Continue with IS2. <input type="checkbox"/> 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 YOUR CHILD 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 difficult breathing E Child has blood in stool F Child is drinking poorly G Child is coughing H Child has diarrhoea..... I Child is vomiting..... J Other (specify) X Other (specify) Y Other (specify) Z	

REHYDRATION SOLUTIONS

RS

This module is to be administered to mother's or primary caretakers of children under- five, Check HL9 from the household listing form for eligibility

RS1	HAVE YOU EVER SEEN THIS ORAL REHYDRATION SOLUTIONS (ORS) PACKET BEFORE?	Yes1 No2	2⇒RS5
RS2	DO YOU KNOW HOW TO PREPARE IT?	Yes1 No2	2⇒RS4
RS3	If yes: TELL ME HOW YOU PREPARE IT?	Correct 1 Incorrect 2	
RS4	WHAT DO YOU THINK IS THE MAIN USE/BENEFIT OF ORS?	Replaces loss fluid 1 Stop/cure diarrhoea 2 Other (specify) 6 DK 8	
RS5	HAVE YOU EVER HEARD OF THE SUGAR SALT SOLUTION (SSS)?	Yes1 No2	2⇒Next Module
RS6	DO YOU KNOW HOW TO PREPARE IT?	Yes1 No2	2⇒RS8
RS7	If yes: TELL ME HOW YOU PREPARE IT?	Correct 1 Incorrect 2	
RS8	WHAT DO YOU THINK IS THE MAIN USE/BENEFIT OF SSS?	Replaces loss fluid 1 Stop/cure diarrhoea 2 Other (specify) 6 DK 8	

CONTRACEPTION

CP

CP1	I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant1 No2 Unsure or DK.....8	1⇒CP5
CP2	COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes1 No2	2⇒CP4
CP3	WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization.....A Male sterilizationB IUDC InjectablesD ImplantsE Pill.....F Male condom.....G Female condomH DiaphragmI Foam / JellyJ Lactational amenorrhoea method (LAM)K Periodic abstinence/RhythmL WithdrawalM Other (specify).....X	} CP5
CP4	WHY ARE YOU NOT USING ANY CONTRACEPTIVE METHOD AT THIS MOMENT? Probe: ANY OTHER REASON?	Against contraceptionA Husband/partner against contraception....B Not married yet/Does not have sex yetC Wants (more) childrenD Can't have childrenE Religion.....F Husband/partner out of town.....G Has just deliveredH Other (specify)X DK.....Z	
CP5	HOW MANY CHILDREN WOULD YOU LIKE TO HAVE IN YOUR LIFE TIME? If more than 7, register 7 ;	Number of children DK.....8	

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 more2	
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 child1 No more / None2 Undecided / Don't know8	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 / None2 Says she cannot get pregnant3 Undecided / Don't know8	2⇒UN9 3⇒UN11 8⇒UN9
UN7	HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ ANOTHER) CHILD?	Months.....1 ___ Years2 ___ Soon / Now.....993 Says she cannot get pregnant994 After marriage.....995 Other996 Don't know.....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"/> Yes. ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
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 amenorrheicF Breastfeeding.....G Too old.....H FatalisticI Other (specify)X Don't knowZ	
UN12	Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Yes. ⇒ Go to Next Module <input type="checkbox"/> No ⇒ Continue with UN13		

UN13	WHEN DID YOUR LAST MENSTRUAL PERIOD START?	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
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FEMALE GENITAL MUTILATION/CUTTING

FG

FG1	HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 ____ No 2 ____	1⇒FG3		
FG2	IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes 1 ____ No 2 ____	2⇒Next Module		
FG3	HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 ____ No 2 ____	2⇒FG9		
FG4	NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 ____ No 2 ____ DK 8 ____	1⇒FG6		
FG5	WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 ____ No 2 ____ DK 8 ____			
FG6	WAS THE GENITAL AREA SEWN CLOSED? If necessary, probe: WAS IT SEALED?	Yes 1 ____ No 2 ____ DK 8 ____			
FG7	HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? If the respondent does not know the exact age, probe to get an estimate	During infancy 00 ____ Age at circumcision ____ DK / Don't remember / Not sure 98 ____			
FG8	WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor 11 ____ Nurse/Midwife 12 ____ Other health professional (specify) ____ 16 ____ Traditional persons Traditional 'circumciser' 21 ____ Traditional birth attendant 22 ____ Other traditional (specify) ____ 26 ____ DK 98 ____			
FG9	Check CM5 for Number of daughters at home and CM7 for Number of daughters elsewhere, and sum the answers here	Total number of living daughters ____			
FG10	JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE (total number in FG9) LIVING DAUGHTERS. IS THIS CORRECT? <input type="checkbox"/> Yes <input type="checkbox"/> One or more living daughters ⇒ Continue with FG11 <input type="checkbox"/> Does not have any living daughters ⇒ Go to FG22A <input type="checkbox"/> No ⇒ Check responses to CM1 – CM10 and make corrections as necessary, until FG10 = Yes				
FG11	Ask the respondent to tell you the name(s) of her daughter(s), beginning with the youngest daughter (if more than one daughter). Write down the name of each daughter in FG12. Then, ask questions FG13 to FG20 for each daughter at a time. The total number of daughters in FG12 should be equal to the number in FG9 If more than 4 daughters, use additional questionnaires				
		Daughter #1	Daughter #2	Daughter #3	Daughter #4
FG12	Name of daughter	_____	_____	_____	_____
FG13	HOW OLD IS (name)?	Age ____	Age ____	Age ____	Age ____

FG14	Is (name) younger than 15 years of age?	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A
FG15	IS (name) CIRCUMCISED?	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A	Yes 1 No 2 If "No", go to FG13 for next daughter. If no more daughters, go to FG22A
FG16	HOW OLD WAS (name) WHEN THIS OCCURRED? If the respondent does not know the age, probe to get an estimate.	Age DK 98	Age DK 98	Age DK 98	Age DK 98
FG17	NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (name) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 No 2 DK 8 ⇒FG19	Yes 1 No 2 DK 8 ⇒FG19	Yes 1 No 2 DK 8 ⇒FG19	Yes 1 No 2 DK 8 ⇒FG19
FG18	WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
FG19	WAS HER GENITAL AREA SEWN CLOSED? If necessary, probe: WAS IT SEALED?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
FG20	WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98	Health professional Doctor 11 Nurse/midwife 12 Other health professional (specify) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (specify) 26 DK 98
FG21		Go back to FG13 for next daughter. If no more daughters, go to FG22A	Go back to FG13 for next daughter. If no more daughters, go to FG22A	Go back to FG13 for next daughter. If no more daughters, go to FG22A	Go back to FG13 in first column of additional questionnaire for next daughter. If no more daughters, go to FG22A
					Tick here if additional questionnaire used <input type="checkbox"/>

FG22A	WOULD YOU LIKE YOUR DAUGHTER TO BE CIRCUMCISED?	Yes 1 No 2
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FG22	DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued.....1 Discontinued.....2 Depends.....3 DK.....8
FG23	WHAT ARE THE BENEFITS OF FGC? Probe: ANY MORE BENEFITS?	Keep virginityA To prevent fooling aroundB Self Esteem.....C No benefit.....D Other (specify)X DK.....Z
FG24	WHAT ARE THE DANGERS OF FGC? Probe: ANY MORE DANGERS?	BleedingA Spread of STDs.....B Complication during pregnancy/delivery ..C Sexual difficultyD No danger.....E Other (specify)X DK.....Z

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: [A] IF SHE GOES OUT WITHOUT TELLING HIM? [B] IF SHE NEGLECTS THE CHILDREN? [C] IF SHE ARGUES WITH HIM? [D] IF SHE REFUSES TO HAVE SEX WITH HIM? [E] IF SHE BURNS THE FOOD? [F] USING CONTRACEPTIVES WITHOUT THE CONSENT OF THE HUSBAND?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>Goes out without telling.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Neglects children.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Argues.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Refuses sex.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Burns food.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>Using contraceptives</td><td>1</td><td>2</td><td>8</td></tr></table>		Yes	No	DK	Goes out without telling.....	1	2	8	Neglects children.....	1	2	8	Argues.....	1	2	8	Refuses sex.....	1	2	8	Burns food.....	1	2	8	Using contraceptives	1	2	8
	Yes	No	DK																											
Goes out without telling.....	1	2	8																											
Neglects children.....	1	2	8																											
Argues.....	1	2	8																											
Refuses sex.....	1	2	8																											
Burns food.....	1	2	8																											
Using contraceptives	1	2	8																											

MARRIAGE/UNION

MA

MA1	ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married.....1 Yes, living with a man.....2 No, not in union.....3	3⇒MA5
MA2	HOW OLD IS YOUR HUSBAND/PARTNER? Probe: 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?	Yes.....1 No.....2 DK.....8	2⇒MA7 8⇒MA5
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 married.....1 Yes, formerly lived with a man.....2 No.....3	⇒Next Module
MA6	WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed.....1 Divorced.....2 Separated.....3	2⇒CM8

MA7	HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once 2	
MA8	IN WHAT MONTH AND YEAR DID YOU FIRST 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 STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....	

SEXUAL BEHAVIOUR SB

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

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

SB10	<p>WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</p> <p>If 'boyfriend' then ask:</p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p>If 'yes', circle '2'. If 'no', circle '3'.</p>	<p>Husband..... 1</p> <p>Cohabiting partner..... 2</p> <p>Boyfriend..... 3</p> <p>Casual acquaintance 4</p> <p>Other (specify) 6</p>	<p>3⇒SB12</p> <p>4⇒SB12</p> <p>6⇒SB12</p>
SB11	<p>Check MA1 and MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2)</p> <p>AND</p> <p>Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
SB12	<p>HOW OLD IS THIS PERSON?</p> <p>If response is DK, probe:</p> <p>ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner __ __</p> <p>DK..... 98</p>	8⇒MN9
SB13	<p>OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒SB15
SB14	<p>IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners __ __</p>	
SB15	<p>IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p>If a non-numeric answer is given, probe to get an estimate.</p> <p>If number of partners is 95 or more, write '95'.</p>	<p>Number of lifetime partners __ __</p> <p>DK..... 98</p>	

HIV/AIDS

HA

HA1	<p>NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒WM11
HA2	<p>CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
HA3	<p>CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
HA4	<p>CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
HA5	<p>CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
HA6	<p>CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	
HA7	<p>IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	

HA8	CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK During pregnancy.....1 2 8 During delivery.....1 2 8 By breastfeeding.....1 2 8	
HA9	IN YOUR OPINION, IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1 No2 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?	Yes1 No2 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?	Yes1 No2 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?	Yes1 No2 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. ⇒ Go to HA24. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with HA14.		
HA14	Check MN1: Received antenatal care? <input type="checkbox"/> Yes, antenatal care received.⇒ Continue with HA15 <input type="checkbox"/> No antenatal care received ⇒ Go to HA24		
HA15	DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS VIRUS?	Yes1 No2 DK.....8	
HA16	I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes1 No2 DK.....8	2⇒HA19 8⇒HA19
HA17	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No2 DK.....8	2⇒HA22 8⇒HA22
HA18	REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes1 No2 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⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by health professional⇒ Go to HA24		
HA20	I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes1 No2	2⇒HA24
HA21	I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No2	
HA22	HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes1 No2	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⇒HA28 2⇒HA28 3⇒HA28
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⇒HA28 2⇒HA28 8⇒HA28
HA27	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No 2	
HA28	IF YOUR HUSBAND/PARTNER WAS ASKED FOR YOU TO BE SCREENED FOR HIV/AIDS TESTING, DO YOU THINK HE WILL AGREE?	Yes 1 No 2 DK 8	
HA29	DO YOU THINK YOUR HUSBAND/PARTNER WILL AGREE FOR BOTH OF YOU TO BE SCREENED TOGETHER?	Yes 1 No 2 DK 8	
WM11	Record the time	Hour and minutes :	
WM12	Is the respondent the mother or caretaker of any child age 0-4 living in this household? Check household listing, column HL9. <input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent. <input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

