

Appendix F. Guyana MICS5 Questionnaires



HOUSEHOLD QUESTIONNAIRE MICS 5 Guyana

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: ____ / ____ / 201 4		HH7. Region: Barima-Waini 1 Pomeroon-Supenaam 2 Essequibo Islands-West Demerara 3 Demerara-Mahaica 4 Mahaica-Berbice 5 East Berbice-Corentyne 6 Cuyuni-Mazaruni 7 Potaro-Siparuni 8 Upper Takutu-Upper Essequibo 9 Upper Demerara-Berbice 10										
HH6. Area: Urban 1 Rural 2												
HH7A. Location: Coastal 1 Interior 2												
HH8. Is the household selected for Questionnaire for Men? Yes 1 No 2												
<p>WE ARE FROM THE BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. THE DATA COLLECTED WILL BE USED BY POLICY MAKERS TO MAKE DECISIONS THAT WILL BENEFIT YOUR HOUSEHOLD. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 50 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>												
HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (specify) _____ 96												
<p><i>After the household questionnaire has been completed, fill in the following information:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">HH10. Respondent to Household Questionnaire: Name _____</td> </tr> <tr> <td colspan="2">HH11. Total number of household members: _____</td> </tr> <tr> <td colspan="2">HH12. Number of women age 15-49 years: _____</td> </tr> <tr> <td colspan="2">If the household is selected for Questionnaire for Men: HH13A. Number of men age 15-49 years: _____</td> </tr> <tr> <td colspan="2">HH14. Number of children under age 5: _____</td> </tr> </table>			HH10. Respondent to Household Questionnaire: Name _____		HH11. Total number of household members: _____		HH12. Number of women age 15-49 years: _____		If the household is selected for Questionnaire for Men: HH13A. Number of men age 15-49 years: _____		HH14. Number of children under age 5: _____	
HH10. Respondent to Household Questionnaire: Name _____												
HH11. Total number of household members: _____												
HH12. Number of women age 15-49 years: _____												
If the household is selected for Questionnaire for Men: HH13A. Number of men age 15-49 years: _____												
HH14. Number of children under age 5: _____												
<p><i>After all questionnaires for the household have been completed, fill in the following information:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">HH13. Number of women's questionnaires completed: _____</td> </tr> <tr> <td colspan="2">If the household is selected for Questionnaire for Men: HH13B. Number of men's questionnaires completed: _____</td> </tr> <tr> <td colspan="2">HH15. Number of under-5 questionnaires completed: _____</td> </tr> </table>			HH13. Number of women's questionnaires completed: _____		If the household is selected for Questionnaire for Men: HH13B. Number of men's questionnaires completed: _____		HH15. Number of under-5 questionnaires completed: _____					
HH13. Number of women's questionnaires completed: _____												
If the household is selected for Questionnaire for Men: HH13B. Number of men'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 _____										

MICS.HH.1

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 men 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'.	HL6A DID (name) STAY HERE LAST NIGHT?	HL6B TO WHICH ETHNIC GROUP DOES (name) BELONG?	HL7 Circle line no. if man age 15-49. Circle line no. if woman age 15-49.	HL7A Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men.	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	Y	N	Group**	15-49	15-49	0-4	Y	N	DK	Mother	Y	N	DK	Father	Y	N	DK	Mother	
01		01	1	2				1	2		01	01	01	1	2	8		1	2	3	8		1	2	3	8
02			1	2				1	2		02	02	02	1	2	8		1	2	3	8		1	2	3	8
03			1	2				1	2		03	03	03	1	2	8		1	2	3	8		1	2	3	8
04			1	2				1	2		04	04	04	1	2	8		1	2	3	8		1	2	3	8
05			1	2				1	2		05	05	05	1	2	8		1	2	3	8		1	2	3	8
06			1	2				1	2		06	06	06	1	2	8		1	2	3	8		1	2	3	8
07			1	2				1	2		07	07	07	1	2	8		1	2	3	8		1	2	3	8
08			1	2				1	2		08	08	08	1	2	8		1	2	3	8		1	2	3	8
09			1	2				1	2		09	09	09	1	2	8		1	2	3	8		1	2	3	8
10			1	2				1	2		10	10	10	1	2	8		1	2	3	8		1	2	3	8
11			1	2				1	2		11	11	11	1	2	8		1	2	3	8		1	2	3	8
12			1	2				1	2		12	12	12	1	2	8		1	2	3	8		1	2	3	8

									For women age 15-49	For men 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'.	HL6A. DID (name) STAY HERE LAST NIGHT?	HL6B. TO WHICH ETHNIC GROUP DOES (name) BELONG?	HL7. Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men.	HL7A Circle line no. if woman age 15-49.	HL7B. Circle line no. if age 0-4.	HL11. Is (name)'S NATURAL MOTHER ALIVE?	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	Y N	Group**	15-49	15-49	0-4	Y N DK	Mother		Y N DK	Father		Mother		
13		___	1 2	___	___	___	1 2	___	13	13	13	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___		
14		___	1 2	___	___	___	1 2	___	14	14	14	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___		
15		___	1 2	___	___	___	1 2	___	15	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 man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to head of household:	01 Head 02 Spouse / Partner 03 Son / Daughter	04 Son-In-Law / Daughter-In-Law 05 Grandchild 06 Parent	07 Parent-In-Law 08 Brother / Sister 09 Brother-In-Law / Sister-In-Law	10 Uncle / Aunt 11 Niece / Nephew 12 Other relative	13 Adopted / Foster/ Stepchild 14 Servant (Live-in)	96 Other (Not related) 98 DK
** Codes for HL6B: Ethnicity of household member:	01 East Indian 02 African 03 Portuguese	04 Amerindian 05 Mixed Race 06 Chinese	96 Other 98 DK			

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 NURSERY	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE /YEAR (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013- 2014, DID (name) ATTEND SCHOOL OR NURSERY AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE /YEAR IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012- 2013 DID (name) ATTEND SCHOOL OR NURSERY AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE /YEAR DID (name) ATTEND?				
			1 Yes 2 No <input type="checkbox"/> Next Line	Level of school: 0 Nursery 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED5	Grade/year: 98 DK If the first grade at this level is not completed, enter "00"	1 Yes 2 No <input type="checkbox"/> ED7	Level of school 0 Nursery 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED7	Grade/year: 98 DK	1 Yes 2 No <input type="checkbox"/> Next Line 8 DK <input type="checkbox"/> Next Line	Level: 0 Nursery 1 Primary 2 Secondary 3 Higher 8 DK If level=0, go to next -line	Grade/year: 98 DK			
Line	Name	Age	Yes No	Level	Grade/year	Yes No	Level	Grade/year	Yes No DK	Level	Grade/year			
01		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
02		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
03		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
04		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
05		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
06		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
07		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
08		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
09		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
10		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
11		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
12		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
13		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
14		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			
15		___	1 2	0 1 2 3 8	___	1 2	0 1 2 3 8	___	1 2 8	0 1 2 3 8	___			

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 —

MICS.HH.5

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? <div> <div> [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 </div> <div> Worked on plot/farm/ food garden/looked after animals 1 2 </div> </div> <div> <div> [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? </div> <div> Helped in family/relative's business/ran own business 1 2 </div> </div> <div> <div> [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, AND FOOD OR AGRICULTURAL PRODUCTS? </div> <div> Produce/sell articles/ handicrafts/clothes/food or agricultural products 1 2 </div> </div> <div> <div> [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? </div> <div> Any other activity 1 2 </div> </div> <p><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.</p>		
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 No2</p> <p>Yes.....1 No2</p> <p>Yes.....1 No2</p> <p>Yes.....1 No2</p> <p>Yes.....1 No2</p> <p>Yes.....1 No2</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 No2</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 FOR 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	
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<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) IN THE PAST MONTH.</u>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>Took away privileges 1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</td> <td>Explained wrong behaviour 1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>Shook him/her 1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>Shouted, yelled, screamed 1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>Gave something else to do 1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>Spanked, hit, slapped on bottom with bare hand 1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td>Hit with belt, hairbrush, stick, or other hard object 1</td> <td>2</td> </tr> <tr> <td>(H) CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>Called dumb, lazy, or another name 1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>Hit/slapped on the face, head or ears 1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>Hit/slapped on hand, arm or leg 1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td>Beat child up, hit over and over as hard as one could 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	Took away privileges 1	2	[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	Explained wrong behaviour 1	2	[C] SHOOK HIM/HER.	Shook him/her 1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Shouted, yelled, screamed 1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	Gave something else to do 1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Spanked, hit, slapped on bottom with bare hand 1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Hit with belt, hairbrush, stick, or other hard object 1	2	(H) CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Called dumb, lazy, or another name 1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Hit/slapped on the face, head or ears 1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Hit/slapped on hand, arm or leg 1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Beat child up, hit over and over as hard as one could 1	2	
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CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No 2 DK / No opinion 8																																					

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christian..... 1	
	Hindu 2	
	Muslim 3	
	Rastafarian 4	
	Bahai 5	
	Other religion (<i>specify</i>)..... 6	
	No religion..... 7	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms __ __	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor	
	Earth / Sand..... 11	
	Dung..... 12	
	Rudimentary floor	
	Wood planks 21	
	Palm / Bamboo 22	
	Finished floor	
	Parquet or polished wood 31	
	Vinyl or asphalt strips 32	
	Ceramic tiles 33	
	Cement 34	
	Carpet..... 35	
	Other (<i>specify</i>)..... 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing	
	No Roof 11	
	Thatch / Palm leaf 12	
	Rudimentary roofing	
	Rustic mat..... 21	
	Palm / Bamboo 22	
	Wood planks 23	
	Cardboard..... 24	
	Finished roofing	
	Metal..... 31	
	Wood 32	
	Calamine / Cement fibre..... 33	
	Ceramic tiles 34	
	Cement 35	
	Roofing shingles..... 36	
	Roof tiles 37	
	Other (<i>specify</i>)..... 96	

MICS.HH.9

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls 11</p> <p>Cane / Palm / Trunks..... 12</p> <p>Dirt..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud 22</p> <p>Uncovered adobe..... 23</p> <p>Plywood 24</p> <p>Cardboard..... 25</p> <p>Reused wood 26</p> <p>Finished(wooden)walls.....27C</p> <p>ement..... 31</p> <p>Stone with lime / cement 32</p> <p>Bricks..... 33</p> <p>Cement blocks 34</p> <p>Covered adobe 35</p> <p>Wood planks / shingles..... 36</p> <p>Other (<i>specify</i>) 96</p>																						
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG)..... 02</p> <p>Natural gas 03</p> <p>Biogas..... 04</p> <p>Kerosene 05</p> <p>Coal / Lignite..... 06</p> <p>Charcoal 07</p> <p>Wood 08</p> <p>Straw / Shrubs / Grass 09</p> <p>Animal dung..... 10</p> <p>Agricultural crop residue..... 11</p> <p>No food cooked in household95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																					
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p> In a separate room used as kitchen 1</p> <p> Elsewhere in the house 2</p> <p>In a separate building 3</p> <p>Outdoors..... 4</p> <p>Other (<i>specify</i>) 6</p>																						
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] LANDLINE TELEPHONE</p> <p>[E] A REFRIGERATOR?</p> <p>[F] STOVE THAT WORKS WITH SOLAR ENERGY</p>	<table> <tr> <th></th><th>Yes</th><th>No</th></tr> <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>Solar stove.....</td><td>1</td><td>2</td></tr> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television.....	1	2	Non-mobile telephone	1	2	Refrigerator.....	1	2	Solar stove.....	1	2	
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[G] A COMPUTER (DESKTOP, LAPTOP, TABLET)	Computer.....	1	2	
[H] CONNECTION TO CABLE TV	Cable TV.....	1	2	
[I] A LAND DREDGE FOR MINING	Land dredge for mining.....	1	2	
[J] A TRACTOR/COMBINE	Tractor/Combine	1	2	
[K] A MATTRESS FOR SLEEPING	Mattress for sleeping	1	2	
[L] A SET OF TABLE AND CHAIRS	Set of table and chairs.....	1	2	
[M] A SOLAR PANEL	Solar panel.....	1	2	
[N] A GENERATOR	Generator.....	1	2	
[O] A WASHING MACHINE	Washing machine.....	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] CATTLE/DONKEY/HORSE CART?	Cattle/ Donkey/ Horse Cart	1	2	
[F] A CAR OR TRUCK?	Car / Truck.....	1	2	
[G] A BOAT WITH A MOTOR?	Boat with motor	1	2	
[H] BUS	Bus	1	2	
[I] DIGITAL PHOTO CAMERA	Digital photo camera	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 (specify)	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		
	No.....	2		2⇒HC13
HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Acres	___	___	
<i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>				
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes	1		
	No.....	2		2⇒HC15

<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS/DUCKS/TURKEYS</p> <p>[F] PIGS?</p> <p>(G) OTHER (SPECIFY)</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls _ _</p> <p>Horses, donkeys, or mules _ _</p> <p>Goats _ _</p> <p>Sheep _ _</p> <p>Chickens _ _</p> <p>Pigs _ _</p> <p>Other (<i>specify</i>) _ _</p>	
<p>HC15. I DO NOT WANT TO KNOW HOW MUCH MONEY IS IN THE ACCOUNT; DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK3</p>	

MICS.HH.12

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling..... 11	11⇒WS6
	Piped into compound, yard or plot..... 12	12⇒WS6
	Piped to neighbour..... 13	13⇒WS6
	Public tap / standpipe..... 14	14⇒WS3
	Tube Well, Borehole 21	21⇒WS3
	Dug well	31⇒WS3
	Protected well 31	32⇒WS3
	Unprotected well 32	
	Water from spring	41⇒WS3
	Protected spring 41	42⇒WS3
	Unprotected spring 42	51⇒WS3
	Rainwater collection..... 51	61⇒WS3
	Tanker-truck 61	71⇒WS3
	Cart with small tank / drum..... 71	
	Surface water (river, stream, lake, pond, canal, creek/stream irrigation channel) 81	81⇒WS3
	Bottled water 91	
	Other (<i>specify</i>) 96	96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling..... 11	11⇒WS6
	Piped into compound, yard or plot..... 12	12⇒WS6
	Piped to neighbour..... 13	13⇒WS6
	Public tap / standpipe..... 14	
	Tube Well, Borehole 21	
	Dug well	
	Protected well 31	
	Unprotected well 32	
	Water from spring	
	Protected spring 41	
	Unprotected spring 42	
	Rainwater collection..... 51	
	Tanker-truck 61	
	Cart with small tank / drum..... 71	
	Surface water (river, creek/stream, lake, pond, canal, irrigation channel) 81	
	Other (<i>specify</i>) 96	
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1	1⇒WS6
	In own yard / plot 2	2⇒WS6
	Elsewhere 3	
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes _ _ _	
	DK..... 998	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years)..... 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15)..... 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection..... E Let it stand and settle F Other (<i>specify</i>) X DK Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If not possible to determine, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine)..... 13 Flush to somewhere else..... 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit..... 23 Composting toilet 31 Bucket..... 41 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	2 ⇒ HW4
	No permission to see 3	3 ⇒ HW4
	Other reason (specify) 6	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 hand washing?	Yes, present 1	
	No, not present 2	2 ⇒ HW4
HW3B. Record your observation. <i>Circle all that apply.</i>	Bar soap A	A ⇒ HH19
	Detergent (Powder / Liquid / Paste) B	B ⇒ HH19
	Liquid soap C	C ⇒ HH19
	Ash / Mud / Sand D	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	

MICS.HH.17

HH19. <i>Record the time.</i>	Hour and minutes..... ____ : ____	
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SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED/IODATED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD? <i>Test salt for iodine using the iodate test kit. Remember to use the re-check solution on a fresh sample if no reaction is observed.</i> <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized - 0 PPM1 More than 0 PPM & less than 15 PPM2 15 PPM or more.....3 No salt in the house4 Salt not tested (specify reason)5	 2 ⇨ HH20 3 ⇨ HH20 4 ⇨ HH20 5 ⇨ HH20
SI2. AS THE FIRST TEST WAS NEGATIVE I WILL NEED TO REPEAT IT USING ANOTHER METHOD. MAY I HAVE ANOTHER SAMPLE OF THE SAME SALT? <i>Test salt for iodine using the iodide test kit.</i> <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized - 0 PPM1 More than 0 PPM & less than 15 PPM2 15 PPM or more.....3	

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)*

Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MEN:

☐ *A separate Questionnaire for Individual Men has been issued for each man age 15-49 years in the List of Household Members (HL7A)*

☐ *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 (HH 9) the name and line number of the respondent to the household questionnaire (HH 10) and the number of eligible women (HH12), Men HH13A and under-fives (HH 14) 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

WOMAN'S INFORMATION PANEL		WM
<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>		
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;">_ _ _ / _ _ _ / 2014</div>	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM THE BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. THE DATA COLLECTED WILL BE USED BY POLICY MAKERS TO MAKE DECISIONS THAT WILL BENEFIT WOMEN IN YOUR HOUSEHOLD. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND 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 40 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in WM7. Discuss this result with your supervisor.</i></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 _____
---	--

WM10. <i>Record the time.</i>	Hour and minutes..... ____ : ____	
--------------------------------------	-----------------------------------	--

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

MICS.WM.2

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY
MT
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 day1 At least once a week2 Less than once a week3 Not at all4	
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 day1 At least once a week2 Less than once a week3 Not at all4	
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 day1 At least once a week2 Less than once a week3 Not at all4	
MT5. Check WB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes1 No2	2 ⇒ MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes1 No2	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 day1 At least once a week2 Less than once a week3 Not at all4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes1 No2	2 ⇒ Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes1 No2	2 ⇒ Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day1 At least once a week2 Less than once a week3 Not at all4	

MICS.WM.3

FERTILITY/BIRTH HISTORY		CM
CM 1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes1 No.....2	2⇒CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes1 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?	Yes1 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>	Yes1 No.....2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead.....__ __ Girls dead__ __	
CM10. Sum answers to CM5, CM7, and CM9.	Sum.....__ __	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> <i>Yes. Check below:</i> <input type="checkbox"/> <i>No live births ⇒ Go to CM12B</i> <input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module</i> <input type="checkbox"/> <i>No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or CM12B</i>		

MICS.WM.4

BIRTH HISTORY												BH	
NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD. <i>Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.</i>													
BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL1) 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 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No				1 Yes 2 No	
Line	Name	SM	BG	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 Next Birth Birth	
03		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months 2 Years 3	___	1 2 Add Next Birth Birth	
04		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months 2 Years 3	___	1 2 Add Next Birth Birth	
05		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months 2 Years 3	___	1 2 Add Next Birth Birth	
06		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months 2 Years 3	___	1 2 Add Next Birth Birth	
07		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months 2 Years 3	___	1 2 Add Next Birth 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? 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 HL1) 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
08		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months.....2 Years3	___	1 2 Add Birth Next Birth
09		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months.....2 Years3	___	1 2 Add Birth Next Birth
10		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months.....2 Years3	___	1 2 Add Birth Next Birth
11		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months.....2 Years3	___	1 2 Add Birth Next Birth
12		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months.....2 Years3	___	1 2 Add Birth Next Birth
13		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months.....2 Years3	___	1 2 Add Birth Next Birth
14		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days 1 Months.....2 Years3	___	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	

MICS.WM.6

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

☐ Numbers are same ⇒ Continue with CM12B.

☐ Numbers are different ⇒ Probe and reconcile.

<p>CM12B. SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A LIVE BIRTH.</p> <p>HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN A STILLBIRTH, OR THAT WAS ABORTED?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒CM12G</p>
<p>CM12C. HOW MANY MISCARRIAGES HAVE YOU HAD DURING YOUR LIFETIME?</p> <p>BY MISCARRIAGE, I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	<p>None 00</p> <p>Number of miscarriages..... ____</p>	
<p>CM12D. IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH?</p> <p>BY STILLBIRTH, I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5TH MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.</p>	<p>None 00</p> <p>Number of stillbirths..... ____</p>	
<p>CM12E. AND HOW MANY ABORTIONS HAVE YOU HAD DURING YOUR LIFETIME?</p> <p>BY ABORTION, I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	<p>None 00</p> <p>Number of abortions ____</p>	<p>00⇒CM12G</p>
<p>CM12F. WHEN DID YOUR (LAST) ABORTION TAKE PLACE?</p> <p><i>Month and year must be recorded.</i></p>	<p>Date of (last) abortion</p> <p>Month ____</p> <p>Year ____</p>	
<p>CM12G. IF A WOMAN WANTS TO HAVE AN ABORTION IN GUYANA, DO YOU THINK THERE IS ADEQUATE SUPPORT AVAILABLE IN THE HEALTH CARE SYSTEM FOR HER TO DO SO?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	

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.

MICS.WM.7

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Record name of last-born child from CM13 here _____. Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes..... 1 No 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? <i>Record the answer as stated by respondent.</i>	Months 1 __ __ Years..... 2 __ __ DK..... 998	

MICS.WM.8

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⇒MN5															
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor.....A Nurse/Midwife.....B Single midwifeC MedexD Other person Traditional birth attendantF Community health workerG 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? [D] WERE YOU TESTED FOR MALARIA?	<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> <tr> <td>Tested for malaria.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	Tested for malaria.....	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample.....	1	2															
Tested for malaria.....	1	2															
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK..... 8																
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 No 2 DK..... 8	2⇒MN9 8⇒MN9															
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?	Number of times ____ DK..... 8	8⇒MN9															

MN20. WHEN (<i>name</i>) 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 (<i>name</i>) WEIGHED AT BIRTH?	Yes..... 1 No 2 DK..... 8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (<i>name</i>) WEIGH? <i>If a card is available, record weight from card.</i>	From card..... 1 (kg) _ _ _ _ From recall 2 (kg) _ _ _ _ DK..... 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes..... 1 No 2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes..... 1 No 2	2⇒Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) 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 (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes..... 1 No 2	2⇒Next Module
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe:</i> 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 (<i>specify</i>) _____ X	

MICS.WM.11

POST-NATAL HEALTH CHECKS

PN

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Record name of last-born child from CM13 here _____.
Use this child's name in the following questions, where indicated.*

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

☐ Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2

☐ No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6

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

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

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

Hours 1 ____

Days 2 ____

Weeks 3 ____

DK / Don't remember 998

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

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

Yes 1

No 2

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

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

Yes 1

No 2

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

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

Yes 1

No 2

1⇒PN11

2⇒PN16

PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?

☐ Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒ Continue with PN7

☐ No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN10

MICS.WM.12

<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>	
<p>PN13. WHO CHECKED ON (<i>name</i>)'S HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>Doctor.....A</p> <p>Nurse / Midwife.....B</p> <p>Single midwife C</p> <p>Medex D</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Community health worker G</p> <p>Relative / Friend..... H</p> <p>Other (<i>specify</i>) X</p>	

<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(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 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>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p>PN16. AFTER YOU LEFT (name or type of facility in MN18), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇒Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (person or persons in MN17) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF (name), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once 1</p> <p>More than once 2</p>	<p>1⇒PN21A</p> <p>2⇒PN21B</p>

MICS.WM.14

<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours 1 __ __</p> <p>Days 2 __ __</p> <p>Weeks 3 __ __</p> <p>DK / Don't remember 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>Doctor.....A</p> <p>Nurse / Midwife.....B</p> <p>Single midwife C</p> <p>Medex.....D</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Community health worker G</p> <p>Relative / Friend..... H</p> <p>Other (<i>specify</i>) X</p>	
<p>PN23. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home</p> <p>Respondent's home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Government hospital 21</p> <p>Government clinic/health centre 22</p> <p>Government health post..... 23</p> <p>Other public (<i>specify</i>) 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 (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	

MICS.WM.15

ILLNESS SYMPTOMS

IS

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
 Child is vomiting for more than 1 week H
 Child has diarrhoea for more than 1 week I
 Child has rashes for more than 1 month J

Other (specify) X

Other (specify) Y

Other (specify) Z

MICS.WM.16

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No 2 Unsure or DK..... 8	1⇒CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes..... 1 No 2	1⇒CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes..... 1 No 2	1⇒Next Module 2⇒Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	Female sterilization.....A Male sterilization.....B IUD.....C Injectable.....D Implants.....E Pill.....F Male condom.....G Female condom.....H Diaphragm.....I Foam/ Jelly.....J Periodic abstinence/RhythmL WithdrawalM Other (<i>specify</i>) X	

MICS.WM.17

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		

MICS.WM.18

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 menstruatedC Hysterectomy (surgical removal of womb)D Has been trying to get pregnant for 2 years or more without resultE Postpartum amenorrheicF BreastfeedingG Too oldH Fate.....I Other (<i>specify</i>)X DK.....Z	
UN12. Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
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	

MICS.WM.19

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 RIGHT 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

MICS.WM.20

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED, LIVING TOGETHER WITH A MAN AS IF MARRIED OR IN A VISITING RELATIONSHIP?	Yes, currently married 1 Yes, living with a partner 2 Yes, have a visiting partner 0 No, not in union 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK98	
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	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number.....__ __ DK98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED OR WERE IN A VISITING RELATIONSHIP?	Yes, formerly married 1 Yes, formerly lived with a man 2 Yes, formerly had a visiting partner 0 No 3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR NO LONGER IN A VISITING RELATIONSHIP?	Widowed 1 Divorced 2 Separated 3 No longer in a visiting relationship 4	
MA7. HAVE YOU BEEN MARRIED, LIVED WITH A MAN ONLY OR IN A VISITING RELATIONSHIP ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	1 ⇒MA8A 2 ⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY, START LIVING WITH A MAN AS IF MARRIED OR START THE VISITING RELATIONSHIP?	Date of (first) marriage Month__ __ DK month98	⇒MA10
MA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY, START LIVING WITH A MAN AS IF MARRIED OR START THE VISITING RELATIONSHIP?	Year__ __ __ __ DK year9998	
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) HUSBAND/PARTNER OR STARTED YOUR FIRST VISITING RELATIONSHIP?	Age in years.....__ __	
MA10: WAS THIS A MARRIAGE, WERE YOU LIVING WITH HIM, OR WAS IT A VISITING RELATION?	Married 1 Living with a partner 2 Visiting partner 0	

MICS.WM.21

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
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 / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years. Record 00 for today or last night.</i>	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? <i>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'.</i>	Husband 1 Cohabiting partner 2 Boyfriend 3 Casual acquaintance 4 Friend 7 Visiting partner 0 Other (specify) 6	3⇒SB7 4⇒SB7 7⇒SB7 6⇒SB7
SB 6. Check MA1: <input type="checkbox"/> Currently married, living with a man or in a visiting relationship (MA1 = 1, 2 or 0) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union / Not in a visiting relationship (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	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	

MICS.WM.22

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

MICS.WM.23

PREVENTION		PR
<p>PR1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT DIFFERENT ACTIVITIES TO PREVENT CERTAIN DISEASES.</p> <p>A VISUAL INSPECTION OF THE PELVIS WITH ACETIC ACID (VIA) IS A TEST FOR CANCER OF THE CERVIX WHICH IS DONE DURING A PELVIC EXAMINATION BY A DOCTOR OR A NURSE.</p> <p>HAVE YOU EVER HAD A VISUAL INSPECTION OF THE PELVIS WITH ACETIC ACID?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	<p>2⇒PR3</p> <p>8⇒PR3</p>
<p>PR2. HOW LONG HAS IT BEEN SINCE YOUR LAST VISUAL INSPECTION OF THE PELVIS WITH ACETIC ACID (VIA)?</p> <p><i>If less than one month, record days.</i></p>	<p>Days 1 ____</p> <p>Months 2 ____</p> <p>Years 3 ____</p> <p>DK / Don't remember 998</p>	
<p>PR3. HPV VACCINE PROTECT AGAINST SOME OF THE MOST COMMON TYPES OF HUMAN PAPILLOMA VIRUS. IT IS ADMINISTERED IN THREE DOSES</p> <p>HAVE YOU EVER RECEIVED A COURSE OF THE HPV VACCINE??</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	<p>2⇒PR5</p> <p>8⇒PR5</p>
<p>PR4. HOW MANY DOSES OF THE HPV VACCINE HAVE YOU RECEIVED?</p>	<p>Number of doses of HPV received ____</p> <p>DK / Don't remember 98</p>	
<p>PR5. PAP SMEAR IS A SCREENING TEST FOR CERVICAL CANCER IN WHICH CELLS ARE GENTLY SCRAPPED FROM THE CERVIX AREA. THE CERVIX IS THE LOWER PART OF THE UTERUS (WOMB) THAT OPENS AT THE TOP OF THE VAGINA. THIS SAMPLE OF CELLS IS SENT TO A LAB FOR EXAMINATION.</p> <p>HAVE YOU EVER HAD A PAP SMEAR TEST?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	<p>2⇒Next module</p> <p>8⇒Next module</p>
<p>PR6. HOW LONG HAS IT BEEN SINCE YOUR LAST PAP SMEAR TEST?</p> <p><i>If less than one month, record days.</i></p>	<p>Days 1 ____</p> <p>Months 2 ____</p> <p>Years 3 ____</p> <p>DK / Don't remember 998</p>	

MICS.WM.24

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

MICS.WM.25

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="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test.....	1	2	8	
	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 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?	Yes.....1 No2 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 No2 DK.....8	1⇒HA22 2⇒HA22 8⇒HA22																				
HA19. Check MN17: Birth delivered by health professional (A, B, C or D)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B, C or D) ⇒Continue with HA20. <input type="checkbox"/> No, birth not delivered by health professional (MN17 = else) ⇒Go to HA24.																						
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes.....1 No2	2⇒HA24																				
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No2																					
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes.....1 No2	1⇒HA25																				

MICS.WM.26

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	

MICS.WM.27

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes1 No.....2	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 No.....2	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 "everyday" or "almost every day", circle "30"</i>	Number of days.....0 __ 10 days or more but less than a month.....10 Every day / Almost every day30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, OR PIPE?	Yes1 No.....2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes1 No.....2	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 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 "everyday" or "almost every day", circle "30"</i>	Number of days.....0 __ 10 days or more but less than a month.....10 Every day / Almost every day30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes1 No.....2	2⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes1 No.....2	2⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes1 No.....2	2⇒TA14

MICS.WM.28

<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 (specify) _____ 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 "everyday" 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 day30</p>	
<p>TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes1 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 alcohol00 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 "everyday" 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 day30</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>	

MICS.WM.29

CHRONIC ILLNESS CONTROL		CI
CI1. NOW I WOULD LIKE TO ASK YOU ABOUT YOUR CONSUMPTION OF FRUITS AND VEGETABLES. I AM INTERESTED TO KNOW WHETHER YOU HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. DID YOU EAT YESTERDAY DURING THE DAY OR THE NIGHT:		
	Yes	No DK
[A] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	1	2 8
[B] ANY DARK GREEN, LEAFY VEGETABLES, SUCH AS SPINACH, CALLALOO, CABBAGE/PAK CHOI?	1	2 8
[C] RIPE MANGOES, PAPAYAS, ORANGES, CHERRIES, GUAVAS OR POMEGRANATE?	1	2 8
[D] NATURAL JUICE OF MANGO, PAPAYA, ORANGE OR POMEGRANATE?	1	2 8
[E] ANY OTHER FRUITS OR VEGETABLES, LIKE OCHRO, PEAR, PINEAPPLE, WATERMELON, AVOCADO?	1	2 8
[F] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	1	2 8
CI2. IN THE PAST WEEK HAVE YOU ENGAGED IN PHYSICAL ACTIVITY (EXERCISE)?	Yes1 No2 DK / Don't remember8	2⇒ Next Module 8⇒ Next Module
CI3. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID YOU ENGAGE IN PHYSICAL ACTIVITY (EXERCISE) IN TOTAL? <i>If less than one hour, record minutes.</i>	Minutes 1 _ _ Hours 2 _ _ DK / Don't remember998	

MICS.WM.30

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

<p>LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i></p>	<p>Very happy1 Somewhat happy2 Neither happy nor unhappy3 Somewhat unhappy4 Very unhappy5</p>	
<p>LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>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.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>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.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	
<p>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	
<p>LS5. DURING THE 2013-2014 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes1 No2</p>	2 ⇒ LS7
<p>LS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	

MICS.WM.31

<p>LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><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></p>	<p>Does not have a job0</p> <p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><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></p>	<p>Does not have any income0</p> <p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?</p>	<p>Improved1</p> <p>More or less the same2</p> <p>Worsened3</p>	
<p>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?</p>	<p>Better1</p> <p>More or less the same2</p> <p>Worse3</p>	

MICS.WM.32

WM11. <i>Record the time.</i>	Hour and minutes..... ____ : ____	
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<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 ⇒ 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 ⇒ 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>
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MICS.WM.33

Interviewer's Observations






Field Editor's Observations

Supervisor's Observations






MICS.WM.34

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

MICS.WM.35

MAN'S INFORMATION PANEL		MWM
<i>This questionnaire is to be administered to all men age 15 through 49 (see List of Household Members, column HL7A). A separate questionnaire should be used for each eligible man.</i>		
MWM1. Cluster number: <div style="text-align: right;">_ _ _</div>	MWM2. Household number: <div style="text-align: right;">_ _ _</div>	
MWM3. Man's name: Name _____	MWM4. Man's line number: <div style="text-align: right;">_ _ _</div>	
MWM5. Interviewer's name and number: Name _____	MWM6. Day / Month / Year of interview: <div style="text-align: right;">_ _ _ / _ _ _ / 2014</div>	

<p><i>Repeat greeting if not already read to this man:</i></p> <p>WE ARE FROM THE BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. THE DATA COLLECTED WILL BE USED BY POLICY MAKERS TO MAKE DECISIONS THAT WILL BENEFIT MEN. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 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 man, 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 30 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 MWM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in MWM7. Discuss this result with your supervisor.</p>	

MWM7. Result of man's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
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MWM8. Field editor's name and number: Name _____	MWM9. Main data entry clerk's name and number: Name _____
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MICS.ME.1

MWM10. Record the time.	Hour and minutes :	
--------------------------------	--------------------------------	--

MAN'S BACKGROUND		MWB
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month 98 Year DK year 9998	
MWB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MWB1 and/or MWB2 if inconsistent</i>	Age (in completed years)	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR NURSERY?	Yes 1 No 2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Nursery 0 Primary 1 Secondary 2 Higher 3	0⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE/YEAR YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00".</i>	Grade/Year	
MWB6. Check MWB4: <input type="checkbox"/> Secondary or higher (MWB4 = 2 or 3) ⇒ Go to Next Module <input type="checkbox"/> Primary (MWB4 = 1) ⇒ Continue with MWB7		
MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 (specify language) Blind/visually impaired 5	

MICS.ME.2

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY
MMT
MMT1. Check MWB7:
☐ Question left blank (Respondent has secondary or higher education) ⇒ Continue with MMT2

☐ Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2

☐ Cannot read at all or blind/visually impaired (MWB7 = 1 or 5) ⇒ Go to MMT3

MMT2. 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	
MMT3. 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	
MMT4. 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	
MMT5. Check MWB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MMT6 <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module		
MMT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2 ⇒ MMT9
MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2 ⇒ MMT9
MMT8. 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	
MMT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2 ⇒ Next Module
MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2 ⇒ Next Module
MMT11. 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	

MICS.ME.3

FERTILITY		MCM
MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFE. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME. HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?	Yes..... 1 No 2 DK..... 8	2⇒MCM8 8⇒MCM8
MCM3. HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?	Age in years _ _	
MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?	Yes..... 1 No 2	2⇒MCM6
MCM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home _ _ Daughters at home _ _	
MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes..... 1 No 2	2⇒MCM8
MCM7. 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 _ _	
MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking:</i> I MEAN, 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?	Yes..... 1 No 2	2⇒MCM10
MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead _ _ Girls dead _ _	
MCM10. Sum answers to MCM5, MCM7, and MCM9.	Sum..... _ _	

MICS.ME.4

<p>MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (<i>total number in MCM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>No live births ⇒ Go to Next Module</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>One or more live births ⇒ Continue with MCM11A</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary</i></p>		
<p>MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>1⇒MCM12</p>
<p>MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?</p>	<p>Number of women _ _</p>	
<p>MCM12. OF THESE (<i>total number in MCM10</i>) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>Month and year must be recorded.</i></p>	<p>Date of last birth</p> <p>Month _ _</p> <p>Year _ _ _ _</p>	

MICS.ME.5

ATTITUDES TOWARD DOMESTIC VIOLENCE				MDV
<p>MDV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND RIGHT IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:</p>				
		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

MICS.ME.6

MARRIAGE/UNION		MA
MMA1. ARE YOU CURRENTLY MARRIED, LIVING TOGETHER WITH A WOMAN AS IF MARRIED OR IN A VISITING RELATIONSHIP?	Yes, currently married 1 Yes, living with a partner 2 Yes, have a visiting partner 0 No, not in union 3	3⇒MMA5
MMA3. DO YOU HAVE OTHER WIVES, PARTNERS OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes (More than one) 1 No (Only one) 2	2⇒MMA7
MMA4. HOW MANY OTHER WIVES, LIVE-IN PARTNERS OR VISITING RELATIONSHIPS DO YOU HAVE?	Number _ _	⇒MMA7
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED OR WERE IN A VISITING RELATIONSHIP?	Yes, formerly married 1 Yes, formerly lived with a woman 2 Yes, formerly had a visiting partner 0 No 3	3 ⇒Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR NO LONGER IN A VISITING RELATIONSHIP?	Widowed 1 Divorced 2 Separated 3 No longer in a visiting relationship 4	
MMA7. HAVE YOU BEEN MARRIED, LIVED WITH A WOMAN ONLY OR IN A VISITING RELATIONSHIP ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	1 ⇒MMA8A 2 ⇒MMA8B
MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY, START LIVING WITH A WOMAN AS IF MARRIED OR START THE VISITING RELATIONSHIP? MMA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY, START LIVING WITH A WOMAN AS IF MARRIED OR START THE VISITING RELATIONSHIP?	Date of (first) marriage Month _ _ DK month 98 Year _ _ _ _ DK year 9998	⇒MMA10
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (<u>FIRST</u>) WIFE /PARTNER OR STARTED YOUR FIRST VISITING RELATIONSHIP?	Age in years _ _	
MMA10: WAS THIS A MARRIAGE, WERE YOU LIVING WITH HER, OR WAS IT A VISITING RELATION?	Married 1 Living with a partner 2 Visiting partner 0	

MICS.ME.7

SEXUAL BEHAVIOUR

MSB

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

<p>MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse.....00</p> <p>Age in years..... _ _</p> <p>First time when started living with (first) wife/partner95</p>	<p>00⇒Next Module</p>
<p>MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK / Don't remember8</p>	
<p>MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If more than 12 months (one year), answer must be recorded in years.</i></p> <p><i>Record 00 for today or last night.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago.....2 _ _</p> <p>Months ago.....3 _ _</p> <p>Years ago4 _ _</p>	<p>4⇒MSB15</p>
<p>MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No.....2</p>	
<p>MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife.....1</p> <p>Cohabiting partner2</p> <p>Girlfriend.....3</p> <p>Casual acquaintance.....4</p> <p>Prostitute5</p> <p>Friend7</p> <p>Visiting partner.....0</p> <p>Other (specify) 6</p>	
<p>MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>2⇒MSB15</p>
<p>MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No.....2</p>	

MICS.ME.8

<p>MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1</p> <p>Cohabiting partner 2</p> <p>Girlfriend 3</p> <p>Casual acquaintance 4</p> <p>Prostitute 5</p> <p>Friend 7</p> <p>Visiting partner 0</p> <p>Other (specify) 6</p>	
<p>MSB13. 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>	<p>2⇒MSB15</p>
<p>MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners _ _</p>	
<p>MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners _ _</p> <p>DK 98</p>	

MICS.ME.9

HIV/AIDS		MHA																
MHA1. 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																
MHA2. 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																	
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT/OBEAH OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8																	
MHA4. 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																	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8																	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8																	
MHA8. 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															
MHA9. 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																	
MHA10. 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																	
MHA11. 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																	
MHA12. 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																	

MICS.ME.10

MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes1 No2	2⇒MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago2 2 or more years ago3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes1 No2 DK8	1⇒Next Module 2⇒Next Module 8⇒Next Module
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes1 No2	

MICS.ME.11

TOBACCO AND ALCOHOL USE		MTA
MTA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes..... 1 No 2	2⇒MTA6
MTA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age ____	00⇒MTA6
MTA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No 2	2⇒MTA6
MTA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
MTA5. 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 "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day..... 30	
MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, OR PIPE?	Yes..... 1 No 2	2⇒MTA10
MTA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes..... 1 No 2	2⇒MTA10
MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars.....A Water pipe.....B Pipe.....D Other (<i>specify</i>).....X	
MTA9. 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 "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day..... 30	

MICS.ME.12

MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes..... 1 No 2	2 ⇒ MTA14
MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes..... 1 No 2	2 ⇒ MTA14
MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobacco A Snuff..... B Dip C Other (<i>specify</i>) X	
MTA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS 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 "everyday" or "almost every day", circle "30"</i>	Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day..... 30	
MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes..... 1 No 2	2⇒Next Module
MTA15. 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. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol..... 00 Age ____ ____	00⇒Next Module
MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <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 "everyday" or "almost every day", circle "30"</i>	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	00⇒Next Module
MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks ____ ____	

MICS.ME.13

CHRONIC ILLNESS CONTROL		MCI
MCI1. NOW I WOULD LIKE TO ASK YOU ABOUT YOUR CONSUMPTION OF FRUITS AND VEGETABLES. I AM INTERESTED TO KNOW WHETHER YOU HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. DID YOU EAT YESTERDAY DURING THE DAY OR THE NIGHT:		Yes No DK
[A] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?		1 2 8
[B] ANY DARK GREEN, LEAFY VEGETABLES, SUCH AS SPINACH, CALLALOO, CABBAGE/PAK CHOI?		1 2 8
[C] RIPE MANGOES, PAPAYAS, ORANGES, CHERRIES, GUAVAS OR POMEGRANATE?		1 2 8
[D] NATURAL JUICE OF MANGO, PAPAYA, ORANGE OR POMEGRANATE?		1 2 8
[E] ANY OTHER FRUITS OR VEGETABLES, LIKE OCHRO, PEAR, PINEAPPLE, WATERMELON, AVOCADO?		1 2 8
[F] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?		1 2 8
MCI2. IN THE PAST WEEK HAVE YOU ENGAGED IN PHYSICAL ACTIVITY (EXERCISE)?	Yes 1 No 2 DK / Don't remember 8	2⇒ Next Module 8⇒ Next Module
MCI3. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID YOU ENGAGE IN PHYSICAL ACTIVITY (EXERCISE) IN TOTAL? <i>If less than one hour, record minutes.</i>	Minutes 1 ____ Hours 2 ____ DK / Don't remember 998	

MICS.ME.14

LIFE SATISFACTION
MLS

MLS1. Check MWB2: Age of respondent is between 15 and 24?

☐ Age 25-49 ⇒ Go to MWM11

☐ Age 15-24 ⇒ Continue with MLS2

MLS2. 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

MLS3. 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 MLS3 to MLS13.

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

MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

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

MLS5. DURING THE 2013-2014 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

Yes 1
No 2

2 ⇒ MLS7

MICS.ME.15

MLS6. 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	
MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he does not have a job, circle "0" and continue with the next question. Do not probe to find out how he feels about not having a job, unless he tells you himself.</i>	Does not have a job 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS9. 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	
MLS10. 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	
MLS11. 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	
MLS12. 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	
MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that he does not have any income, circle "0" and continue with the next question. Do not probe to find out how he feels about not having any income, unless he tells you himself.</i>	Does not have any income 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved 1 More or less the same 2 Worsened 3	
MLS15. 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	

MICS.ME.16

MWM11. <i>Record the time.</i>	Hour and minutes ____ : ____	
---------------------------------------	------------------------------------	--

<p>MWM12. <i>Check List of Household Members, columns HL7B and HL15:</i> <i>Is the respondent the caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Proceed to complete the result of man's interview (MWM7) 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 ⇒ End the interview with this respondent by thanking him for his cooperation and proceed to complete the result of man's interview (MWM7) on the cover page.</i></p>

MICS.ME.17

Interviewer's Observations






Field Editor's Observations

Supervisor's Observations






MICS.ME.18

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

MICS.ME.19

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). 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: ____ / ____ / 2014	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE BUREAU OF STATISTICS. 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 DATA COLLECTED WILL BE USED BY POLICY MAKERS TO MAKE DECISIONS FOR THE BENEFIT OF YOUR CHILD. THE INTERVIEW WILL TAKE ABOUT 30 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 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</p>	

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed.....01</p> <p>Not at home.....02</p> <p>Refused.....03</p> <p>Partly completed.....04</p> <p>Incapacitated.....05</p> <p>Other (<i>specify</i>).....96</p>
---	---

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

UF12. <i>Record the time.</i>	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 20 _ _</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>	

MICS.U5.2

BIRTH REGISTRATION		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen..... 1 Yes, not seen 2 No..... 3 DK 8	1⇒Next Module 2⇒Next Module
BR1A. DOES (name) HAVE A BIRTH REGISTRATION FORM? <i>If yes, ask:</i> 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 GENERAL REGISTRATION OFFICE?	Yes 1 No..... 2 DK 8	1⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?	Yes 1 No..... 2	

MICS.U5.3

EARLY CHILDHOOD DEVELOPMENT		EC																
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?	None.....00 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: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i>	<table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>Homemade toys.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Y	N	DK	Homemade toys.....	1	2	8	Toys from a shop	1	2	8	Household objects or outside objects.....	1	2	8	
	Y	N	DK															
Homemade toys.....	1	2	8															
Toys from a shop	1	2	8															
Household objects or outside objects.....	1	2	8															
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.....__																	
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 EC5																		
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 No.....2 DK8																	

<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:</i> WHO ENGAGED IN THIS ACTIVITY WITH (name)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME OR YARD?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
	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 AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A PEBBLE FROM THE GROUND?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>																																				
<p>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes1</p> <p>No2</p> <p>DK8</p>																																				

MICS.U5.5

EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes1 No.....2 DK8	
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT ON HIS/HER OWN?	Yes1 No.....2 DK8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No.....2 DK8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No.....2 DK8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes1 No.....2 DK8	

MICS.U5.6

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 SPRINKLES/MULTI VITAMIN (BUILDERS) 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 Yes No DK 1 2 8	
[B] VITAMIN A RICH FRESH JUICE (MANGO, PAPAYA, ORANGE OR POMEGRANATE)?	VitA rich Fresh Juice Yes No DK 1 2 8	
[B1] OTHER FRESH JUICES?	Other Fresh Juices Yes No DK 1 2 8	
[B2] PRE-PACKAGED JUICE DRINKS?	Pre-packaged Juice Yes No DK 1 2 8	
[C] CLEAR SOUP WITH NO FOOD PIECES	Clear Soup Yes No DK 1 2 8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK (LIQUID MILK)?	Milk Yes No DK 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 Yes No DK 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 Yes No DK 1 2 8	

MICS.U5.7

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
[B] ANY NESTUM	Nestum	1	2	8
[C] BREAD, PURI, FLOAT BAKE, BARAH, SAMOSAS, RICE, NOODLES, CHOWMEIN OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, , cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAPAYAS	Ripe mangoes	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 OR OTHER TYPES OF FISH? E.G. BUTTER FISH, BANGA MARY, TROUT, MACKEREL, LOBSTER, SHRIMP, CRAB, ETC.	Fresh, dried fish or shell fish	1	2	8
[M] ANY FOODS MADE FROM KIDNEY BEANS, PEAS, LENTILS, OR NUTS, PEANUTS OR COCONUTS/COCONUT MILK?	Foods made from beans, peas, coconut, etc.	1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK LIKE YOGURT?	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? If 7 or more times, record '7'.	Number of times DK 8			

MICS.U5.8

IMMUNIZATION										IM																																																																																																																																																										
<p>If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17E will only be asked if a card is not available.</p>																																																																																																																																																																				
IM1. DO YOU HAVE A CARD WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? <i>If yes: MAY I SEE IT PLEASE?</i>					Yes, seen 1 Yes, not seen 2 No card 3			1⇒IM3 2⇒IM6																																																																																																																																																												
IM2. DID YOU EVER HAVE A VACCINATION (child health) CARD FOR (name)?					Yes 1 No 2			1⇒IM6 2⇒IM6																																																																																																																																																												
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.					<table border="1"> <thead> <tr> <th colspan="8">Date of Immunization</th> </tr> <tr> <th>Day</th> <th>Month</th> <th colspan="6">Year</th> </tr> </thead> <tbody> <tr><td>BCG (BACILLE CALMETTE GUERIN)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1ST DOSE OF POLIO VACCINE(OPV)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2ND DOSE OF POLIO VACCINE (OPV)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3^A DOSE OF POLIO VACCINE (OPV)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1ST DOSE OF PENTAVALENT VACCINE (HEPATITIS B + DPT + Hib)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2ND DOSE OF PENTAVALENT VACCINE (HEPATITIS B + DPT + Hib)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3RD DOSE OF PENTAVALENT VACCINE (HEPATITIS B + DPT + Hib)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1ST DOSE OF ROTAVIRUS (ROTATEQ)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2ND DOSE OF ROTAVIRUS (ROTATEQ)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3RD DOSE OF ROTAVIRUS (ROTATEQ)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1ST DOSE OF PNEUMOCOCCAL VACCINE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2ND DOSE OF PNEUMOCOCCAL VACCINE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3RD DOSE OF PNEUMOCOCCAL VACCINE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES MUMPS AND RUBELLA (MMR)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>YELLOW FEVER (YF)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>BOOSTER OPV</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>BOOSTER DPT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>								Date of Immunization								Day	Month	Year						BCG (BACILLE CALMETTE GUERIN)								1 ST DOSE OF POLIO VACCINE(OPV)								2 ND DOSE OF POLIO VACCINE (OPV)								3 ^A DOSE OF POLIO VACCINE (OPV)								1 ST DOSE OF PENTAVALENT VACCINE (HEPATITIS B + DPT + Hib)								2 ND DOSE OF PENTAVALENT VACCINE (HEPATITIS B + DPT + Hib)								3 RD DOSE OF PENTAVALENT VACCINE (HEPATITIS B + DPT + Hib)								1 ST DOSE OF ROTAVIRUS (ROTATEQ)								2 ND DOSE OF ROTAVIRUS (ROTATEQ)								3 RD DOSE OF ROTAVIRUS (ROTATEQ)								1 ST DOSE OF PNEUMOCOCCAL VACCINE								2 ND DOSE OF PNEUMOCOCCAL VACCINE								3 RD DOSE OF PNEUMOCOCCAL VACCINE								MEASLES MUMPS AND RUBELLA (MMR)								YELLOW FEVER (YF)								BOOSTER OPV								BOOSTER DPT							
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IM4. Check IM3. Are all vaccines (BCG to BOOSTER DPT) recorded? <input type="checkbox"/> Yes ⇒Go to IM19 <input type="checkbox"/> No⇒Continue with IM5																																																																																																																																																																				

MICS.U5.9

<p>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?</p> <p><input type="checkbox"/> <i>Yes</i> ⇒ 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 IM19</p> <p><input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM19</p>		
<p>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?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM19</p> <p>8⇒IM19</p>
<p>IM7. HAS (<i>name</i>) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM POLIO?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM11A</p> <p>8⇒IM11A</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST EIGHT WEEKS AFTER BIRTH?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM11A. HAS (<i>name</i>) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B OR INFLUENZA TYPE B?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p>IM11B. HOW MANY TIMES WAS THE PENTAVALENT VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MMR INJECTION– THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM17. HAS (<i>name</i>) EVER RECEIVED THE YELLOW FEVER VACCINATION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER?</p> <p><i>Probe by indicating that the Yellow Fever vaccine is sometimes given at the same time as the measles vaccine</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>IM17A. HAS (<i>name</i>) EVER RECEIVED APNEUMOCOCCAL VACCINE, THAT IS, A VACCINE AGAINST THE PNEUMOCOCCAL BACTERIA TO AVOID PNEUMONIA AND MENINGITIS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒IM17C</p> <p>8⇒IM17C</p>

IM17B. HOW MANY TIMES WAS THE PNEUMOCOCCAL VACCINE RECEIVED?	Number of times.....	
IM17C. HAS (name) EVER RECEIVED AN ORAL VACCINE AGAINST ROTAVIRUS, THAT IS, A VACCINE AGAINST A VIRUS THAT CAUSED DIARRHEA, VOMITING, AND FEVER?	Yes 1 No 2 DK..... 8	2⇒IM17E 8⇒IM17E
IM17D. HOW MANY TIMES WAS THE ROTAVIRUS VACCINE RECEIVED?	Number of times.....	
IM17E. HAS (name) EVER RECEIVED A DPT BOOSTER THAT IS, A SHOT IN THE TIGHT AT THE AGE OF 18MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH OR DIPHTHERIA?	Yes 1 No 2 DK..... 8	
IM19. PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS: [A] VACCINATION WEEK IN APRIL [B] VACCINATION MOP UP ACTIVITIES DONE EVERY QUARTER	<div style="text-align: right;">Y N DK</div> Vaccination week (April) 1 2 8 Quarterly mop up Activities 1 2 8	
IM20. Is a copy of the vaccination card of the child kept at the health facility? <input type="checkbox"/> Yes ⇒Issue a “QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY” for this child. Complete the Information Panel on that questionnaire and continue with Next Module. <input type="checkbox"/> No ⇒ Continue with Next Module		

MICS.U5.11

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 BREAST MILK). 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 than usual 1 Somewhat less than usual 2 About the same 3 More 4 Stopped food 5 Never gave food 6 DK 8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes 1 No 2 DK 8	2⇒CA4 8⇒CA4
CA3B. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? <i>Probe:</i> ANYWHERE ELSE? <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i> <i>Probe to identify each type of source.</i> <i>If unable to determine if public or private sector, write the name of the place.</i> _____ (<i>Name of place</i>)	Public sector Government hospital A Government health centre B Government health post C Community health worker D Mobile / Outreach clinic E Other public (<i>specify</i>) _____ H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) _____ O Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) _____ X	

<p>CA4. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN TO DRINK</p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORS PACKET SOLUTION?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet 1 2 8</p> <p>Pre-packaged ORS fluid 1 2 8</p>	
<p>CA4A. Check CA4: ORS.</p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B.</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA5</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;">(Name of place)</p>	<p>Public sector</p> <p>Government hospital 11</p> <p>Government health centre 12</p> <p>Government health post 13</p> <p>Community health worker 14</p> <p>Mobile / Outreach clinic 15</p> <p>Other public (<i>specify</i>) 16</p> <p>Private medical sector</p> <p>Private hospital / clinic 21</p> <p>Private physician 22</p> <p>Private pharmacy 23</p> <p>Mobile clinic 24</p> <p>Other private medical (<i>specify</i>) 26</p> <p>Other source</p> <p>Relative / Friend 31</p> <p>Shop 32</p> <p>Traditional practitioner 33</p> <p>Already had at home 40</p> <p>Other (<i>specify</i>) 96</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 style="text-align: center;">(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility B</p> <p>Other pill or syrup (Not antibiotic, antimotility) 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 Q</p>	

	Other (<i>specify</i>) _____ X	
CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
CA6B. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	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> _____ (Name of place)	Public sector Government hospital A Government health centre B Government health post C Community health worker D Mobile / Outreach clinic E Other public (<i>specify</i>) H Private medical sector Private hospital/clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (<i>specify</i>) O Other source Relative / Friend P Shop Q Traditional practitioner R Other (<i>specify</i>) X	
CA12. AT ANY TIME DURING THE ILLNESS, WAS (<i>name</i>) GIVEN ANY MEDICINE FOR THE	Yes 1 No 2	2⇒CA14

ILLNESS?	DK 8	8⇒CA14
CA13. WHAT MEDICINE WAS (name) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i> _____ <i>(Names of medicines)</i>	Anti-malarials..... SP / Fansidar A Chloroquine B Amodiaquine..... C Quinine D Combination with Artemisinin E Other anti-malarial (specify) H Antibiotics: Pill / Syrup..... I Injection J Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin..... Q Ibuprofen..... R Other (specify) X DK Z	
CA13A. Check CA13: Antibiotic mentioned (codes I or J)? <input type="checkbox"/> Yes ⇒Continue with CA13B <input type="checkbox"/> No ⇒ Go to CA13C		
CA13B. WHERE DID YOU GET THE (name of medicine from CA13)? <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>	Public sector Government hospital 11 Government health centre 12 Government health post 13 Community health worker 14 Mobile / Outreach clinic 15 Other public (specify) 16 Private medical sector Private hospital / clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26 Other source Relative / Friend 31 Shop 32 Traditional practitioner 33 Already had at home 40 Other (specify) 96	
CA13C. Check CA13: Anti-malarial mentioned (codes A - H)? <input type="checkbox"/> Yes ⇒Continue with CA13D <input type="checkbox"/> No ⇒ Go to CA14		

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<p>CA13D. 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 hospital11</p> <p>Government health centre12</p> <p>Government health post13</p> <p>Community health worker14</p> <p>Mobile / Outreach clinic15</p> <p>Other public (specify)16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>Other private medical (specify)26</p> <p>Other source</p> <p>Relative / Friend31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (specify)96</p>	
<p>CA13E. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from CA13)?</p> <p><i>If multiple anti-malarial mentioned in CA13, name all anti-malarial medicines mentioned.</i></p>	<p>Same day0</p> <p>Next day1</p> <p>2 days after the fever2</p> <p>3 days after the fever3</p> <p>4 or more days after the fever4</p> <p>DK8</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 flush toilet or latrine02</p> <p>Put / Rinsed into drain or ditch03</p> <p>Thrown into garbage (solid waste).....04</p> <p>Buried05</p> <p>Left in the open06</p> <p>Other (specify)96</p> <p>DK98</p>	
<p>UF13. Record the time.</p> <p>Hour and minutes..... ____ : ____</p>		

MICS.U5.16

UF14. *Check List of Household Members, columns HL7B and HL15.*

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

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

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

MICS.U5.17

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 in the List of Household Members before recording measurements.

AN1. <i>Measurer's name and number:</i>	Name _____	
AN2. <i>Result of height/length and weight measurement</i>	Either or both measured 1 Child not present 2 Child or mother/caretaker refused 3 Other (specify) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. <i>Child's weight</i>	Kilograms (kg)-_____ Weight not measured99.9	
AN3A. <i>Was the child undressed to the minimum?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No, the child could not be undressed to the minimum		
AN3B. <i>Check age of child in AG2:</i> <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. <i>Child's length or height</i>	Length / Height..... _____ Length/ Height not measured999.9	⇒AN6
AN4A. <i>How was the child actually measured? Lying down or standing up?</i>	Lying down..... 1 Standing up..... 2	

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

- ☐ Yes ⇒ Record measurements for next child.
- ☐ No ⇒ Check if there are any other individual questionnaires to be completed in the household.

MICS.U5.18

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Measurer's Observations

MICS.U5.19

QUESTIONNAIRE FORM FOR VACCINATION RECORDS AT HEALTH FACILITY

MICS 5 Guyana

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the vaccinations of children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The Questionnaire for Under Five Children 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 Under Five Children for each child.</i></p>		
HF1. Cluster number ED 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 name and number: Name		HF8. Day / Month / Year of facility visit:
HF9. Day, month and year of birth (From AG1 in Under-5 Questionnaire)		HF10. Name of health facility:

HF11. Result of health facility visit	Vaccination record seen..... 01 Vaccination record not seen..... 02 Other (specify) 96
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HF11A. Field editor name and number: Name	HF11B. Main data entry clerk name and number: Name
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MICS.HF.1

IMMUNIZATION										HF
HF12. Record day, month and year of birth as written on vaccination record				____ / ____ / 2 0 1 ____						
HF13. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.				Date of Immunization						
				Day		Month		Year		
BCG	BCG									
POLIO AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
DPT 1	DPT1									
DPT 2	DPT2									
DPT 3	DPT3									
HEPB AT BIRTH	HEP0									
HEPB 1	HEP1									
HEPB 2	HEP2									
HEPB 3	HEP3									
HIB 1	HIB1									
HIB 2	HIB2									
HIB 3	HIB3									
MEASLES (OR MMR OR MR)	MEASLES									
YELLOW FEVER	YF									
VITAMIN A (MOST RECENT)	VITA									

MICS.HF.2