

Appendix F1. Household Questionnaire



HOUSEHOLD QUESTIONNAIRE

2015 TURKMENISTAN MULTIPLE INDICATOR CLUSTER SURVEY

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____	HH7. Region: <table style="width: 100%; border: none;"> <tr><td>Ashgabat city</td><td style="text-align: right;">1</td></tr> <tr><td>Ahal velayat</td><td style="text-align: right;">2</td></tr> <tr><td>Balkan velayat</td><td style="text-align: right;">3</td></tr> <tr><td>Dashoguz velayat</td><td style="text-align: right;">4</td></tr> <tr><td>Lebap velayat</td><td style="text-align: right;">5</td></tr> <tr><td>Mary velayat</td><td style="text-align: right;">6</td></tr> </table>		Ashgabat city	1	Ahal velayat	2	Balkan velayat	3	Dashoguz velayat	4	Lebap velayat	5	Mary velayat	6				
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HH6. Area: Urban 1 Rural 2																		
<p>WE ARE FROM THE STATE STATISTICS COMMITTEE OF TURKMENISTAN. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p> <input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview. <input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor. </p>																		
HH9. Result of household interview: <table style="width: 100%; border: none;"> <tr><td>Completed</td><td style="text-align: right;">01</td></tr> <tr><td>No household member or no competent respondent at home at time of visit</td><td style="text-align: right;">02</td></tr> <tr><td>Entire household absent for extended period of time</td><td style="text-align: right;">03</td></tr> <tr><td>Refused</td><td style="text-align: right;">04</td></tr> <tr><td>Dwelling vacant / Address not a dwelling</td><td style="text-align: right;">05</td></tr> <tr><td>Dwelling destroyed</td><td style="text-align: right;">06</td></tr> <tr><td>Dwelling not found</td><td style="text-align: right;">07</td></tr> <tr><td>Other (specify)</td><td style="text-align: right;">96</td></tr> </table>			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
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After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire:

Name ____

HH11. Total number of household members: ____ ____

HH12. Number of women age 15-49 years: ____ ____

HH14. Number of children under age 5: ____ ____

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

HH13. Number of women's questionnaires completed: ____ ____

HH15. Number of under-5 questionnaires completed: ____ ____

HH18. Record the time.

Hour..... — —

Minutes — —

LIST OF HOUSEHOLD MEMBERS **HL**

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

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

						For women age 15-49	For children age 0-4	For children age 0-17 years						For Children age 0-14	
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL7B.	HL11.	HL12.	HL12A.	HL13.	HL14.	HL14A.	HL15.
			1 Male 2 Female	98 DK	9998 DK	Record in complete d years. If age is 95 or above, record '95'.	Circle line no. if woman age 15-49.	Circle line no. if age 0-4.	Is (name)'s NATURAL MOTHER ALIVE?	DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	WHERE DOES (name)'s NATURAL MOTHER LIVE?	Is (name)'s NATURAL FATHER ALIVE?	DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD?	WHERE DOES (name)'s NATURAL FATHER LIVE?	Record line no. of mother from HL12 if indicated. If HL12 is blank or '00' ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y N DK	Mother	Y N DK	Father		Mother
01		01	1	2	___	___	___	01	01	1 2 8	___	1 2 8	___	1 2 3 8	___
02		___	1	2	___	___	___	02	02	1 2 8	___	1 2 8	___	1 2 3 8	___
03		___	1	2	___	___	___	03	03	1 2 8	___	1 2 8	___	1 2 3 8	___
04		___	1	2	___	___	___	04	04	1 2 8	___	1 2 8	___	1 2 3 8	___
05		___	1	2	___	___	___	05	05	1 2 8	___	1 2 8	___	1 2 3 8	___
06		___	1	2	___	___	___	06	06	1 2 8	___	1 2 8	___	1 2 3 8	___
07		___	1	2	___	___	___	07	07	1 2 8	___	1 2 8	___	1 2 3 8	___
08		___	1	2	___	___	___	08	08	1 2 8	___	1 2 8	___	1 2 3 8	___
09		___	1	2	___	___	___	09	09	1 2 8	___	1 2 8	___	1 2 3 8	___
10		___	1	2	___	___	___	10	10	1 2 8	___	1 2 8	___	1 2 3 8	___

11		___	___	1	2	___	___	___	11	11	1 2 8	___	___	1 2 3 8	1 2 8	___	___	1 2 3 8	___	___
12		___	___	1	2	___	___	___	12	12	1 2 8	___	___	1 2 3 8	1 2 8	___	___	1 2 3 8	___	___
13		___	___	1	2	___	___	___	13	13	1 2 8	___	___	1 2 3 8	1 2 8	___	___	1 2 3 8	___	___
14		___	___	1	2	___	___	___	14	14	1 2 8	___	___	1 2 3 8	1 2 8	___	___	1 2 3 8	___	___
15		___	___	1	2	___	___	___	15	15	1 2 8	___	___	1 2 3 8	1 2 8	___	___	1 2 3 8	___	___

Tick here if additional questionnaire used ☐

Probe for additional household members.

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

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

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

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

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

EDUCATION														ED						
			For household members age 5 and above				For household members age 5-24 years													
ED1. Line number	ED2. Name and age Copy from HL2 and HL6.		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL? 1 Yes 2 No ↘ Next Line	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool/ Kindergarten 1 Secondary (1-11) 2 Primary vocational 3 Secondary vocational 4 Higher 8 DK If level=0, skip to ED5.				ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK If the first grade at this level is not completed, enter "00".	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2015- 2016, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ ED7	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool/ Kindergarten 1 Secondary(1-11) 2 Primary vocational 3 Secondary vocational 4 Higher 8 DK If level=0, skip to ED7.				Grade: 98 DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2014- 2015, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ 8 DK ↘ Next Line Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool/ Kindergarten 1 Secondary(1-11) 2 Primary vocational 3 Secondary vocational 4 Higher 8 DK If level=0, go to next line.				Grade: 98 DK
				Yes	No	Level	Grade			Yes	No	Level	Grade			Yes	No	DK	Level	
01			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
02			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
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06			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
07			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
08			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
09			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
10			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
11			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
12			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
13			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
14			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							
15			1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2	0 1 2 3 4 8		1 2 8	0 1 2 3 4 8							

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE
SL

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

Total number

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

- ☐ Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.
- ☐ One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.
- ☐ Two or more ⇒ Continue with SL2A.

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

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6
Rank	Line	Name	M	F	Age
1	— —		1	2	— —
2	— —		1	2	— —
3	— —		1	2	— —
4	— —		1	2	— —
5	— —		1	2	— —
6	— —		1	2	— —
7	— —		1	2	— —
8	— —		1	2	— —

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

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

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

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

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

Rank number

Line number

Name

Age

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

<p>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)?</p> <p>[A] IS (name) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (name) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p>	<p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p>																								
<p>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes 1 No 2</p>	<p>2⇒ CL10</p>																								
<p>CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours _ _</p>																									
<p>CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking/cleaning utensils/house</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old/sick</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment	1	2	Cooking/cleaning utensils/house	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old/sick	1	2	Other household tasks	1	2	
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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)</u> <u>IN THE PAST MONTH</u> . <div style="text-align: right;">Yes No</div> <div> [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE. </div> <div> [B] EXPLAINED WHY <u>(name)</u>'S BEHAVIOUR WAS WRONG. </div> <div> [C] SHOOK HIM/HER. </div> <div> [D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER. </div> <div> [E] GAVE HIM/HER SOMETHING ELSE TO DO. </div> <div> [F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND. </div> <div> [G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT. </div> <div> [H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT. </div> <div> [I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS. </div> <div> [J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG. </div> <div> [K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD. </div>	<div> Took away privileges 1 2 </div> <div> Explained wrong behaviour..... 1 2 </div> <div> Shook him/her 1 2 </div> <div> Shouted, yelled, screamed 1 2 </div> <div> Gave something else to do 1 2 </div> <div> Spanked, hit, slapped on bottom with bare hand 1 2 </div> <div> Hit with belt, hairbrush, stick, or other hard object 1 2 </div> <div> Called dumb, lazy, or another name 1 2 </div> <div> Hit / slapped on the face, head or ears 1 2 </div> <div> Hit / slapped on hand, arm or leg 1 2 </div> <div> Beat up, hit over and over as hard as one could..... 1 2 </div>	
CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No..... 2 DK / No opinion 8	

HOUSEHOLD CHARACTERISTICS		HC
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Turkmen 1 Uzbek 2 Russian 3 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood / laminate..... 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Wall-to-wall carpet..... 35 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Rudimentary roofing Wood planks 23 Finished roofing Metal / Tin / metal slate 31 Wood 32 Ceramic tiles 34 Cement..... 35 Asbestos slate 37 Ruberoid.....38 Other (<i>specify</i>) 96	
HC5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Rudimentary walls Stone with mud 22 Reused wood 26 Finished walls Cement..... 31 Stone with lime / cement..... 32 Bricks..... 33 Cement blocks 34 Covered adobe..... 35 Wood planks / shingles 36 Monolithic concrete design..... 37 Plastered wall 38 Wall sheeted with marble tile / Alucobond..... 39 Other (<i>specify</i>) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity..... 01 Liquefied Petroleum Gas (LPG)..... 02 Natural gas..... 03 Kerosene..... 05 Coal / Lignite 06 Wood 08 No food cooked in household 95 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8 05⇒HC8 95⇒HC8

<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 In a separate room used as kitchen..... 1 Elsewhere in the house..... 2 In a separate building..... 3 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 (NOT PLASMA AND NOT MESOMORPHIC)?</p> <p>[F] A PLASMA OR MESOMORPHIC (LCD) TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[G] AIR CONDITIONER?</p> <p>[H] WASHING MACHINE?</p> <p>[I] VACUUM CLEANER?</p> <p>[J] COMPUTER / NOTEBOOK?</p> <p>[K] VIDEO RECORDER OR DVD?</p> <p>[L] CASSETTE PLAYER OR CD PLAYER?</p> <p>[M] SEWING MACHINE?</p> <p>[N] FACTORY CARPET?</p> <p>[O] HANDMADE CARPET (WOOL OR SILK)?</p> <p>[P] SOFA?</p> <p>[Q] SIDEBORD?</p> <p>[R] EMBROIDERY MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television (not plasma and not mesomorphic)</td> <td>1</td> <td>2</td> </tr> <tr> <td>A plasma or mesomorphic (LCD) 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>Air Conditioner</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Vacuum cleaner</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer / Notebook</td> <td>1</td> <td>2</td> </tr> <tr> <td>Video recorder.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cassette player or CD Player</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sewing machine.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Factory carpet</td> <td>1</td> <td>2</td> </tr> <tr> <td>Handmade carpet (wool, silk).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sideboard.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Embroidery machine</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television (not plasma and not mesomorphic)	1	2	A plasma or mesomorphic (LCD) television.....	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	Air Conditioner	1	2	Washing machine.....	1	2	Vacuum cleaner	1	2	Computer / Notebook	1	2	Video recorder.....	1	2	Cassette player or CD Player	1	2	Sewing machine.....	1	2	Factory carpet	1	2	Handmade carpet (wool, silk).....	1	2	Sofa.....	1	2	Sideboard.....	1	2	Embroidery machine	1	2	
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HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [H] A PASSENGER CAR? [I] TRUCK? [J] TRACTOR / COMBINE HARVESTER? [K] TABLET?	<div style="text-align: right;">Yes No</div> Watch 1 2 Mobile telephone 1 2 Bicycle 1 2 Motorcycle / Scooter 1 2 A passenger car 1 2 Truck 1 2 Tractor / Combine harvester 1 2 Tablet 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If rented from a private individual, circle “3”.</i> <i>If rented from the State or the State Institution, circle “4”.</i> <i>For other responses, circle “6”.</i>	Own 1 Rented from a private individual 3 Rented from the State or the State's Institution 4 Other (<i>specify</i>) 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes 1 No 2	2⇒HC13
HC12. HOW MANY HECTARES OR ARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD HAVE? <i>If 1 hectare or more, circle ‘1’ and record hectares.</i> <i>If 95 or more hectares, circle ‘1’ and record ‘95’.</i> <i>If less than 1 hectare, circle ‘2’ and record in ares.</i> <i>If less than 1 are, circle ‘2’ and record ‘00’.</i> <i>If unknown, circle “998”.</i>	Hectares 1 ____ ____ Ares 2 ____ ____ DK 998	
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] BULLS, COWS, HEIFERS, CALVES?</p> <p>[G] HORSES?</p> <p>[H] DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[I] OTHER POULTRY?</p> <p>[F] PIGS?</p> <p>[J] CAMELS?</p> <p>[K] RABBITS?</p> <p><i>If none, record "00". If 95 or more, record "95". If unknown, record "98".</i></p>	<p>Bulls, cows, heifers, calves ____ ____</p> <p>Horses, ____ ____</p> <p>Donkeys or mules ____ ____</p> <p>Goats ____ ____</p> <p>Sheep ____ ____</p> <p>Chickens ____ ____</p> <p>Other Poultry ____ ____</p> <p>Pigs ____ ____</p> <p>Camels ____ ____</p> <p>Rabbit ____ ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1</p> <p>No 2</p>	

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

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
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 No facility, Bush, Field 95 Other (<i>specify</i>) 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes 1 No 2	2⇒Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) 1 Public facility 2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10). 0 ____ Ten or more households 10 DK 98	

HANDWASHING		HW
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed 1 Not observed Not in dwelling / plot / yard..... 2 No permission to see 3 Other reason <i>(specify)</i> 6	 2 ⇒ HW4 3 ⇒ HW4 6 ⇒ HW4
HW2. <i>Observe presence of water at the place for handwashing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available..... 1 Water is not available 2	
HW3A. <i>Is soap or detergent present at the place for handwashing?</i>	Yes, present..... 1 No, not present 2	 2⇒HW4
HW3B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap..... A Detergent (Powder / Liquid / Paste)..... B Liquid soap..... C	 A⇒HH19 B⇒HH19 C⇒HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT 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. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap..... A Detergent (Powder / Liquid / Paste)..... B Liquid soap..... C	

HH19. Record the time.	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. MAY I HAVE A SAMPLE OF THE SALT USED TO <u>COOK MEALS</u> IN YOUR HOUSEHOLD? <i>First test for iodate using the blue-capped test kit and circle the appropriate response code.</i>	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house..... 4 Salt not tested (specify reason) 5	2⇒HH20 3⇒HH20 4⇒HH20 5⇒HH20
SI2. THE SALT DID NOT REACT TO MY TEST, SO I WOULD LIKE TO PERFORM ONE OR TWO MORE TESTS ACCORDING TO THE METHOD OF TESTING THAT WE USE. MAY I HAVE ANOTHER SAMPLE OF THE SAME SALT? <i>Use the re-check solution from the blue-capped test kit on the fresh sample and perform another test. Circle the appropriate response code.</i>	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 Salt not tested (specify reason) 5	2⇒HH20 3⇒HH20 5⇒HH20
SI3. Take a fresh sample and test for iodide using the red-capped test kit. Circle the appropriate response code.	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 Salt not tested (specify reason) 5	

<p>HH20. Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p><input type="checkbox"/> A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7).</p> <p><input type="checkbox"/> A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B).</p> <p><i>Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12) and under-5s (HH14) are entered.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>

Interviewer's Observations

Supervisor's Observations

Appendix F2. Questionnaire for Individual Women



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

2015 TURKMENISTAN MULTIPLE INDICATOR CLUSTER SURVEY

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: _____	WM2. Household number: _____	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer's name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / 201_____	

<p><i>Repeat greeting if not already read to this woman:</i></p> <p>WE ARE FROM THE STATE STATISTICS COMMITTEE OF TURKMENISTAN. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</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 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle "03" in WM7. Discuss this result with your supervisor.</p>	

WM7. Result of woman's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) 96
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ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGYMT

MT1. Check WB7:

☐ Question left blank (Respondent has Secondary (WB4 = 1 and WB5 = 04 to 11), Primary Vocational, Secondary Vocational or Higher education) ⇒ Continue with MT2.

☐ Able to read or no sentence in required language (WB7 = 2, 3 or 4) ⇒ Continue with MT2.

☐ Cannot read at all or blind/visually impaired (WB7 = 1 or 5) ⇒ Go to MT3.

MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT5. Check WB2: Age of respondent? <input type="checkbox"/> Age 15-24 ⇒ Continue with MT6. <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module.		
MT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒Next Module
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒Next Module
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day..... 1 At least once a week 2 Less than once a week 3 Not at all 4	

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

BIRTH HISTORY														BH					
<p>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.</p> <p>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.</p>																			
BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. Is (name) A BOY OR A GIRL?		BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. Is (name) STILL ALIVE?		BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?		BH7. Is (name) LIVING WITH YOU?		BH8. Record household line number of child (from HLI) Record "00" if child is not listed.		BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; record years if 2 years or older		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?	
		S	M	B	G	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N		
01		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3 ⇒Next Line	___				
02		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3 ⇒BH10	___	1 Add Birth	2 Next Birth		
03		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3 ⇒BH10	___	1 Add Birth	2 Next Birth		
04		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3 ⇒BH10	___	1 Add Birth	2 Next Birth		
05		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3 ⇒BH10	___	1 Add Birth	2 Next Birth		
06		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3 ⇒BH10	___	1 Add Birth	2 Next Birth		
07		1	2	1	2	___	___	1	2	___	1	2	___	Days.....1 Months.....2 Years.....3 ⇒BH10	___	1 Add Birth	2 Next Birth		

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	BH3. IS (name) A BOY OR A GIRL? 1 Boy 2 Girl	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?		BH5. IS (name) STILL ALIVE? 1 Yes 2 No	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	BH7. IS (name) LIVING WITH YOU? 1 Yes 2 No	BH8. Record household line number of child (from HLI) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; record years if 2 years or older		BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No	
		S M	B G	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N	
08		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Birth Next Birth	
09		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Birth Next Birth	
10		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Birth Next Birth	
11		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Birth Next Birth	
12		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Birth Next Birth	
13		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Birth Next Birth	
14		1 2	1 2	___	___	1 2 ⇒ BH9	___	1 2	___ ⇒BH10	Days.....1 Months.....2 Years.....3	___	1 2 Add Birth Next Birth	
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in BIRTH HISTORY Module)?							Yes 1 No..... 2				1⇒Record birth(s) in Birth History		

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

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

CM13. Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2013** (if the month of interview and the month of birth are the same, and the year of birth is **2013**, consider this as a birth within the last 2 years)

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

Name of last-born child _____

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

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

MATERNAL AND NEWBORN HEALTH		MN															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Record name of last-born child from CM13 here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																	
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes 1 No 2	2⇒MN17															
MN2. WHOM DID YOU SEE? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor A Nurse / Midwife..... B Feldsher..... D Other person Traditional birth attendant..... F 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] DID YOU HAVE AN ULTRA SOUND?	<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>Ultra sound.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	Ultra sound.....	1	2	
	Yes	No															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample.....	1	2															
Ultra sound.....	1	2															
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor A Nurse / Midwife..... B Feldsher..... D Other person Traditional birth attendant..... F Relative / Friend H Other (specify) X No one Y																

<p>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</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>Other private medical (specify) 36</p> <p>Other (specify) 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒MN20</p>
<p>MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</p> <p>WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>Before 1</p> <p>After 2</p>	
<p>MN20. WHEN (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small..... 5</p> <p>DK..... 8</p>	
<p>MN21. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID (name) WEIGH?</p> <p><i>If a card is available, record weight from card.</i></p>	<p>From card 1 (kg) ____ . ____ ____</p> <p>From recall 2 (kg) ____ . ____ ____</p> <p>DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>

MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? <i>If less than 1 hour, record "00" hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately 000 Hours..... 1 ____ Days 2 ____ DK/Don't remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No..... 2	2⇒Next Module
MN27. WHAT WAS (name) GIVEN TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Milk (other than breast milk).....A Plain waterB Sugar or glucose waterC Gripe water.....D Sugar-salt-water solutionE Fruit juice.....F Infant formulaG Tea / Infusions.....H HoneyI Other (<i>specify</i>).....X	

POST-NATAL HEALTH CHECKS

PN

*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 or 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 or traditional birth attendant assist with the delivery?

- ☐ Yes, delivery assisted by a health professional or traditional birth attendant (MN17=A-F) ⇒ Continue with PN7.
- ☐ No, delivery not assisted by a health professional or traditional birth attendant (A-F not circled in MN17) ⇒ Go to PN10.

<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 (<i>name</i>) 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 Doctor A Nurse / Midwife B Feldsher D</p> <p>Other person Traditional birth attendant F 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 (<i>specify</i>) 26</p> <p>Private medical sector</p> <p>Private hospital 31</p> <p>Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18 = 21-26 or 31, 36) ⇒ Continue with PN16.</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18 = 11-12 or 96) ⇒ Go to PN17.</p>		
<p>PN16. AFTER YOU LEFT (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 or traditional birth attendant assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or traditional birth attendant (MN17 = A-F) ⇒Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or traditional birth attendant (A-F 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>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>Hours 1 ____</p> <p>Days 2 ____</p> <p>Weeks 3 ____</p> <p>DK / Don't remember 998</p>	

<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>DoctorA</p> <p>Nurse / MidwifeB</p> <p>FeldsherD</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Relative / FriendH</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>Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	

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

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

☐ Yes ⇒ Continue with IS2.

☐ No ⇒ Go to Next Module.

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

Probe:

ANY OTHER SYMPTOMS?

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

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

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

Other (specify) X

Other (specify) Y

Other (specify) Z

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN IN AN UNREGISTERED MARRIAGE?	Yes, currently married 1 Yes, living with a man in an unregistered marriage 2 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.....__ __ DK.....98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN IN AN UNREGISTERED MARRIAGE?	Yes, formerly married 1 Yes, formerly lived with a man in an unregistered marriage 2 No 3	3⇒Module DV
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN IN AN UNREGISTERED MARRIAGE ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	1⇒MA8A 2⇒MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? MA8B. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN IN AN UNREGISTERED MARRIAGE?	Date of (first) marriage Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age in years.....__ __	

CP0. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.

COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.

HAVE YOU HEARD ABOUT:

[A] FEMALE STERILIZATION?

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

Yes 1
No 2

[B] MALE STERILIZATION?

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

Yes 1
No 2

[C] IUD?

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

Yes 1
No 2

[D] INJECTABLES?

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

Yes 1
No 2

[E] IMPLANTS?

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

Yes 1
No 2

[F] PILL?

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

Yes 1
No 2

[G] MALE CONDOM?

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

Yes 1
No 2

[H] FEMALE CONDOM?

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

Yes 1
No 2

[I] DIAPHRAGM?

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

Yes 1
No 2

[J] FOAM / JELLY?

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

Yes 1
No 2

[L] PERIODIC ABSTINENCE / RHYTHM METHOD?

Probe: TO AVOID PREGNANCY, WOMEN DO NOT HAVE SEXUAL INTERCOURSE ON THE DAYS OF THE MONTH THEY THINK THEY CAN GET PREGNANT.

Yes 1
No 2

<p>[M] WITHDRAWAL? <i>Probe: MEN CAN BE CAREFUL AND PULL OUT BEFORE CLIMAX.</i></p> <p>[N] EMERGENCY / POSTCOITAL CONTRACEPTION? <i>Probe: AS AN EMERGENCY MEASURE, WITHIN THREE DAYS AFTER THEY HAVE UNPROTECTED SEXUAL INTERCOURSE, WOMEN CAN TAKE SPECIAL PILLS TO PREVENT PREGNANCY.</i></p> <p>[X] HAVE YOU HEARD OF ANY OTHER WAYS OR METHODS THAT WOMEN OR MEN CAN USE TO AVOID PREGNANCY?</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1</p> <p>_____</p> <p style="text-align: center;">(specify)</p> <p>_____</p> <p style="text-align: center;">(specify)</p> <p>No 2</p>	
<p>CP1. ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1 No 2 Unsure or DK 8</p>	<p>1⇒CP2A</p>
<p>CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1 No 2</p>	<p>1⇒CP3</p>
<p>CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1 No 2</p>	<p>1⇒Next Module 2⇒Next Module</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt. If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A Male sterilization B IUD C Injectables D Implants E Pill F Male condom G Female condom H Diaphragm I Foam / Jelly J Periodic abstinence / Rhythm L Withdrawal M</p> <p>Other (specify) X</p>	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2. <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5.		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes.....1 No2	1⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later.....1 No more2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child.....1 No more / None2 Undecided / DK.....8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3: Currently using “Female sterilization” (CP3 = A)? <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) child1 No more / None2 Says she cannot get pregnant.....3 Undecided / DK.....8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i>	Months 1 ____ Years 2 ____ Does not want to wait (soon / now) 993 Says she cannot get pregnant..... 994 After marriage 995 Other 996 DK..... 998	994⇒UN11
UN8. Check CP1: Currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13. <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9.		

UN9. Check CP2: Currently using a method? <input type="checkbox"/> <i>Yes ⇒ Go to UN13.</i> <input type="checkbox"/> <i>No ⇒ Continue with UN10.</i>		
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes.....1 No2 DK.....8	1 ⇒ UN13 8 ⇒ UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex..... A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus)..... D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrheic F Breastfeeding..... G Too old H Fatalistic..... I Other (<i>specify</i>) X DK..... Z	
UN12. Check UN11: “Never menstruated” mentioned? <input type="checkbox"/> <i>Mentioned ⇒ Go to Next Module.</i> <input type="checkbox"/> <i>Not mentioned ⇒ Continue with UN13.</i>		
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START? <i>Record the answer using the same unit stated by the respondent.</i>	Days ago..... 1 __ __ Weeks ago..... 2 __ __ Months ago 3 __ __ Years ago 4 __ __ In menopause / Has had hysterectomy 994 Before last birth..... 995 Never menstruated 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

[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 sex1 2 8

[E] IF SHE BURNS THE FOOD?

Burns food.....1 2 8

[F] IF SHE DOES NOT RESPECT HER HUSBAND'S PARENTS?

Does not respect her husband's parents.....1 2 8

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK..... 8	2⇒WM11																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK..... 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK..... 8																	
HA3A. CAN PEOPLE GET THE AIDS VIRUS BY HUGGING OR SHAKING HANDS WITH A PERSON WHO IS INFECTED WITH THE AIDS VIRUS?	Yes 1 No 2 DK..... 8																	
HA3B. CAN PEOPLE GET THE AIDS VIRUS BY KISSING WITH A PERSON WHO IS INFECTED WITH THE AIDS VIRUS?	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																					
HA12A. DO YOU THINK CHILDREN LIVING WITH THE AIDS VIRUS SHOULD BE ALLOWED TO ATTEND SCHOOL WITH CHILDREN WHO ARE NOT INFECTED WITH THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																					
HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years (CM13 = "No" or blank) ⇒ Go to HA24. <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14.																						
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15. <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24.																						
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test.....	1	2	8	
	Y	N	DK																			
AIDS from mother.....	1	2	8																			
Things to do.....	1	2	8																			
Tested for AIDS.....	1	2	8																			
Offered a test.....	1	2	8																			
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes 1 No 2 DK..... 8	2⇒HA19 8⇒HA19																				
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No 2 DK..... 8	2⇒HA22 8⇒HA22																				
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes 1 No 2 DK..... 8	1⇒HA22 2⇒HA22 8⇒HA22																				
HA19. Check MN17: Birth delivered by health professional (A, B or D)? <input type="checkbox"/> Yes, birth delivered by health professional (MN17 = A, B 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 No..... 2	2⇒HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No..... 2	
HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes 1 No..... 2	1⇒HA25
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..... 1 12-23 months ago 2 2 or more years ago 3	1⇒WM11 2⇒WM11 3⇒WM11
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 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⇒WM11 2⇒WM11 8⇒WM11
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No..... 2	

WM11. Record the time.	Hour and minutes : ..	
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WM12. Check List of Household Members, columns HL7B and HL15:
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ Yes ⇒ Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

☐ No ⇒ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page.

Interviewer’s Observations

Supervisor’s Observations



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

2015 TURKMENISTAN MULTIPLE INDICATOR CLUSTER SURVEY

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer's name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / 201____	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM THE STATE STATISTICS COMMITTEE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 15 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 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor.</p>	

<p>UF9. Result of interview for children under 5</p> <p><i>Codes refer to mother/caretaker.</i></p>	<p>Completed01</p> <p>Not at home02</p> <p>Refused03</p> <p>Partly completed04</p> <p>Incapacitated05</p> <p>Other (<i>specify</i>) 96</p>
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UF12. Record the time.	Hour and minutes..... ____ : ____	
-------------------------------	-----------------------------------	--

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day.....98</p> <p>Month..... ____</p> <p>Year201 ____</p>	
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ____</p>	

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

EARLY CHILDHOOD DEVELOPMENT		EC																				
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i> ?	None00 Number of children's books.....0 ____ Ten or more books10																					
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? <i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response.</i>	<table border="0"> <tr> <td></td> <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> <td></td> </tr> <tr> <td>Toys from a shop.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>Household objects or outside objects</td> <td>1</td> <td>2</td> <td>8</td> <td></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 <i>(name)</i> : [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 <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes1 No2 DK.....8																					

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (name):</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name)?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (name)?</p> <p>[B] TOLD STORIES TO (name)?</p> <p>[C] SANG SONGS TO (name) OR WITH (name), INCLUDING LULLABIES?</p> <p>[D] TOOK (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (name)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (name)?</p>	<table> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (name). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (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>DK.....8</p>																																				
<p>EC9. CAN (name) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC10. DOES (name) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC11. CAN (name) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC12. IS (name) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC13. DOES (name) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				
<p>EC14. WHEN GIVEN SOMETHING TO DO, IS (name) ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes1</p> <p>No2</p> <p>DK.....8</p>																																				

EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes1 No2 DK.....8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes1 No2 DK.....8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes1 No2 DK.....8	

BREASTFEEDING AND DIETARY INTAKE

BD

BD1. Check AG2: Age of child

☐ Child age 0, 1 or 2 ⇒ Continue with BD2.

☐ Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module.

BD2. HAS (name) EVER BEEN BREASTFED?	Yes1 No2 DK.....8	2⇒BD4 8⇒BD4
BD3. IS (name) STILL BEING BREASTFED?	Yes1 No2 DK.....8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes1 No2 DK.....8	
BD5. DID (name) <u>DRINK ORS (ORAL REHYDRATION SOLUTION)</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 DK.....8	
BD6. DID (name) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes1 No2 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] JUICE OR JUICE DRINKS?	Juice or juice drinks	1 2 8
[C] CLEAR BROTH?	Clear broth	1 2 8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1 2 8
<u>If yes:</u> HOW MANY TIMES DID (name) DRINK MILK? <u>If 7 or more times, record '7'.</u> <u>If unknown, record '8'.</u>	Number of times drank milk	

[E] INFANT FORMULA SUCH AS NESTLE (NESTOGEN, NAN), NUTRILAC, BELLACT, SEMILAC?	Infant formula	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula			
[P1] CLEAR TEA/TEA <u>WITHOUT</u> MILK OR DAIRY PRODUCTS?	Water-based tea	1	2	8
[F] ANY OTHER LIQUIDS? (Specify)_____	Other liquids	1	2	8
BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME. DID (name) EAT (name of food) YESTERDAY DURING THE DAY OR THE NIGHT:				
		Yes	No	DK
[A] YOGURT OR KEFIR (GATYK)?	Yogurt or kefir (gatyk)	1	2	8
<i>If yes: HOW MANY TIMES DID (name) DRINK OR EAT YOGURT OR KEFIR (GATYK)? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank/ate yogurt or kefir (gatyk)			
[B] ANY COMMERCIALLY FORTIFIED BABY FOODS MADE FROM GRAINS, SUCH AS NESTLE, NUTRILAC, BELLACT, SEMILAC?	Nestle, Nutrilac, Bellact, Semilac	1	2	8
[C] BREAD, RICE, NOODLES, SEMOLINA, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	Foods made from grains	1	2	8
[D] PUMPKIN OR CARROTS?	Pumpkin or carrots	1	2	8
[E] POTATOES OR ANY OTHER FOODS MADE FROM ROOTS?	Potatoes or any food made from roots, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables	1	2	8
[G] RIPE PERSIMMON AND DRIED OR FRESH APRICOTS?	Ripe persimmon and dried or fresh apricot	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, CAMEL, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, lamb, camel, pork, , goat, chicken, duck etc.	1	2	8
[K] EGGS?	Eggs	1	2	8
[L] FRESH OR DRIED FISH?	Fresh or dried fish	1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, MASH (MUNG BEAN) OR NUTS?	Foods made from beans, peas, etc.	1	2	8

[N] CHEESE, SHEEP CHEESE, COTTAGE CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese, sheep cheese, cottage 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	

IMMUNIZATION										IM
If an immunization passport/card available, copy the dates in IM3 for each type of immunization recorded on the passport/card. IM6-IM17 will only be asked if a card is not available.										
IM1. DO YOU HAVE AN IMMUNIZATION PASSPORT/CARD AT HOME WHERE (name)'S VACCINATIONS ARE WRITTEN DOWN? If yes: MAY I SEE IT PLEASE?				Yes, seen passport / card 1 Yes, not seen passport / card 2 No immunization passport / card..... 3				1⇒IM3 2⇒IM6		
IM2. DID YOU EVER HAVE A VACCINATION PASSPORT/CARD AT HOME FOR (name)?				Yes 1 No 2				1⇒IM6 2⇒IM6		
IM3. (a) Copy dates for each vaccination from the passport/card. (b) Write '44' in day column if passport/card shows that the vaccination was given but no date recorded.				Date of Immunization						
				Day		Month		Year		
BCG (2 ND -3 RD DAYS OF LIFE)		BCG								
POLIO (2 ND -3 RD DAYS OF LIFE)		OPV0								
POLIO 1		OPV1								
POLIO 2		OPV2								
POLIO 3		OPV3								
POLIO 4		OPV4								
PENTAVALENT1 DPT1-HEPB2-HIB1		PENTA1								
PENTAVALENT2 DPT2-HEPB3-HIB2		PENTA2								
PENTAVALENT3 DPT3-HEPB4-HIB3		PENTA3								
DPT 1		DPT1								
DPT 2		DPT2								
DPT 3		DPT3								
DPT 4		DPT4								
HEPB AT BIRTH		HEP1								
HEPB 2		HEP2								
HEPB 3		HEP3								
HEPB 4		HEP4								
HIB 1		HIB1								
HIB 2		HIB2								
HIB 3		HIB3								
MEASLES (OR MMR OR MR)		MEASLES								
IM4. Check IM3. Are all vaccines (BCG to measles) recorded? <input type="checkbox"/> Yes ⇒ Go to IM19. <input type="checkbox"/> No ⇒ Continue with IM5.										

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS PASSPORT/CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN IMMUNIZATION DAYS?		
<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.		
<input type="checkbox"/> <i>No/DK</i> ⇒ Go to IM19.		
IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN AN IMMUNIZATION DAY?	Yes 1 No 2 DK 8	2⇒IM19 8⇒IM19
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?	Yes 1 No 2 DK 8	
IM8. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes 1 No 2 DK 8	2⇒IM10A 8⇒M10A
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH?	Yes 1 No 2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times	
IM10A. HAS (<i>name</i>) EVER RECEIVED A PENTA VACCINATION (DPT-HEPB-HIB) – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B? <i>Probe by indicating that the pentavalent (DPT-HepB-Hib) vaccination is sometimes given at the same time as Polio.</i>	Yes 1 No 2 DK 8	2⇒IM11 8⇒IM11
IM10B. HOW MANY TIMES WAS THE PENTA (DPT-HEPB-HIB) VACCINE RECEIVED?	Number of times	
IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA? <i>Probe by indicating that the DPT vaccination is sometimes given at the same time as Polio.</i>	Yes 1 No 2 DK 8	2⇒IM13 8⇒IM13
IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?	Number of times	

IM13. HAS (<i>name</i>) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B? <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines.</i>	Yes 1 No 2 DK 8	2⇒IM15A 8⇒IM15A
IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?	Yes 1 No 2 DK 8	
IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?	Number of times	
IM15A. HAS (<i>name</i>) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZA TYPE B? <i>Probe by indicating that the Hib vaccine is sometimes given at the same time as Polio and DPT vaccines.</i>	Yes 1 No 2 DK 8	2⇒IM16 8⇒IM16
IM15B. HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?	Number of times	
IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK 8	
IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE POLIO CAMPAIGNS: [A] 1 ST POLIO VACCINATION CAMPAIGN (2013, SEPTEMBER, OCTOBER)? [B] 2 ND POLIO VACCINATION CAMPAIGN (2014, APRIL, MAY)?	<div style="text-align: right;">Y N DK</div> 1 st campaign 1 2 8 2 nd campaign 1 2 8	
IM20. Issue a <i>QUESTIONNAIRE FORM FOR IMMUNIZATION RECORDS AT HEALTH FACILITY</i> for this child. Complete the Information Panel on that Questionnaire and go to Next Module.		
IM21. CAN YOU PLEASE TELL ME THE NAME OF THE HEALTH FACILITY WHERE WE CAN FIND A MEDICAL CARD WITH (<i>name</i>)’S IMMUNIZATION RECORDS? _____		
IM22. CAN YOU PLEASE TELL ME (<i>name</i>)’S FULL NAME AND SURNAME WITH WHICH WE CAN FIND HIS/HER MEDICAL CARD IN THE HEALTH FACILITY? _____		
IM23. IS THE MEDICAL CARD WITH (<i>name</i>)’S IMMUNIZATION RECORDS KEPT IN THE HEALTH FACILITY THAT IS RESPONSIBLE FOR THIS HOUSEHOLD ADDRESS?	Yes 1 No 2	1⇒Next Module
IM24. CAN YOU PLEASE TELL ME THE ADDRESS (FULL NAME OF VELAYAT, ETRAP / CITY, SETTLEMENT) WHICH CAN BE USED TO FIND THE MEDICAL CARD CONTAINING (<i>name</i>)’S IMMUNIZATION RECORDS IN THE HEALTH FACILITY? _____		

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS <i>(name)</i> HAD DIARRHOEA?	Yes.....1 No2 DK.....8	2⇒CA6A 8⇒CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH <i>(name)</i> WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less.....1 Somewhat less2 About the same.....3 More.....4 Nothing to drink.....5 DK8	
CA3. DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? <i>If 'less', probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less.....1 Somewhat less2 About the same.....3 More.....4 Stopped food5 Never gave food6 DK.....8	
CA3A. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes.....1 No2 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> _____ (Name of place)	Public sector Government hospital / clinic A Health centre B Government health post C Mobile / Outreach clinic E State pharmacy F Other public (specify) H Private medical sector Private hospital / clinic I Private physician J Private pharmacy K Mobile clinic L Other private medical (specify) O Other source Relative / Friend P Shop Q Traditional practitioner R Other (specify) X	
CA4. DURING THE TIME <i>(name)</i> HAD DIARRHOEA, WAS <i>(name)</i> GIVEN TO DRINK A FLUID MADE FROM A SPECIAL ORS PACKET CALLED REGIDRON, APEKTRA OR REGIDRAT?	Yes.....1 No2 DK.....8	2⇒CA4C 8⇒CA4C

<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>(Name of place)</p>	<p>Public sector</p> <p>Government hospital/clinic.....11</p> <p>Health centre12</p> <p>Government health post13</p> <p>Mobile / Outreach clinic15</p> <p>State pharmacy17</p> <p>Other public</p> <p>(specify)16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician.....22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>Other private medical</p> <p>(specify)26</p> <p>Other source</p> <p>Relative / Friend.....31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (specify)96</p>	
<p>CA4C. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN:</p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets 1 2 8</p> <p>Zinc syrup 1 2 8</p>	
<p>CA4D. Check CA4C: Any zinc?</p> <p><input type="checkbox"/> Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E.</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA5.</p>		
<p>CA4E. WHERE DID YOU GET THE ZINC?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital/clinic.....11</p> <p>Health centre12</p> <p>Government health post13</p> <p>Mobile / Outreach clinic15</p> <p>State pharmacy.....17</p> <p>Other public</p> <p>(specify)16</p> <p>Private medical sector</p> <p>Private hospital / clinic21</p> <p>Private physician.....22</p> <p>Private pharmacy23</p> <p>Mobile clinic24</p> <p>Other private medical</p> <p>(specify)26</p> <p>Other source</p> <p>Relative / Friend.....31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Already had at home40</p> <p>Other (specify)96</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes.....1</p> <p>No2</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> 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 or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>Antibiotic L</p> <p>Non-antibiotic M</p> <p>Unknown injection N</p> <p>Intravenous O</p> <p>Home remedy / Herbal medicine Q</p> <p>Other (<i>specify</i>) X</p>	
<p>CA6A. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA9A</p> <p>8⇒CA9A</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1</p> <p>Blocked or runny nose only 2</p> <p>Both 3</p> <p>Other (<i>specify</i>) 6</p> <p>DK 8</p>	<p>1⇒CA10</p> <p>2⇒CA10</p> <p>3⇒CA10</p> <p>6⇒CA10</p> <p>8⇒CA10</p>
<p>CA9A. Check CA6A: Had fever?</p> <p><input type="checkbox"/> Child had fever ⇒ Continue with CA10.</p> <p><input type="checkbox"/> Child did not have fever ⇒ Go to CA14.</p>		
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>

<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital/clinic..... A</p> <p>Health centre B</p> <p>Government health post C</p> <p>Mobile / Outreach clinic E</p> <p>State pharmacy..... F</p> <p>Other public (specify) _____ H</p> <p>Private medical sector</p> <p>Private hospital/clinic I</p> <p>Private physician..... J</p> <p>Private pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (specify) _____ O</p> <p>Other source</p> <p>Relative / Friend..... P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (specify) _____ X</p>	
<p>CA12. AT ANY TIME DURING THE ILLNESS, WAS (name) GIVEN ANY MEDICINE FOR THE ILLNESS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotics:</p> <p>Pill / Syrup..... I</p> <p>Injection..... J</p> <p>Other medications:</p> <p>Paracetamol / Panadol P</p> <p>Ibuprofen / Ibufen..... R</p> <p>Other (specify) _____ X</p> <p>DK..... Z</p>	

CA13A. Check CA13: Antibiotic mentioned (codes I or J)? <input type="checkbox"/> Yes ⇒ Continue with CA13B. <input type="checkbox"/> No ⇒ Go to CA14		
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> <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">(Name of place)</div>	<div>Public sector</div> <div>Government hospital/clinic.....11</div> <div>Health centre12</div> <div>Government health post13</div> <div>Mobile / Outreach clinic15</div> <div>State pharmacy.....17</div> <div>Other public (specify)16</div> <div>Private medical sector</div> <div>Private hospital / clinic21</div> <div>Private physician.....22</div> <div>Private pharmacy23</div> <div>Mobile clinic24</div> <div>Other private medical (specify)26</div> <div>Other source</div> <div>Relative / Friend.....31</div> <div>Shop32</div> <div>Traditional practitioner33</div> <div>Already had at home40</div> <div>Other (specify)96</div>	
CA14. Check AG2: Age of child. <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15. <input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13.		
CA15. THE LAST TIME (name) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	<div>Child used toilet / latrine01</div> <div>Put / Rinsed into toilet or latrine.....02</div> <div>Put / Rinsed into drain or ditch03</div> <div>Thrown into garbage (solid waste)04</div> <div>Buried05</div> <div>Left in the open06</div> <div>Other (specify)96</div> <div>DK.....98</div>	

UF13. Record the time.	Hour and minutes..... __ __ : __ __
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UF14. Check List of Household Members, columns HL7B and HL15. <i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Yes ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent. </div> <div> <input type="checkbox"/> 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. </div> <div style="margin-top: 10px;"> <i>Check to see if there are other woman 's, or under-5 questionnaires to be administered in this household.</i> </div>

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 measured 99.9	
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 (cm)..... Length / Height not measured..... 999.9	⇒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.

Interviewer's Observations

Supervisor's Observations

Measurer's Observations



QUESTIONNAIRE FORM FOR IMMUNIZATION RECORDS AT HEALTH FACILITY

2015 TURKMENISTAN MULTIPLE INDICATOR CLUSTER SURVEY

UNDER-FIVE CHILD INFORMATION PANEL		HF
<p><i>This questionnaire form is to be used at health facilities to record information on the immunization for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i></p>		
HF1. Cluster number: _____	HF2. Household number: _____	
HF3. Child's name: Name _____	HF4. Child's line number: _____	
HF5. Mother's / Caretaker's name: Name _____	HF6. Mother's / Caretaker's line number: _____	
HF7. Interviewer's name and number: Name _____	HF9. Day, month and year of birth (from AG1 in Questionnaire for Children Under-5) ____ / ____ / 2 01 ____	
HF9A. Address required to find the child's vaccination record/form 63 in the health facility _____		

HF8. Day / Month / Year of facility visit: ____ / ____ / 2 01 ____	HF8A. Supervisor's name and number: Name _____
HF10. Name of health facility: _____	HF10A. Address of health facility: _____
HF11. Result of health facility visit	Vaccination record seen 01 Vaccination record not seen 02 Other (<i>specify</i>) _____ 96

IMMUNIZATION											HF
HF12. Record day, month and year of birth as written on immunization record.				____ / ____ / 201 ____							
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 (2 ND -3 RD DAYS OF LIFE)	BCG										
POLIO (2 ND -3 RD DAYS OF LIFE)	OPV0										
POLIO 1	OPV1										
POLIO 2	OPV2										
POLIO 3	OPV3										
POLIO 4	OPV4										
PENTAVALENT1 DPT1-HEPB2-HIB1	PENTA1										
PENTAVALENT2 DPT2-HEPB3-HIB2	PENTA2										
PENTAVALENT3 DPT3-HEPB4-HIB3	PENTA3										
DPT 1	DPT1										
DPT 2	DPT2										
DPT 3	DPT3										
DPT 4	DPT4										
HEPB AT BIRTH	HEP1										
HEPB 2	HEP2										
HEPB 3	HEP3										
HEPB 4	HEP4										
HIB 1	HIB1										
HIB 2	HIB2										
HIB 3	HIB3										
MEASLES (OR MMR OR MR)	MEASLES										