



## HOUSEHOLD QUESTIONNAIRE

TRINIDAD AND TOBAGO

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. AREA: Urban ..... 1 Rural 2	HH7. REGION: NORTH WEST..... 1 East ..... 2 Central..... 3 South West ..... 4 Tobago..... 5	

WE ARE FROM THE MINISTRY OF THE PEOPLE AND SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (**NUMBER**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

.. YES, PERMISSION IS GIVEN ☞ GO TO HH18 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.

.. NO, PERMISSION IS NOT GIVEN ☞ COMPLETE HH9. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.

AFTER ALL QUESTIONNAIRES FOR THE HOUSEHOLD HAVE BEEN COMPLETED, FILL IN THE FOLLOWING INFORMATION:	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed ..... 01 No household member or no competent respondent at home at time of visit..... 02 Entire household absent for extended period of time/Closed Dwelling ..... 03 Refused ..... 04 Dwelling vacant / Address not a dwelling ..... 05 Dwelling destroyed ..... 06 Dwelling not found ..... 07  Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____  Line Number: _____
HH12. Number of women age 15-49 years: _____	HH11. Total number of household members: _____
HH14. Number of children under age 5: _____	HH13. Number of woman's questionnaires completed: _____
	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

**HOUSEHOLD LISTING FORM**

**HL**

HH18.

Record the time.

Hour.....

Minutes.....

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

**LIST THE HEAD OF HOUSEHOLD IN LINE 01. LIST ALL HOUSEHOLD MEMBERS (HL2), THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD (HL3), AND THEIR SEX (H**

*Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?*

*If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.*

*Use an additional questionnaire if all rows in the household listing form have been used.*

	FOR WOMEN AGE 15-49	FOR CHILDREN AGE 5-17	FOR CHILDREN UNDER AGE 5	For children age 0-17 years	For all household members
--	---------------------	-----------------------	--------------------------	-----------------------------	---------------------------

HL1. LINE NUMBER	HL2. NAME	HL3. WHAT IS THE RELATIONSHIP OF (NAME) TO THE HEAD OF HOUSEHOLD?	HL4. Is (NAME) MALE OR FEMALE?  1 Male 2 Female	HL5. WHAT IS (NAME)'S DATE OF BIRTH?		HL6. HOW OLD IS (NAME)?  RECORD IN COMPLETED YEARS. If AGE IS 95 OR ABOVE, RECORD '95'	HL7. CIRCLE LINE NUMBER IF WOMAN IS AGE 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL11. Is (NAME)'s NATURAL MOTHER ALIVE?	HL12. Does (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. Is (NAME)'s NATURAL FATHER ALIVE?	HL14. Does (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL15. WHAT IS (NAME)'S RELIGION?	HL16. TO WHICH ETHNIC GROUP DOES (NAME) BELONG?
				MONTH	YEAR										
01		0 1	1 2				01			1 2 8		1 2 8			
02			1 2				02			1 2 8		1 2 8			
03			1 2				03			1 2 8		1 2 8			
04			1 2				04			1 2 8		1 2 8			
05			1 2				05			1 2 8		1 2 8			
06			1 2				06			1 2 8		1 2 8			
07			1 2				07			1 2 8		1 2 8			

HL1. LINE NUMBER	HL2. NAME	HL3. WHAT IS THE RELATION- SHIP OF (NAME) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (NAME) MALE OR FEMALE?  1 Male 2 Female	HL5. WHAT IS (NAME)'S DATE OF BIRTH?	HL6. HOW OLD IS (NAME)?  RECORD IN COMPLETED YEARS. IF AGE IS 95 OR ABOVE, RECORD '95'	HL7. CIRCLE LINE NUMBER IF WOMAN IS AGE 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  RECORD LINE NUMBER OF MOTHER/ CARETAKER	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  RECORD LINE NUMBER OF MOTHER/ CARETAKER	HL11. Is (NAME)'S NATURAL MOTHER ALIVE?  1 Yes 2 No	HL12. Does (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  RECORD LINE NUMBER OF MOTHER OR FOR "NO"	HL13. Is (NAME)'S NATURAL FATHER ALIVE?  1 Yes 2 No Next Line 8 DK Next Line	HL14. Does (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD?  RECORD LINE NUMBER OF FATHER OR FOR "NO"	HL15. WHAT IS (NAME)'S RELIGION?	HL16. TO WHICH ETHNIC GROUP DOES (NAME) BELONG?
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER	RELIGION**	ETHNICITY***
08			1 2			08			1 2 8		1 2 8			
09			1 2			09			1 2 8		1 2 8			
10			1 2			10			1 2 8		1 2 8			
11			1 2			11			1 2 8		1 2 8			
12			1 2			12			1 2 8		1 2 8			
13			1 2			13			1 2 8		1 2 8			
14			1 2			14			1 2 8		1 2 8			
15			1 2			15			1 2 8		1 2 8			

TICK HERE IF ADDITIONAL QUESTIONNAIRE  
USED

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

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

\* Codes for HL3: Relationship to head of household:

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

**\*\* Codes for HL15: Religion**

01 Anglican	06 Methodist	11 Seventh Day Adventist
02 Baptist	07 Moravian	95 No religion
03 Hindu	08 Pentecostal/Evangelical	96 Other (specify) _____
04 Muslim	09 Presbyterian	98 DK
05 Jehovah Witness	10 Roman Catholics	

**\*\*\* Codes for HL16: Ethnicity**

01 African	05 Caucasian
02 Indian	06 Mixed
03 Chinese	07 Not Stated
04 Syrian/Lebanese	96 Other (specify) _____



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 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 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 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..... 82 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	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>PROBE:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) ..... 1          Adult man (age 15+ years) ..... 2          Female child (under 15)..... 3          Male child (under 15)..... 4</p> <p>DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1          No..... 2</p> <p>DK..... 8</p>	<p>2⇒WS8          8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>PROBE:</i> ANYTHING ELSE?</p> <p><i>RECORD ALL ITEMS MENTIONED.</i></p>	<p>Boil..... A          Add bleach / chlorine..... B          Strain it through a cloth..... C          Use water filter (ceramic, sand, composite, etc.)..... D          Let it stand and settle ..... F</p> <p>Other (<i>specify</i>) _____ X          DK _____ Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>IF "FLUSH" OR "POUR FLUSH",</i> <i>PROBE:</i> WHERE DOES IT FLUSH TO?</p> <p><i>IF NECESSARY, ASK PERMISSION TO OBSERVE THE FACILITY.</i></p>	<p>Flush / Pour flush          Flush to piped sewer system ..... 11          Flush to septic tank..... 12          Flush to somewhere else..... 14          Flush to unknown place / Not sure /          DK where ..... 15</p> <p>Pit latrine          Ventilated Improved Pit latrine (VIP) .... 21          Pit latrine with slab..... 22          Pit latrine without slab / Open pit..... 23</p> <p>Bucket..... 41</p> <p>No facility, Bush, Field ..... 95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>95⇒Next          Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes..... 1          No          2</p>	<p>2⇒Next          Module</p>
<p>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?</p>	<p>Other households only (not public)..... 1          Public facility..... 2</p>	<p>2⇒Next          Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ___</p> <p>Ten or more households ..... 10</p> <p>DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms..... _ _	
HC3. MAIN MATERIAL OF THE DWELLING FLOOR.  RECORD OBSERVATION.	Natural floor Dirt ..... 13 Tapia ..... 14 Rudimentary floor Wood planks ..... 21 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Concrete ..... 34 Carpet ..... 35  Other (specify) _____ 96	
HC4. MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	Natural roofing No Roof ..... 11 Rudimentary Roofing  Wood planks ..... 23 Finished roofing Metal ..... 31 Wood ..... 32 Clay tiles ..... 34 Concrete ..... 35 Roofing shingles ..... 36 Galvanized iron/Aluzinc ..... 37  Other (specify) _____ 96	
HC5. MAIN MATERIAL OF THE WALLS.  RECORD OBSERVATION.	Natural walls Dirt/Tapia ..... 13 Tapia ..... 14 Rudimentary walls Plywood ..... 24 Carton ..... 25 Reused wood ..... 26 Galvanized iron/Aluzinc ..... 27 Finished walls Concrete ..... 31 Stone with mortar ..... 32 Bricks ..... 33 Concrete blocks ..... 34 Wood (e.g. cedar) ..... 36 Galvanized iron/Aluzinc ..... 37 Hollow clay blocks ..... 38 Hollow clay or Concrete blocks (plastered) ..... 39  Other (specify) _____ 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity ..... 01  Liquefied Petroleum Gas (LPG) ..... 02  Natural gas ..... 03  Kerosene ..... 05  Wood ..... 08    Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8  02⇒HC8  03⇒HC8  04⇒HC8  05⇒HC8</p>
<p>HC6A. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p>	<p>Open fire ..... 1  Open stove ..... 2  Closed stove ..... 3    Other (<i>specify</i>) ..... 4</p>	<p>3⇒HC7  4⇒HC7</p>
<p>HC6B. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes ..... 1  No ..... 2</p>	
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?   <i>IF 'IN THE HOUSE', PROBE: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></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    Other (<i>specify</i>) ..... 6</p>	

HC8. DOES YOUR HOUSEHOLD HAVE:		Yes	No
[A] ELECTRICITY?	Electricity .....	1	2
[B] A RADIO?	Radio .....	1	2
[C] A TELEVISION?	Television.....	1	2
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone .....	1	2
[E] A REFRIGERATOR?	Refrigerator.....	1	2
[F] A STOVE?	Stove .....	1	2
[G] A WASHING MACHINE?	Washing machine .....	1	2
[H] A CLOTHES DRYER?	Clothes dryer .....	1	2
[I] A WATER HEATER (TANK/CANISTER)?	Water heater (tank/canister) .....	1	2
[J] A MICROWAVE OVEN?	Microwave oven.....	1	2
[K] AN AIR CONDITION UNIT?	Air condition unit.....	1	2
[L] INTERNET SERVICE?	Internet service .....	1	2
[M] CABLE/DIRECT TV?	Cable/direct tv.....	1	2
[N] A DVD PLAYER?	Dvd player .....	1	2
[O] A CUTLASS OR GILPIN?	Cutlass or Gilpin .....	1	2
[P] A BRUSHING CUTLASS?	Brushing cutlass .....	1	2
[Q] A LAWN MOWER?	Lawn mower .....	1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No
[B] A MOBILE/CELLULAR PHONE?	Mobile/cellular phone.....	1	2
[C] A COMPUTER?	Computer.....	1	2
[D] A SEWING MACHINE?	Sewing machine .....	1	2
[E] AN STEREO OR RADIO WITH CD PLAYER?	Stereo or radio with cd player.....	1	2
[J] A CAR/TRUCK?	Car or truck.....	1	2
[F] A BOAT FOR FISHING?	Boat for fishing.....	1	2
[G] A BOAT FOR PLEASURE?	Boat for pleasure .....	1	2
[H] AN MP3 PLAYER?	MP3 Player.....	1	2
[I] AN IPOD	iPod .....	1	2

<p>HC10. Do you or someone living in this household own this dwelling?</p> <p><i>If "No", then ask: Do you rent this dwelling from someone not living in this household?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own ..... 1</p> <p>Rent ..... 2</p> <p>Other (Not owned or rented)..... 6</p>	
<p>HC11. Does any member of this household own any land that can be used for agriculture?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒HC13
<p>HC12. How many hectares of agricultural land do members of this household own?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Hectares ..... ____</p>	
<p>HC13. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒HC15
<p>HC14. How many of the following animals does this household have?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p><i>If none, record '00'.</i></p> <p><i>If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls ..... ____</p> <p>Horses, donkeys, or mules ..... ____</p> <p>Goats ..... ____</p> <p>Sheep ..... ____</p> <p>Chickens ..... ____</p> <p>Pigs ..... ____</p>	
<p>HC15. Does any member of this household have a bank account/credit union/savings account?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

**CHILD LABOUR**

**CL**

**TO BE ADMINISTERED FOR CHILDREN IN THE HOUSEHOLD AGE 5-17 YEARS. FOR HOUSEHOLD MEMBERS BELOW AGE 5 OR ABOVE AGE 17, LEAVE ROWS BLANK.**

Now I would like to ask about any work children in this household may do.

CL1. LINE NUMBER	CL2. NAME AND AGE	CL3.		CL4.	CL5.		CL6.	CL7.		CL8.	CL9.		CL10.	
		During the past week, did (name) do any kind of work for someone who is not a member of this household? If yes: For pay in cash or kind? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇨ CL5	CL3.		Yes	No		During the past week, did (name) do any (name) do any paid or unpaid work on a family farm or in a family business or selling goods in the street? Include work for a business run by the child, alone or with one or more partners. 1 Yes 2 No ⇨ CL9	Yes		No	During the past week, did (name) help with household chores such as shopping, cleaning, washing, clothes, cooking; or caring for children, old or sick people? 1 Yes 2 No ⇨ Next Line		Yes
Line	Name	Age	Paid	Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours
01			1	2	3				1	2		1	2	
02			1	2	3				1	2		1	2	
03			1	2	3				1	2		1	2	
04			1	2	3				1	2		1	2	
05			1	2	3				1	2		1	2	
06			1	2	3				1	2		1	2	
07			1	2	3				1	2		1	2	
08			1	2	3				1	2		1	2	
09			1	2	3				1	2		1	2	
10			1	2	3				1	2		1	2	
11			1	2	3				1	2		1	2	
12			1	2	3				1	2		1	2	
13			1	2	3				1	2		1	2	
14			1	2	3				1	2		1	2	
15			1	2	3				1	2		1	2	

CL1. LINE NUMBER	CL 11 DESCRIBE THE MAIN JOB/TASK (NAME) WAS PLEASE DESCRIBE BRIEFLY THE MAIN ACTIVITY, THAT IS, GOODS PRODUCED OR SERVICES RENDERED WHERE (NAME) IS WORKING.  (MAIN REFERS TO THE WORK THAT (NAME) SPENT MOST OF THE TIME OF THE WEEK DOING. IF TWO OR MORE JOBS OCCUPY THE SAME TIME, CONSIDER THE JOB EARNING THE MOST MONEY	CL 12	CL 13 DURING WHAT TIME OF DAY DID (NAME) CARRY OUT HIS/HER WORK? A MORNING/AFTERNOON (6AM-6PM) B NIGHT/PRE-DAWN (6PM-6AM) Z DON'T KNOW	CL 14 IN HIS/HER WORK IS (NAME) EXPOSED TO ANY OF THE FOLLOWING: A DUST, FUMES, GAS (OXYGEN, AMMONIA) B NOISE C EXTREME TEMPERATURES OR HUMIDITY D DANGEROUS TOOLS (KNIVES, ETC) E WORK UNDERGROUND F WORK AT HEIGHTS G INSUFFICIENT LIGHTING H CHEMICALS (PESTICIDE, GLUE, ETC) X OTHER (SPECIFY) Y NONE OF THE ABOVE Z DON'T KNOW	Industry		Occupation			
					Day	Night	DK	Day	Night	DK
01	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	X Other (SPECIFY)
02	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
03	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
04	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
05	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
06	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
07	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
08	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
09	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
10	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
11	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
12	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	
13	— —	— —	A	B	Z	A	B	Z	A B C D E F G H Y Z	

**CHILD DISCIPLINE**

**CD**

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

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

CD1 Rank number	CD2 Line number from HL1	CD3 Name from HL2	CD4 Sex from HL4		CD5 Age from HL5
Rank	Line	Name	M	F	Age
1	___ ___		1	2	___ ___
2	___ ___		1	2	___ ___
3	___ ___		1	2	___ ___
4	___ ___		1	2	___ ___
5	___ ___		1	2	___ ___
6	___ ___		1	2	___ ___
7	___ ___		1	2	___ ___
8	___ ___		1	2	___ ___
CD6	Total children age 2-14 years				___ ___

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

**TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS**

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

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

CD8. Record the rank number of the selected child.....\_\_\_\_\_

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

HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed ..... 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard ..... 2</p> <p>No permission to see ..... 3</p> <p>Other reason..... 6</p>	<p>2⇒HW4</p> <p>3⇒HW4</p> <p>6⇒HW4</p>
<p>HW2. OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.</p> <p>VERIFY BY CHECKING THE TAP/PUMP, OR BASIN, BUCKET, WATER CONTAINER OR SIMILAR OBJECTS FOR PRESENCE OF WATER.</p>	<p>Water is available ..... 1</p> <p>Water is not available 2</p>	
<p>HW3. RECORD IF SOAP OR DETERGENT IS PRESENT AT THE SPECIFIC PLACE FOR HANDWASHING.</p> <p>CIRCLE ALL THAT APPLY.</p> <p>SKIP TO HH19 IF ANY SOAP OR DETERGENT CODE (A, B, C, OR D) IS CIRCLED. IF "NONE" (Y) IS CIRCLED, CONTINUE WITH HW4.</p>	<p>Bar soap ..... A</p> <p>Detergent (Powder / Liquid / Paste) ..... B</p> <p>Liquid soap ..... C</p> <p>Ash / Mud / Sand ..... D</p> <p>None ..... Y</p>	<p>A⇒HH19</p> <p>B⇒HH19</p> <p>C⇒HH19</p> <p>D⇒HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP, DETERGENT OR HAND SANITIZER IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>2⇒HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p>RECORD OBSERVATION. CIRCLE ALL THAT APPLY.</p>	<p>Bar soap ..... A</p> <p>Detergent (Powder / Liquid / Paste) ..... B</p> <p>Liquid soap ..... C</p> <p>Ash / Mud / Sand ..... D</p> <p>Not able / Does not want to show..... Y</p>	

<p>HH19. RECORD THE TIME.</p>	<p>Hour and minutes ..... : .....</p>	
-------------------------------	---------------------------------------	--

SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p>ONCE YOU HAVE TESTED THE SALT, CIRCLE NUMBER THAT CORRESPONDS TO TEST OUTCOME.</p>	<p>Not iodized 0 PPM ..... 1  More than 0 PPM &amp; less than 15 PPM..... 2  15 PPM or more ..... 3</p> <p>No salt in the house..... 6  Salt not tested..... 7</p>	

HH20. THANK THE RESPONDENT FOR HIS/HER COOPERATION AND CHECK THE HOUSEHOLD LISTING FORM:

*" A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in*

*the household list (HL7)*

*" A separate Questionnaire for Children Under Five has been issued for each child under age 5 years*

*in the household list (HL8)*

*Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14).*

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

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**



**QUESTIONNAIRE FOR INDIVIDUAL WOMEN**  
*Trinidad and Tobago*

<b>WOMAN'S INFORMATION PANEL</b>		<b>WM</b>
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, 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 name and number: Name _____	WM6. Day / Month / Year of interview: _____ / _____ / _____	

*Repeat greeting if not already read to this woman:*

WE ARE FROM THE MINISTRY OF THE PEOPLE AND SOCIAL DEVELOPMENT.

WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **(number)** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **(number)** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ☞ Go to WM10 to record the time and then begin the interview.
- No, permission is not given ☞ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed .....	01
	Not at home .....	02
	Refused .....	03
	Partly completed .....	04
	Incapacitated .....	05
	Other (specify) _____	96

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
---	--

WM10. Record the time.	Hour and minutes ..... _ _ : _ _	
------------------------	----------------------------------	--

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

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY MT		
MT1. <i>Check WB7:</i>  " Question left blank (Respondent has secondary or more education) ð Continue with MT2  " Able to read or no sentence in required language (codes 2, 3 or 4) ð Continue with MT2  " Cannot read at all or blind (codes 1 or 5) ð 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. <i>Check WB2: Age of respondent 15-24 years?</i>  " Yes, age 15-24 ð Continue with MT6  " No, age 25-49 ð 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	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
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
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?  I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.  <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day ..... __ __ DK day..... 98  Month..... __ __ DK month..... 98  Year ..... __ __ __ __ DK year..... 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	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. <i>Sum answers to CM5, CM7, and CM9.</i>	Sum ..... __ __	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

- Yes. Check below:
- No live births ⇒ Go to ILLNESS SYMPTOMS Module
- One or more live births ⇒ Continue with CM12
- No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12

CM12. OF THESE (*total number in CM10*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

*Month and year must be recorded.*

Date of last birth

Day ..... \_ \_

DK day..... 98

Month..... \_ \_

Year ..... \_ \_ \_ \_

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2009

- No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.
- One or more live births in last 2 years. ⇒ Ask for the name of the child

Name of child \_\_\_\_\_

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

*Continue with the next module.*

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

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 date of interview. Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes..... 1 No..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant..... F Community health worker..... G  Other (specify) ..... X													
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ..... ___  DK..... 98													
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED?  [B] DID YOU GIVE A URINE SAMPLE?  [C] DID YOU GIVE A BLOOD SAMPLE?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure .....	1	2												
Urine sample .....	1	2												
Blood sample.....	1	2												
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  MAY I SEE IT PLEASE?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No..... 3  DK..... 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes..... 1  No..... 2  DK..... 8	2⇒MN9  8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times ..... ___  DK..... 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7?  <input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12  <input type="checkbox"/> Only one tetanus injection during last pregnancy. ⇒ Continue with MN9														

<p><b>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</b></p>	<p>Yes..... 1                  No..... 2                  DK..... 8</p>	<p>2⇒MN17                  8⇒MN17</p>
<p><b>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</b></p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times .....                  DK..... 8</p>	<p>8⇒MN17</p>
<p><b>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?</b></p>	<p>Years ago .....</p>	
<p><b>MN17. WHO ASSISTED WITH THE DELIVERY OF (name)?</b></p> <p><i>Probe:</i>                  ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:                  Doctor..... A                  Nurse / Midwife..... B                  Auxiliary midwife..... C                  Other person                  Traditional birth attendant..... F                  Community health worker..... G                  Relative / Friend ..... H</p> <p>Other (specify)..... X                  No one..... X</p>	
<p><b>MN18. WHERE DID YOU GIVE BIRTH TO (name)?</b></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                  Your home ..... 11                  Other home..... 12</p> <p>Public sector                  Govt. hospital..... 21                  Govt. clinic / health centre ..... 22                  Other public (specify)..... 26</p> <p>Private Medical Sector                  Private hospital ..... 31                  Private clinic ..... 32                  Private maternity home..... 33                  Other private                  medical (specify)..... 36</p> <p>Other (specify)..... 96</p>	<p>11⇒MN20                  12⇒MN20                  96⇒MN20</p>
<p><b>MN19. WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</b></p>	<p>Yes..... 1                  No..... 1</p>	

<p>MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large ..... 1  Larger than average ..... 2  Average ..... 3  Smaller than average ..... 4  Very small ..... 5    DK..... 8</p>	
<p>MN21. Was (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes..... 1  No..... 2    DK..... 8</p>	<p>2⇒MN23    8⇒MN23</p>
<p>MN22. How MUCH DID (<i>name</i>) WEIGH?   <i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kg) __. ____  From recall..... 2 (kg) __. ____    DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?</p>	<p>Yes..... 1  No..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes..... 1  No..... 2</p>	<p>2⇒Next Module</p>
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?   <i>If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.</i></p>	<p>Immediately ..... 000  Hours ..... 1 __  Days ..... 2 __    Don't know / remember ..... 998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes..... 1  No..... 2</p>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?   <i>Probe:</i>  ANYTHING ELSE?</p>	<p>Milk (other than breast milk) ..... A  Plain water..... B  Sugar or glucose water..... C  Gripe water ..... D  Sugar-salt-water solution..... E  Fruit juice..... F  Infant formula..... G  Tea / Infusions ..... H  Honey ..... I    Other (<i>specify</i>) _____ X</p>	

POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.</i></p> <p><i>Check child mortality module CM13 and record name of last-born child here _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>		
<p>PN1. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) δ Continue with PN2</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) δ Go to PN6</p>		
<p>PN2. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>).</p> <p>You have said that you gave birth in (<i>name</i> or <i>type of facility</i> in MN18). How long did you stay there after the delivery?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>Hours..... 1 ___</p> <p>Days ..... 2 ___</p> <p>Weeks..... 3 ___</p> <p>Don't know / remember ..... 998</p>	
<p>PN3. 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>Before you left the (<i>name</i> or <i>type of facility</i> in MN18), did anyone check on (<i>name</i>)'s health?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>PN4. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you.</p> <p>Did anyone check on <u>your</u> health before you left (<i>name</i> or <i>type of facility</i> in MN18)?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>PN5. Now I would like to talk to you about what happened after you left (<i>name</i> or <i>type of facility</i> in MN18).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name</i> or <i>type of facility</i> in MN18)?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>1 ⇨ PN11</p> <p>2 ⇨ PN16</p>
<p>PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) δ Continue with PN7</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) δ Go to PN10</p>		

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes..... 1 No..... 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes..... 1 No..... 2</p>	
<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes..... 1 No..... 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>name</i>) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?</p>	<p>Yes..... 1 No..... 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once..... 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 __ __</p> <p>Days..... 2 __ __</p> <p>Weeks..... 3 __ __</p> <p>Don't know / 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                  Auxiliary midwife ..... C                  Other person                  Traditional birth attendant ..... F                  Community health worker ..... G                  Relative / Friend ..... H                  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><i>(Name of place)</i></p>	<p>Home                  Your home ..... 11                  Other home ..... 12</p> <p>Public sector                  Govt. hospital ..... 21                  Govt. clinic / health centre ..... 22                  Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector                  Private hospital ..... 31                  Private clinic ..... 32                  Private maternity home ..... 33                  Other private                  medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<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 (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>1 ⇒ PN20                  2 ⇒ Next Module</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒ Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes ..... 1                  No ..... 2</p>	<p>1 ⇒ PN20                  2 ⇒ Next Module</p>

<p>PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes..... 1 No..... 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1 More than once..... 2</p>	<p>1⇒PN21A 2⇒PN21B</p>
<p>PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</i></p>	<p>Hours..... 1 ___ Days..... 2 ___ Weeks..... 3 ___ Don't know / remember ..... 998</p>	
<p>PN22. WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?</p>	<p>Health professional Doctor..... A Nurse / Midwife..... B Auxiliary midwife..... C Other person Traditional birth attendant..... F Community health worker..... G Relative / Friend ..... H 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 Your home ..... 11 Other home..... 12</p> <p>Public sector Govt. hospital..... 21 Govt. clinic / health centre ..... 22 Other public (<i>specify</i>)..... 26</p> <p>Private medical sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home..... 33 Other private medical (<i>specify</i>)..... 36</p> <p>Other (<i>specify</i>)..... 96</p>	

**ILLNESS SYMPTOMS** **IS**

IS1. Check Household Listing, column HL9

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 YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:  
ANY OTHER SYMPTOMS?

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

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

- Child not able to drink or breastfeed..... A
- Child becomes sicker ..... B
- Child develops a fever ..... C
- Child has fast breathing..... D
- Child has difficult breathing ..... E
- Child has blood in stool ..... F
- Child is drinking/eating poorly..... G
- Child is vomiting ..... H
- Child has diarrhoea..... I

Other (specify) \_\_\_\_\_ X

Other (specify) \_\_\_\_\_ Y

Other (specify) \_\_\_\_\_ Z

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

UNMET NEED		UN
<p>UN1. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p>		
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	Yes..... 1 No 2	1⇒UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later ..... 1 No more 2	
UN4. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child..... 1 No more / None ..... 2 Undecided / Don't know..... 8	1⇒UN7 2⇒UN13 8⇒UN13
<p>UN5. Check CP3. Currently using "Female sterilization"?</p> <p><input type="checkbox"/> Yes ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN6</p>		
UN6. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant..... 3 Undecided / Don't know..... 8	2⇒UN9 3⇒UN11 8⇒UN9
UN7. How long would you like to wait before the birth of (a/another) child?	Months..... 1 ___ Years ..... 2 ___ Soon / Now ..... 993 Says she cannot get pregnant..... 994 After marriage..... 995 Other..... 996 Don't know..... 998	994⇒UN11
<p>UN8. Check CP1. Currently pregnant?</p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p>		

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

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV		
<p>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:</p>				
		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling .....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children .....	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him .....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex .....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food .....	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED OR IN A VISITING RELATION?	Yes, currently married..... 1 Yes, living with a man ..... 2 Yes, in a visiting relation.....3 No, not in union ..... 4	4⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?  <i>Probe:</i> HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years..... __ __  DK..... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes..... 1 No..... 2	2⇒MA7
MA4. HOW MANY OTHER PARTNERS DOES HE HAVE?	Number..... __ __  DK..... 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED OR WERE IN A VISITING RELATION?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 Yes, formerly in a visiting relation ..... 3 No..... 4	4 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR NO LONGER IN A VISITING RELATION?	Widowed..... 1 Divorced ..... 2 Separated..... 3 No longer in a visiting relation ..... 4	4⇒MA10
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month..... __ __ DK month..... 98  Year ..... __ __ __ __ DK year..... 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years..... __ __	⇒Next Module
MA10. HAVE YOU BEEN IN A VISITING RELATION WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once..... 2	
MA11. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> START THE VISITING RELATION?	Date of first visiting relation Month..... __ __ DK month..... 98  Year ..... __ __ __ __ DK year..... 9998	⇒Next Module
MA12. HOW OLD WERE YOU WHEN YOU STARTED THE FIRST VISITING RELATION?	Age in years..... __ __	

<b>SEXUAL BEHAVIOUR</b>		<b>SB</b>
<b>Check for the presence of others. Before continuing, ensure privacy.</b>		
<p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse ..... 00</p> <p>Age in years..... _ _</p> <p>First time when started living with (first) husband/partner ..... 95</p>	<p>00⇒Next Module</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK / Don't remember..... 2</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago ..... 1 _ _</p> <p>Weeks ago..... 2 _ _</p> <p>Months ago..... 3 _ _</p> <p>Years ago ..... 4 _ _</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband ..... 1</p> <p>Cohabiting partner ..... 2</p> <p>Boyfriend ..... 3</p> <p>Casual acquaintance ..... 4</p> <p>Visiting partner..... 5</p> <p>Other (<i>specify</i>) _____ 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>
<p>SB6. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man or in a visiting relation (MA1 = 1 or 2 or 3) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 4) ⇒ Continue with SB7</p>		
<p>SB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner ..... _ _</p> <p>DK..... 98</p>	
<p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2⇒SB15</p>
<p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 Visiting partner ..... 5  Other (<i>specify</i>) ..... 6</p>	<p>3⇒SB12 4⇒SB12 5⇒SB11A 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2)</p> <p>AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Go to SB12</p>		
<p>SB11A. Check MA1 and MA7:</p> <p><input type="checkbox"/> In a visiting relation (MA1 = 3)</p> <p>AND In a visiting relation only once (MA10 = 1) ⇒ Go to SB13</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner ..... __ __ DK..... 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1 No..... 1</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... __ __</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ..... __ __ DK..... 98</p>	

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes..... 1 No..... 2 DK..... 8	2⇒WM11																
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?																		
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 OBEAH, WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No..... 2 DK..... 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No..... 2 DK..... 8																	
HA4A. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes..... 1 No..... 2 DK..... 8																	
HA4B. CAN PEOPLE BE CURED OF THE AIDS VIRUS BY HAVING SEXUAL INTERCOURSE WITH A VIRGIN?	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 border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK															
During pregnancy.....	1	2	8															
During delivery.....	1	2	8															
By breastfeeding.....	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																	

HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No..... 2  DK / Not sure / Depends..... 8																					
HA13. Check CM13: Any live birth in last 2 years?  <input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24  <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
HA14. Check MN1: Received antenatal care?  <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15  <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24																						
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name),  WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?  [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?  [C] GETTING TESTED FOR THE AIDS VIRUS?  WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS from mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Things to do.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	AIDS from mother.....	1	2	8	Things to do.....	1	2	8	Tested for AIDS.....	1	2	8	Offered a test.....	1	2	8	
	Y	N	DK																			
AIDS from mother.....	1	2	8																			
Things to do.....	1	2	8																			
Tested for AIDS.....	1	2	8																			
Offered a test.....	1	2	8																			
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 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 COUNSELING AFTER GETTING THE RESULT.  AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes..... 1 No..... 2  DK..... 8	1⇒HA22 2⇒HA22  8⇒HA22																				
HA19. Check MN17: Birth delivered by health professional (A, B or C)?  <input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20  <input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24																						
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	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 ..... ____ : ____	
------------------------	------------------------------------	--

WM12. Check Household Listing Form, column HL9.  
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ 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. Check for the presence of any other eligible woman or children under-5 in the household.

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**



## QUESTIONNAIRE FOR CHILDREN UNDER FIVE TRINIDAD AND TOBAGO

UNDER-FIVE CHILD INFORMATION PANEL	UF
------------------------------------	----

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

UF1. Cluster number: _____	UF2. Household number: _____
UF3. Child's name: Name _____	UF4. Child's line number: _____
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / _____

*Repeat greeting if not already read to this respondent:*

*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:*

WE ARE FROM THE MINISTRY OF THE PEOPLE AND SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT (*number*) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*child's name from UF3*)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT (*number*) MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ð Go to UF12 to record the time and then begin the interview.
- No, permission is not given ð Complete UF9. Discuss this result with your supervisor

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

UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____
--	---

UF12. <i>Record the time.</i>	Hour and minutes ..... : ..	
-------------------------------	-----------------------------	--

AGE	AG	
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... : ..</p> <p>DK day ..... 98</p> <p>Month..... : ..</p> <p>Year ..... : ..</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>	

<b>BIRTH REGISTRATION</b>		<b>BR</b>
<b>BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE?</b>  <i>If yes, ask:</i> <b>MAY I SEE IT?</b>	Yes, seen..... 1  Yes, not seen..... 2  No..... 3  DK..... 8	1⇒Next Module  2⇒Next Module
<b>BR2. HAS (<i>name</i>)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?</b>	Yes..... 1  No..... 2  DK..... 8	1⇒Next Module
<b>BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?</b>	Yes..... 1 No..... 2	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None ..... 00</p> <p>Number of children's books ..... 0 ___</p> <p>Ten or more books ..... 10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><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></p>	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys from a shop .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Household objects or outside objects .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys .....	1	2	8	Toys from a shop .....	1	2	8	Household objects or outside objects .....	1	2	8	
	Y	N	DK															
Homemade toys .....	1	2	8															
Toys from a shop .....	1	2	8															
Household objects or outside objects .....	1	2	8															
<p>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.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour ..... ___</p> <p>Number of days left with other child for more than an hour..... ___</p>																	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>																		

<p>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?</p>	<p>Yes..... 1                  No..... 2                  DK..... 8</p>	<p>2⇒EC7                  8⇒EC7</p>																																			
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?</p>	<p>Number of hours.....</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>):</p> <p><i>If yes, ask:</i>                  WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABIES?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</i>)?</p>	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/ counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/ counted	A	B	X	Y	
	Mother	Father	Other	No one																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/ counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes..... 1                  No..... 2                  DK..... 2</p>																																				
<p>EC9. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes..... 1                  No..... 2                  DK..... 8</p>																																				
<p>EC10. DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes..... 1                  No..... 2                  DK..... 8</p>																																				
<p>EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes..... 1                  No..... 2                  DK..... 8</p>																																				

EC12. Is <i>(name)</i> SOMETIMES TOO SICK TO PLAY?	Yes..... 1 No..... 2 DK..... 8	
EC13. DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes..... 1 No..... 2 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?	Yes..... 1 No..... 2 DK..... 8	
EC15. DOES <i>(name)</i> GET ALONG WELL WITH OTHER CHILDREN?	Yes..... 1 No..... 2 DK..... 8	
EC16. DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes..... 1 No..... 2 DK..... 8	
EC17. DOES <i>(name)</i> GET DISTRACTED EASILY?	Yes..... 1 No..... 2 DK..... 8	

BREASTFEEDING		BF
BF1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes..... 1 No..... 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes..... 1 No..... 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT ( <i>name</i> ) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER ( <i>name</i> ) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.  Did ( <i>name</i> ) <u>DRINK PLAIN WATER</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF4. Did ( <i>name</i> ) <u>DRINK INFANT FORMULA</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID ( <i>name</i> ) DRINK INFANT FORMULA?	Number of times ..... _ _	
BF6. Did ( <i>name</i> ) <u>DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID ( <i>name</i> ) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times ..... _ _	
BF8. Did ( <i>name</i> ) <u>DRINK JUICE OR JUICE DRINKS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF9 Did ( <i>name</i> ) DRINK <u>BROTH/SOUP</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF10. Did ( <i>name</i> ) <u>DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	
BF11. Did ( <i>name</i> ) DRINK <u>ORS (ORAL REHYDRATION SOLUTION) OR GESOL</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2 DK..... 8	

BF12. Did ( <i>name</i> ) <u>DRINK ANY OTHER LIQUIDS</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2  DK..... 8	
BF13. Did ( <i>name</i> ) <u>DRINK OR EAT YOGURT</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2  DK..... 8	2⇒BF15  8⇒BF15
BF14. How MANY TIMES DID ( <i>name</i> ) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _ _	
BF15. Did ( <i>name</i> ) <u>EAT THIN PORRIDGE</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2  DK..... 8	
BF16. Did ( <i>name</i> ) <u>EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD</u> YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No..... 2  DK..... 8	2⇒BF18  8⇒BF18
BF17. How MANY TIMES DID ( <i>name</i> ) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times ..... _ _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID ( <i>name</i> ) <u>DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</u>	Yes..... 1 No..... 2  DK..... 8	

CARE OF ILLNESS		CA
<p>CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	<p>Yes..... 1 No..... 2</p> <p>DK..... 8</p>	<p>2⇒CA7 8⇒CA7</p>
<p>CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</p> <p>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?</p> <p><i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Nothing to drink ..... 5</p> <p>DK..... 8</p>	
<p>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?</p> <p><i>If "less", probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>Much less ..... 1 Somewhat less ..... 2 About the same ..... 3 More ..... 4 Stopped food ..... 5 Never gave food ..... 6</p> <p>DK..... 8</p>	
<p>CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED AN ORAL REHYDRATION SOLUTION OR GESOL?</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA SUCH AS PEDIALYTE?</p> <p>[C] LOCAL HOMEMADE FLUID SUCH AS COCONUT WATER, COCA COLA, GUAVA BUDS OR FLOUR AND WATER?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet/Gesol..... 1 2 8</p> <p>Pre-packaged ORS fluid..... 1 2 8</p> <p>Local homemade fluid ..... 1 2 8</p>	
<p>CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes..... 1 No..... 2</p> <p>DK..... 8</p>	<p>2⇒CA7 8⇒CA7</p>

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic ..... A</p> <p>Antimotility ..... B</p> <p>Zinc ..... C</p> <p>Other (Not antibiotic, antimotility or zinc) ..... G</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic ..... L</p> <p>Non-antibiotic ..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous ..... O</p> <p>Home remedy / Herbal medicine ..... Q (Local homemade fluid such as coconut water, coca cola, guava buds or flour and water).....</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<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>2⇒CA14</p> <p>6⇒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>Govt. hospital..... A</p> <p>Govt. health centre ..... B</p> <p>Village health worker ..... D</p> <p>Mobile / Outreach clinic ..... E</p> <p>Other public (<i>specify</i>) _____ 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 (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend ..... P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) 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>Antibiotic pill/syrup</p> <p>Amoxil..... A</p> <p>Ceclor..... B</p> <p>Augmentin..... C</p> <p>Curam..... D</p> <p>Cough syrup</p> <p>Tussadryl..... E</p> <p>Tylenol Cold..... F</p> <p>Robitussin..... G</p> <p>Buckleys Jack and Jill..... H</p> <p>OTC Painkillers</p> <p>Paracetamol / Panadol / Acetaminophen ... P</p> <p>Aspirin..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK _____ Z</p> <p>Z</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, HOW WAS THE STOOL DISPOSED?</p>	<p>Child used toilet / latrine ..... 01</p> <p>Put / Rinsed into toilet or latrine..... 02</p> <p>Thrown into garbage (solid waste) ..... 04</p> <p>Buried ..... 05</p> <p>Left in the open..... 06</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK..... 98</p>	

IMMUNIZATION		IM					
<p>If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</p>							
<p>IM1. DO YOU HAVE A CARD WHERE (<i>name</i>)'S VACCINATIONS ARE WRITTEN DOWN?  (If yes) MAY I SEE IT PLEASE?</p>		<p>Yes, seen ..... 1 Yes, not seen ..... 2 No card ..... 3</p>				<p>1⇒IM3 2⇒IM6</p>	
<p>IM2. DID YOU EVER HAVE A VACCINATION CARD FOR (<i>name</i>)?</p>		<p>Yes..... 1 No..... 2</p>				<p>1⇒IM6 2⇒IM6</p>	
<p>IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.</p>		<p style="text-align: center;">Date of Immunization</p>					
		Day		Month		Year	
IM3P1. POLIO 1	ORAL POLIO VACCINE 1						
IM3P2. POLIO 2	ORAL POLIO VACCINE 2						
IM3P3. POLIO 3	ORAL POLIO VACCINE 3						
IM3BP1. 1 <sup>ST</sup> BOOSTER POLIO	ORAL POLIO VACCINE						
IM3BP2. 2 <sup>ND</sup> BOOSTER POLIO	ORAL POLIO VACCINE						
IM3D1.DPT/Dt 1	DPT/Dt 1						
IM3D2.DPT/Dt 2	DPT/Dt 2						
IM3D3.DPT/Dt 3	DPT/Dt 3						
IM3BD1. 1 <sup>ST</sup> BOOSTER DPT/Dt	DPT/Dt						
IM3BD2. 2 <sup>ND</sup> BOOSTER DPT/Dt	DPT/Dt						
IM3DHH1.PENTAVALENT(DPT/HEPB/HIB 1)	DPT/HEPB/HIB 1						
IM3DHH2. PENTAVALENT (DPT/HEPB/HIB 2)	DPT/HEPB/HIB 2						
IM3DHH3. PENTAVALENT (DPT/HEPB/HIB 3)	DPT/HEPB/HIB 3						
IM3H0. HEPB AT BIRTH	H0						
IM3H1. HEPB1	H1						
IM3H2. HEPB2	H2						
IM3H3. HEPB3	H3						

IM3. (c) Copy dates for each vaccination from the card. (d) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization						
		Day	Month	Year				
IM3M.MEASLES/MUMPS/RUBELLA	MMR							
IM3Y.YELLOW FEVER	YF							
IM3PN1.PNEUMOCOCCAL 1								
IM3PN2.PNEUMOCOCCAL 2								
IM3PN3. PNEUMOCOCCAL 3								

IM4. Check IM3. Are all vaccines (Polio to Pneumococcal) recorded?  <input type="checkbox"/> Yes ⇒ Go to UF13  <input type="checkbox"/> No ⇒ Continue with IM5		
IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?  Record 'Yes' only if respondent mentions vaccines shown in the table above.	Yes.....1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to UF13)  No.....2 DK.....8	2⇒UF13 8⇒UF13
IM6. Has (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes.....1 No.....2 DK.....8	2⇒UF13 8⇒UF13
IM8. Has (name) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes.....1 No.....2 DK.....8	2⇒IM11 8⇒IM11
IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?	First two weeks.....1 Later .....2	
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?	Number of times .....	
IM11. HAS (NAME) EVER BEEN GIVEN "DPT/DT" VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH AND TETANUS?  Probe by indicating that DPT/DT vaccination is sometimes given at the same time as Polio	Yes.....1  No.....2 DK.....2	2⇒IM12A 8⇒IM12A
IM12. HOW MANY TIMES WAS A DPT/DT VACCINATION RECEIVED?	Number of times .....	

<p>IM12A. HAS (NAME) EVER BEEN GIVEN “DPT/HEPB/HIB VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH, TETANUS, HEPATITIS B AND INFLUENZA TYPE B?</p> <p><i>Probe by indicating that DPT/HEPB/HIB vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2⇨IM16 8⇨IM16</p>
<p>IM12B. HOW MANY TIMES WAS A DPT/HEPB/HIB VACCINATION RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>IM13. HAS (NAME) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p>PROBE BY INDICATING THAT THE HEPATITIS B VACCINE IS SOMETIMES GIVEN AT THE SAME TIME AS POLIO AND DPT VACCINES</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2⇨IM16 8⇨IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours..... 1 Later ..... 2</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p>IM16. HAS (name) EVER RECEIVED A “MEASLES, MUMPS AND RUBELLA VACCINATION INJECTION (MMR)”– THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES, MUMPS AND RUBELLA?</p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM17. HAS (name) EVER BEEN GIVEN A “YELLOW FEVER VACCINATION INJECTION” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12 MONTHS OR OLDER – TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MMR).</p> <p><i>Probe by indicating that the yellow fever vaccine is sometimes given at the same time as the Measles, Mumps and Rubella (MMR) vaccine</i></p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM20. HAS (NAME) EVER BEEN GIVEN A “PNEUMOCOCCAL VACCINATION INJECTION” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING THE PNEUMOCOCCAL DISEASE?</p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM21. HOW MANY TIMES WAS A PNEUMOCOCCAL VACCINATION RECEIVED?</p>	<p>Number of times ..... _</p>	

UF13. Record the time.

Hour and minutes ..... : .....

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

*Yes* ⇒ *Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

*No* ⇒ *End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child*

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

*Move to another woman's or under-5 questionnaire, or start making arrangements for Anthropometric measurements of all eligible children in the household.*

ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured ..... 1	
	Child not present ..... 2	2⇒AN6
	Child or caretaker refused ..... 3	3⇒AN6
	Other (specify) 6	6⇒AN6
AN3. Child's weight	Kilograms (kg) ..... _ _ . _	
	Weight not measured ..... 99.9	
AN4. Child's length or height		
Check age of child in AG2:		
• Child under 2 years old. ▫ Measure length (lying down).	Length (cm) Lying down..... 1 _ _ . _	
• Child age 2 or more years. ▫ Measure height (standing up).	Height (cm) Standing up ..... 2 _ _ . _	
	Length / Height not measured ..... 9999.9	

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

Yes ⇒ Record measurements for next child.

No ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**







Trinidad and Tobago  
Multiple Indicator Cluster Survey  
2017