

## APPENDIX E. MICS6 IRAQ QUESTIONNAIRES

The questionnaires of the Survey name MICS are presented in Appendix E:

- Household questionnaire
- Water Quality Testing Questionnaire
- Questionnaire for Individual Women
- Questionnaire for Children Under Five
- Questionnaire for Children Age 5-17

### 1. HOUSEHOLD QUESTIONNAIRE



#### HOUSEHOLD QUESTIONNAIRE

Iraq, 2018



HOUSEHOLD INFORMATION PANEL			HH
HH1. Cluster number: _____		HH2. Household number: _____	
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____	
HH5. Day / Month / Year of interview: ____ / ____ / 2 0 1 8		HH7. REGION: GOVERNORATE ..... DISTRICT ..... SUB-DISTRICT ..... MAHALLA/QUARTER ..... SECTOR ..... VILLAGE ..... BLOCK ..... BUILDING .....	
HH6. AREA:	URBAN ..... 1 RURAL ..... 2		
HH8. Is the household selected for Questionnaire for Men?	NO ..... 2		
HH9. Is the household selected for Water Quality Testing?	YES ..... 1 NO ..... 2	HH10. Is the household selected for blank testing?	YES ..... 1 NO ..... 2

CHECK THAT THE RESPONDENT IS A KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD AND AT LEAST 18 YEARS OLD BEFORE PROCEEDING. YOU MAY ONLY INTERVIEW A CHILD AGE 15-17 IF THERE IS NO ADULT MEMBER OF THE HOUSEHOLD OR ALL ADULT MEMBERS ARE INCAPACITATED. YOU MAY NOT INTERVIEW A CHILD UNDER AGE 15.	HH11. RECORD THE TIME.
	HOURS : MINUTES :
HH12. HELLO, MY NAME IS (YOUR NAME). WE ARE FROM <b>CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH</b> . WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU DO NOT WISH TO ANSWER A QUESTION OR STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?	
YES.....1 No / NOT ASKED.....2	1 ⇨ LIST OF HOUSEHOLD MEMBERS 2 ⇨ HH46

<b>HH46. Result of Household Questionnaire interview:</b>  <i>Discuss any result not completed with Supervisor.</i>	COMPLETED .....	01
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT .....	02
	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME .....	03
	REFUSED .....	04
	DWELLING VACANT OR ADDRESS NOT A DWELLING .....	05
	DWELLING DESTROYED .....	06
	DWELLING NOT FOUND .....	07
	OTHER (specify) .....	96

<b>HH47. Name and line number of the respondent to Household Questionnaire interview:</b>	
NAME _____	
HOUSEHOLD MEMBERS	
WOMEN AGE 15-49	
CHILDREN UNDER AGE 5	
CHILDREN AGE 5-17	

<i>To be filled after the Household Questionnaire is completed</i>	
TOTAL NUMBER	
<b>HH48</b>	__ __
<b>HH49</b>	__ __
<b>HH51</b>	__ __
<b>HH52</b>	__ __

<i>To be filled after <u>all</u> the questionnaires are completed</i>	
COMPLETED NUMBER	
<b>HH53</b>	__ __
<b>HH55</b>	__ __
<b>HH56</b>	ZERO ...0 ONE .....1

## LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time.

HL1. LINE NUMBER	HL2. FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.	HL3. WHAT IS THE RELATIONSHIP OF (NAME) TO (NAME OF THE HEAD OF HOUSEHOLD)?	HL4. IS (NAME) MALE OR 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'. If AGE IS LESS THAN 1 YEAR, RECORD '00'.	HL8. RECORD LINE NUMBER IF WOMAN AND AGE 15-49.	HL9. RECORD LINE NUMBER IF MAN, AGE 15- 49 AND HHS IS YES.	HL10. RECORD LINE NUMBER if age 0-4 (less than 5 years).	HL11. Age 0-17?	HL12. IS (NAME)'S NATURAL MOTHER ALIVE?	HL13. DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL14. DOES Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live?	HL16. IS (NAME)'S NATURAL FATHER ALIVE?	HL17. DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live?	HL20. Copy the LINE NUMBER OF MOTHER FROM HL14. If BLANK, ASK:  WHO IS THE PRIMARY CARETAKER OF (NAME)?  If 'No one' for a child age 15-17, record '90'.	
				98 DK	998 DK														
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER		Y N DK	Y N	FATHER		
01		0_1	1 2				01	01	01	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
02			1 2				02	02	02	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
03			1 2				03	03	03	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
04			1 2				04	04	04	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
05			1 2				05	05	05	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
06			1 2				06	06	06	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
07			1 2				07	07	07	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
08			1 2				08	08	08	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
09			1 2				09	09	09	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
10			1 2				10	10	10	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
* Codes for HL3:				05 GRANDCHILD				09 BROTHER-IN-LAW / SISTER-IN-LAW				13 ADOPTED / FOSTER / STEPCHILD				14 SERVANT (LIVE-IN)			
Relationship to head of household:				06 PARENT				10 UNCLE/AUNT				14 SERVANT (LIVE-IN)				96 OTHER (NOT RELATED)			
				07 PARENT-IN-LAW				11 NIECE / NEPHEW				98 DK							
				08 BROTHER / SISTER				12 OTHER RELATIVE											

EDUCATION 1					ED				
ED1. Line number	ED2. Name and age.  Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.	ED3. Age 3 or above?  1 YES 2 NO ⇅  Next Line	ED4. Has ( <u>name</u> ) ever attended school or any Early Childhood Education programme?  1 YES 2 NO ⇅  Next Line	ED5. What is the highest level and grade or year of school ( <u>name</u> ) has ever attended?  LEVEL: 0 ECE ⇅ 1 PRIMARY 2 INTERMEDIATE 3 DIPLOMA (5 YEARS AFTER INTERMEDIATE) 4 SECONDARY 5 DIPLOMA 6 BACHELORS DEGREE 7 HIGHER EDUCATION 8 DK  GRADE/YEAR: 98 DK ⇅  ED7	ED6. Did ( <u>name</u> ) ever complete that (grade/year)?  1 YES 2 NO 8 DK	ED7. Age 3-24?  1 YES 2 NO ⇅  Next Line	ED8. Check ED4: Ever attended school or ECE?  1 YES 2 NO ⇅  Next Line		
LINE	NAME	AGE	YES	NO	YES	NO	YES	NO	
01		___	1	2	1	2	1	2	
02		___	1	2	1	2	1	2	
03		___	1	2	1	2	1	2	
04		___	1	2	1	2	1	2	
05		___	1	2	1	2	1	2	
06		___	1	2	1	2	1	2	
07		___	1	2	1	2	1	2	
08		___	1	2	1	2	1	2	
09		___	1	2	1	2	1	2	
10		___	1	2	1	2	1	2	



EDUCATION 2										ED	
ED1. <i>Line number</i>	ED2. <i>Name and age.</i>	ED9.	ED10.	ED11.	ED12.	ED13.	ED14.	ED15.	ED16.		
		At any time during the current school (2017-18) year did <b>(name)</b> attend school or any Early Childhood Education programme?  1 YES 2 NO ⇄  <i>ED15</i>	During this current school year (2017-18), which level and grade or year is <b>(name)</b> attending?  LEVEL: 0 ECE ⇄ <i>ED7</i> 1 PRIMARY 2 INTERMEDIATE 3 DIPLOMA (5 YEARS AFTER INTERMEDIATE) 4 SECONDARY 5 DIPLOMA 6 BACHELORS DEGREE 7 HIGHER EDUCATION 8 DK	WHO IS MANAGING THE SCHOOL  1 GOVT. / PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER (ARABIC OR FOREIGN) 8 DK	In the current school year (2017-18), has <b>(name)</b> received any school tuition support?  <i>If “Yes”, probe to ensure that support was not received from family, other relatives, friends or neighbours.</i>  1 YES 2 NO ⇄ <i>ED14</i> 8 DK ⇄ <i>ED14</i>	Who provided the tuition support?  <i>Record all mentioned.</i>  A GOVT. / PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER (ARABIC OR FOREIGN) Z DK	For the current school year (2017-18), has <b>(name)</b> received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies?  <i>If “Yes”, probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO 8 DK	At any time during the previous school year (2016-17) did <b>(name)</b> attend school or any Early Childhood Education programme?  1 YES 2 NO ⇄ 8 DK ⇄ <i>Next Line</i> <i>Next Line</i>	During that previous school year (2016-17), which level and grade or year did <b>(name)</b> attend?  LEVEL:  0 ECE ⇄ <i>ED7</i> 1 PRIMARY 2 INTERMEDIATE 3 DIPLOMA (5 YEARS AFTER INTERMEDIATE) 4 SECONDARY 5 DIPLOMA 6 BACHELORS DEGREE 7 HIGHER EDUCATION 8 DK		
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	LEVEL	GRADE/YEAR
01		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___
02		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___
03		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___
04		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___
05		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___
06		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___
07		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___
08		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___
09		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___
10		___	1 2	0 1 2 3 4 5 6 7 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 7 8	___

HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A.</b> WHAT IS THE RELIGION OF ( <i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i> )?	MUSLIM.....1 CHRISTIAN .....2 SABA'E.....3 AZIDI.....4  OTHER RELIGION ( <i>specify</i> ) ..... 6	
<b>HC1B.</b> WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF ( <i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i> )?	ARABIC.....1 KURDISH .....2 TURKMAN.....3 ASSERIAN .....4  OTHER LANGUAGE ( <i>specify</i> ) ..... 6	
<b>HC2A.</b> HOW LONG HAS ( <i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i> ) BEEN CONTINUOUSLY LIVING IN THIS AREA?  <i>If less than <b>one</b> year, record '00' years.</i>  <i>Probe to identify if the household has been displaced and is now back to their habitual place of living</i>  IF THIS AREA HAS BEEN THERE CONTINUOUSLY LIVING AREA AND THEY HAVE JUST RETURNED (FROM SOMEWHERE ELSE) RECORD THE YEARS SINCE THEY HAVE RETURNED.	YEARS.....__ __ ALWAYS / SINCE BIRTH ..... 95	95 ⇒ HC3
<b>HC2B.</b> JUST BEFORE MOVING HERE, DID ( <i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i> ) LIVE IN A CITY, IN A TOWN, IN A RURAL AREA OR IN A CAMP?  <i>Probe to identify the type of place.</i>  <i>If unable to determine whether the place is a city, a town, a camp or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i>  _____  (NAME OF PLACE)	CITY .....1 TOWN.....2 RURAL AREA .....3 CAMP .....4	

<b>HC2C.</b> JUST BEFORE MOVING HERE, WHAT TYPE OF HOUSING DID ( <i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i> ) LIVE IN?	APPARTEMENT .....1 HOUSE .....2  COLLECTIVE SHELTER (SCHOOL, RELIGIOUS) .....3 OFFICIAL CAMP .....4  UNOFFICIAL CAMP.....5 INFORMAL SETTLEMENT .....6  FACTORY/WAREHOUSE/GARAGE .....7 UNFINISHED/ABANDONED BUILDINGS ....8  OTHER ( <i>specify</i> ) .....96	
<b>HC2D.</b> BEFORE MOVING HERE, IN WHICH GOVERNORATE DID <i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i> ) LIVE IN?	DUHOK .....11 NAINAWA .....12 SULAIMANIYA.....13 KIRKUK.....14 ERBIL.....15 DIALA .....21 ANBAR .....22 BAGHDAD .....23 BABIL .....24 KERBALA .....25 WASIT .....26 SALAHADDIN .....27 NAJAF .....28 QADISSIYAH.....31 MUTHANA .....32 THIQAR .....33 MISSAN.....34 BASRA .....35  OUTSIDE OF COUNTRY ( <i>specify</i> ) .....96	

<p><b>HC2E.</b> What was the main reason for moving?</p> <p><i>If the head of household was displaced and now is back to his/her home town or area code as '31'.</i></p>	<p>CONFLICT OR VIOLENCE .....11</p> <p>TRIBAL LAND DISPUTES .....13</p> <p>GOVERNMENT EVICTIONS.....14</p> <p>COULD NOT MAKE A LIVING OR FIND WORK (ECONOMIC REASONS) .....21</p> <p>FOR EDUCATION (OWN OR OF CHILDREN) .....22</p> <p>TO JOIN FAMILY.....23</p> <p>TO RETURN TO HOME .....31</p> <p>NATURAL DISASTERS .....41</p> <p>OTHER (SPECIFY) .....96</p>	
<p><b>HC3.</b> How many rooms do members of this household usually use for sleeping?</p>	<p>NUMBER OF ROOMS ..... _ _</p>	
<p><b>HC4.</b> Main material of the dwelling floor.</p> <p><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i></p>	<p><b>NATURAL FLOOR</b></p> <p>EARTH / SAND .....11</p> <p>MUD / ROCK .....12</p> <p><b>RUDIMENTARY FLOOR</b></p> <p>WOOD PLANKS .....21</p> <p>PALM / BAMBOO.....22</p> <p>REED / MAT .....23</p> <p><b>FINISHED FLOOR</b></p> <p>PARQUET OR POLISHED WOOD .....31</p> <p>VINYL OR ASPHALT STRIPS.....32</p> <p>CERAMIC TILES (MOZIAC &amp; MARBLE) .....33</p> <p>CEMENT .....34</p> <p>CARPET .....35</p> <p>PLASTIC PIECES .....36</p> <p>OTHER (specify) _____ 96</p>	

<p><b>HC5. Main material of the roof.</b></p> <p><i>Record observation.</i></p>	<p>NO ROOF .....11</p> <p><b>NATURAL ROOFING</b></p> <p>MUD STRAW/PALM LEAF .....12</p> <p>BRANCHES/ROOTS/GRASS .....13</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT.....21</p> <p>PALM / BAMBOO.....22</p> <p>WOOD PLANKS .....23</p> <p>CARDBOARD .....24</p> <p><b>FINISHED ROOFING</b></p> <p>METAL / TIN.....31</p> <p>WOOD.....32</p> <p>CORREEGATED SHEETS / ASBESTOS .....33</p> <p>CERAMIC TILES .....34</p> <p>CEMENT / REINFORCED CONCRETE WITH METAL .....35</p> <p>ROOFING SHINGLES.....36</p> <p>H SECTION IRON RODS (ARCHING) .....37</p> <p>OTHER (<i>specify</i>) ..... 96</p>													
<p><b>HC6. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p>NO WALLS.....11</p> <p><b>NATURAL WALLS</b></p> <p>CANE / PALM / TRUNKS.....12</p> <p>DIRT .....13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>BAMBOO WITH MUD .....21</p> <p>STONE WITH MUD.....22</p> <p>UNCOVERED ADOBE.....23</p> <p>PLYWOOD .....24</p> <p>CARDBOARD .....25</p> <p>REUSED WOOD.....26</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT .....31</p> <p>STONE WITH LIME / CEMENT .....32</p> <p>RED TILES .....33</p> <p>CEMENT BLOCKS .....34</p> <p>COVERED ADOBE .....35</p> <p>WOOD PLANKS / SHINGLES .....36</p> <p>CORREGATED METAL SHEETS .....37</p> <p>BRICKS.....38</p> <p>OTHER (<i>specify</i>) ..... 96</p>													
<p><b>HC7. Does your household have:</b></p> <p>[A] A radio?</p> <p>[B] Wooden Cooler Box?</p> <p>[C] Clay Water Cooler ?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WOODEN COOLER BOX .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CLAY WATER COOLER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO .....	1	2	WOODEN COOLER BOX .....	1	2	CLAY WATER COOLER.....	1	2	
	YES	NO												
RADIO .....	1	2												
WOODEN COOLER BOX .....	1	2												
CLAY WATER COOLER.....	1	2												

<b>HC8.</b> Does your household have electricity?	YES.....1 NO .....2	2⇒HC10
<b>HC8A.</b> What is the type of electricity source?	PUBLIC GRID ..... A EXTRNAL GENERATOR ..... B PRIVATE GENERATOR ..... C OTHER ( <i>specify</i> ) ..... X	
<b>HC9.</b> Does your household have:	YES NO	
[A] A television?	TELEVISION ..... 1 2	
[B] A refrigerator?	REFRIGERATOR ..... 1 2	
[C] Freezer?	FREEZER..... 1 2	
[D] Air-conditioner?	AIR-CONDITIONER ..... 1 2	
[E] Air cooler?	AIR COOLER ..... 1 2	
[F] Watercooler?	WATERCOOLER..... 1 2	
[G] Satellite Receiver?	SATELLITE RECEIVER ..... 1 2	
<b>HC10.</b> Does any member of your household own?	YES NO	
[A] A wristwatch?	WRISTWATCH.....1 2	
[B] A bicycle (middle or big)?	BICYCLE.....1 2	
[C] A motorcycle or scooter or motor cycle with carrier?	MOTORCYCLE / SCOOTER .....1 2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART .....1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN .....1 2	
[F] A boat with a motor?	BOAT WITH MOTOR .....1 2	
<b>HC11.</b> Does any member of your household have a computer or a tablet?	YES.....1 NO .....2	
<b>HC12.</b> Does any member of your household have a mobile telephone?	YES.....1 NO .....2	
<b>HC13.</b> Does your household have access to internet at home?	YES.....1 NO .....2	

<p><b>HC14.</b> 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', record '2'. For other responses, record '6' and specify.</i></p>	<p>OWN .....1</p> <p>RENT .....2</p> <p>OTHER (<i>specify</i>) ..... 6</p>	
<p><b>HC15.</b> 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 ⇒ HC16
<p><b>HC16.</b> How many 'donems' of agricultural land do members of this household own?</p> <p><i>If less than 1, record '000'.</i></p>	<p>DONEMS..... ____</p> <p>995 OR MORE .....995</p> <p>DK .....998</p>	
<p><b>HC16A.</b> Does any member of your HH has pond for aquaculture?</p>	<p>YES .....1</p> <p>NO .....2</p>	2 ⇒ HC17
<p><b>HC16B.</b> How many kilograms of fish are there in those ponds?</p> <p><i>If the response is 9995 or more, record 9995.</i></p>	<p>NO OF KGS. OF FISH ..... ____</p>	
<p><b>HC17.</b> Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES .....1</p> <p>NO .....2</p>	2 ⇒ HC19
<p><b>HC18.</b> How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Honey Bees Cells</p> <p>[I] Camels</p> <p><i>If none, record '000'. If 995 or more, record '995'.</i></p> <p><i>If unknown, record '998'.</i></p>	<p>MILK COWS OR BULLS ..... ____</p> <p>OTHER CATTLE..... ____</p> <p>HORSES, DONKEYS OR MULES..... ____</p> <p>GOATS ..... ____</p> <p>SHEEP ..... ____</p> <p>CHICKENS ..... ____</p> <p>PIGS ..... ____</p> <p>NO. OF HONEY BEE CELLS..... ____</p> <p>CAMELS ..... ____</p>	
<p><b>HC19.</b> Does any member of this household have a bank account?</p>	<p>YES .....1</p> <p>NO .....2</p>	

**SOCIAL TRANSFERS**
**ST**

**ST1.** I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] SOCIAL SAFETY NETS	[B] SPECIAL PROGRAMMES RELATED TO RELIGIOUS INSTITUTIONS	[C] SPECIAL PROGRAMMES FOR LOCAL ARABIC OR FOREIGN CIVIL SOCIETY ORGANIZATIONS	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
<b>ST2.</b> Are you aware of ( <i>name of programme</i> )?	YES.....1 NO.....2 ⚡ [B]	YES.....1 NO.....2 ⚡ [C]	YES.....1 NO.....2 ⚡ [D]	YES.....1 NO.....2 ⚡ [X]	YES (specify).....1 NO.....2 ⚡ Next Module
<b>ST3.</b> Has your household or anyone in your household received assistance through ( <i>name of programme</i> )?	YES.....1 ⚡ ST4 NO.....2 ⚡ [B] DK.....8 ⚡ [B]	YES.....1 ⚡ ST4 NO.....2 ⚡ [C] DK.....8 ⚡ [C]	YES.....1 ⚡ ST4 NO.....2 ⚡ [D] DK.....8 ⚡ [D]	YES.....1 ⚡ ST4 NO.....2 ⚡ [X] DK.....8 ⚡ [X]	YES.....1 ⚡ ST4 NO.....2 ⚡ Next Module DK.....8 ⚡ Next Module
<b>ST4.</b> When was the <u>last time</u> your household or anyone in your household received assistance through ( <i>name of programme</i> )?  If less than one month, record '1' and record '00' in Months. If less than 12 months, record '1' and record in Months. If 1 year/12 months or more, record '2' and record in Years.	MONTHS AGO .....1 ____ ⚡ [B] YEARS AGO .....2 ____ ⚡ [B] DK .....998 ⚡ [B]	MONTHS AGO .....1 ____ ⚡ [C] YEARS AGO .....2 ____ ⚡ [C] DK .....998 ⚡ [C]	MONTHS AGO .....1 ____ ⚡ [D] YEARS AGO .....2 ____ ⚡ [D] DK .....998 ⚡ [D]	MONTHS AGO .....1 ____ ⚡ [X] YEARS AGO .....2 ____ ⚡ [X] DK .....998 ⚡ [X]	MONTHS AGO .....1 ____ ⚡ Next Module YEARS AGO .....2 ____ ⚡ Next Module DK .....998 ⚡ Next Module



HOUSEHOLD ENERGY USE		EU
<b>EU1. IN YOUR HOUSEHOLD, WHAT TYPE OF COOKSTOVE IS <u>MAINLY</u> USED FOR <u>COOKING</u>?</b>	ELECTRIC STOVE .....01	01⇒EU5
	SOLAR COOKER..... 02	02⇒EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE .....03	03⇒EU5
	PIPED NATURAL GAS STOVE .....04	04⇒EU5
	LIQUID FUEL STOVE.....06	06⇒EU4
	MANUFACTURED SOLID FUEL STOVE .....07	
	TRADITIONAL SOLID FUEL (COAL OR WOOD) STOVE .....08	09⇒EU4
	THREE STONE STOVE / OPEN FIRE.....09	96⇒EU4
	OTHER ( <i>specify</i> )..... 96	97⇒EU6
	NO FOOD COOKED IN HOUSEHOLD.....97	
<b>EU2. DOES IT HAVE A CHIMNEY?</b>	YES .....1	
	NO .....2	
	DK .....8	
<b>EU3. DOES IT HAVE A FAN/VENTILATOR?</b>	YES .....1	
	NO .....2	
	DK .....8	
<b>EU4. WHAT TYPE OF FUEL OR ENERGY SOURCE IS USED IN THIS COOKSTOVE?</b>  <i>IF MORE THAN ONE, RECORD THE MAIN ENERGY SOURCE FOR THIS COOKSTOVE.</i>	ALCOHOL / ETHANOL .....01	
	GASOLINE / DIESEL .....02	
	KEROSENE / PARAFFIN.....03	
	COAL / LIGNITE .....04	
	CHARCOAL .....05	
	WOOD.....06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....07	
	ANIMAL DUNG / WASTE.....08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS .....09	
	GARBAGE / PLASTIC.....10	
	SAWDUST.....11	
OTHER ( <i>specify</i> )..... 96		

<p><b>EU5. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</b></p> <p><i>IF IN MAIN HOUSE, PROBE TO DETERMINE IF COOKING IS DONE IN A SEPARATE ROOM.</i></p> <p><i>IF OUTDOORS, PROBE TO DETERMINE IF COOKING IS DONE ON VERANDA, COVERED PORCH, OR OPEN AIR.</i></p>	<p>IN MAIN HOUSE  NO SEPARATE ROOM .....1  IN A SEPARATE ROOM .....2</p> <p>IN A SEPARATE BUILDING.....3</p> <p>OUTDOORS  OPEN AIR .....4  ON VERANDA OR COVERED PORCH .....5</p> <p>OTHER (<i>specify</i>) ..... 6</p>	
<p><b>EU6. WHAT DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR <u>SPACE HEATING</u> WHEN NEEDED?</b></p>	<p>CENTRAL HEATING .....01</p> <p>MANUFACTURED SPACE HEATER (KEROSENE, LPG, ELECTRICITY).....02</p> <p>TRADITIONAL SPACE HEATER .....03</p> <p>MANUFACTURED COOKSTOVE.....04</p> <p>TRADITIONAL COOKSTOVE .....05</p> <p>THREE STONE STOVE / OPEN FIRE.....06</p> <p>BUILT STOVE .....10</p> <p>OTHER (<i>specify</i>) ..... 96</p> <p>NO SPACE HEATING IN HOUSEHOLD.....97</p>	<p>01⇒EU8</p> <p>06⇒EU8</p> <p>96⇒EU8</p> <p>97⇒EU9</p>
<p><b>EU7. DOES IT HAVE A CHIMNEY?</b></p>	<p>YES .....1</p> <p>NO .....2</p> <p>DK .....8</p>	
<p><b>EU8. WHAT TYPE OF FUEL AND ENERGY SOURCE IS USED IN THIS HEATER?</b></p> <p><i>IF MORE THAN ONE, RECORD THE MAIN ENERGY SOURCE FOR THIS HEATER.</i></p>	<p>SOLAR AIR HEATER .....01</p> <p>ELECTRICITY .....02</p> <p>PIPED NATURAL GAS .....03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS .....04</p> <p>ALCOHOL / ETHANOL .....06</p> <p>GASOLINE / DIESEL .....07</p> <p>KEROSENE / PARAFFIN .....08</p> <p>COAL / LIGNITE .....09</p> <p>CHARCOAL .....10</p> <p>WOOD.....11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS.....12</p> <p>ANIMAL DUNG / WASTE.....13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS .....14</p>	

	GARBAGE / PLASTIC.....15 SAWDUST.....16 OTHER ( <i>specify</i> ).....96	
<b>EU9.</b> AT NIGHT, WHAT DOES YOUR HOUSEHOLD <u>MAINLY</u> USE TO <u>LIGHT</u> THE HOUSEHOLD?	ELECTRICITY .....01 SOLAR LANTERN .....02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....03  BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....04 GASOLINE LAMP .....06  KEROSENE OR PARAFFIN LAMP .....07 CHARCOAL .....08 WOOD.....09 CROP RESIDUE / GRASS / STRAW / SHRUBS.....10 ANIMAL DUNG / WASTE.....11  OIL LAMP .....12 CANDLE.....13  OTHER ( <i>specify</i> ).....96 NO LIGHTING IN HOUSEHOLD.....97	

WATER AND SANITATION		WS
<p><b>WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER USED BY MEMBERS OF YOUR HOUSEHOLD?</b></p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p> <p><b>WATER KIOSK – SMALL SHOP TO REFILL STERILIZED WATER DIRECTLY TO PEOPLE</b></p>	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING..... 11 11 ⇨ WS7</p> <p>PIPED TO YARD / PLOT ..... 12 12 ⇨ WS7</p> <p>PIPED TO NEIGHBOUR ..... 13 13 ⇨ WS3</p> <p>PUBLIC TAP / STANDPIPE..... 14 14 ⇨ WS3</p> <p>TUBE WELL / BOREHOLE ..... 21 21 ⇨ WS3</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31 31 ⇨ WS3</p> <p>UNPROTECTED WELL ..... 32 32 ⇨ WS3</p> <p><b>SPRING</b></p> <p>PROTECTED SPRING ..... 41 41 ⇨ WS3</p> <p>UNPROTECTED SPRING ..... 42 42 ⇨ WS3</p> <p>RAINWATER ..... 51 51 ⇨ WS3</p> <p>TANKER-TRUCK ..... 61 61 ⇨ WS4</p> <p>CART WITH SMALL TANK ..... 71 71 ⇨ WS4</p> <p>WATER KIOSK..... 72 72 ⇨ WS4</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81 81 ⇨ WS3</p> <p><b>PACKAGED WATER</b></p> <p>BOTTLED WATER (BIG OR SMALL) ..... 91</p> <p>DESALINIZED &amp; STERILIZED WATER..... 93</p> <p>OTHER (<i>specify</i>) ..... 96 96 ⇨ WS3</p>	
<p><b>WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY MEMBERS OF YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</b></p> <p><i>IF UNCLEAR, PROBE TO IDENTIFY THE PLACE FROM WHICH MEMBERS OF THIS HOUSEHOLD MOST OFTEN COLLECT WATER FOR OTHER PURPOSES.</i></p> <p><b>WATER KIOSK – SMALL SHOP TO REFILL THE DRINKING WATER CANS</b></p>	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING..... 11 11 ⇨ WS7</p> <p>PIPED TO YARD / PLOT ..... 12 12 ⇨ WS7</p> <p>PIPED TO NEIGHBOUR ..... 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE ..... 21</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER-TRUCK ..... 61 61 ⇨ WS4</p> <p>CART WITH SMALL TANK ..... 71 71 ⇨ WS4</p> <p>WATER KIOSK..... 72 72 ⇨ WS4</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81</p> <p>DESALINIZED &amp; STERILIZED WATER..... 93</p> <p>OTHER (<i>specify</i>) ..... 96</p>	

<b>WS3.</b> WHERE IS THAT WATER SOURCE LOCATED?	IN OWN DWELLING ..... 1 IN OWN YARD / PLOT ..... 2 ELSEWHERE ..... 3	1 ⇨ WS7 2 ⇨ WS7
<b>WS4.</b> HOW LONG DOES IT TAKE FOR MEMBERS OF YOUR HOUSEHOLD TO GO THERE, GET WATER, AND COME BACK?	MEMBERS DO NOT COLLECT .....000  NUMBER OF MINUTES .....__ __  DK .....998	000 ⇨ WS7
<b>WS5.</b> WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?  <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME _____  LINE NUMBER.....__ __	
<b>WS6.</b> SINCE LAST ( <i>DAY OF THE WEEK</i> ), HOW MANY TIMES HAS THIS PERSON COLLECTED WATER?	NUMBER OF TIMES ..... __ __  DK ..... 98	
<b>WS7.</b> IN THE LAST MONTH, HAS THERE BEEN ANY TIME WHEN YOUR HOUSEHOLD DID NOT HAVE SUFFICIENT QUANTITIES OF DRINKING WATER?	YES, AT LEAST ONCE ..... 1 NO, ALWAYS SUFFICIENT ..... 2  DK ..... 8	2 ⇨ WS9  8 ⇨ WS9
<b>WS8.</b> WHAT WAS THE MAIN REASON THAT YOU WERE UNABLE TO ACCESS WATER IN SUFFICIENT QUANTITIES WHEN NEEDED?	WATER NOT AVAILABLE FROM SOURCE 1 WATER TOO EXPENSIVE ..... 2 SOURCE NOT ACCESSIBLE ..... 3 OTHER ( <i>specify</i> ) ..... 6  DK ..... 8	
<b>WS9.</b> DO YOU OR ANY OTHER MEMBER OF THIS HOUSEHOLD DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇨ WS11  8 ⇨ WS11

<p><b>WS10. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</b></p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOIL.....A</p> <p>ADD BLEACH / CHLORINE .....B</p> <p>STRAIN IT THROUGH A CLOTH .....C</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.).....D</p> <p>SOLAR DISINFECTION .....E</p> <p>LET IT STAND AND SETTLE.....F</p> <p>ADDING DISINFECTION TABLETS .....G</p> <p>HH WATER TREATMENT UNIT .....H</p> <p>OTHER (<i>specify</i>) .....X</p> <p>DK .....Z</p>	
<p><b>WS11. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</b></p> <p><i>If 'Flush' or 'Pour flush', probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p><b>FLUSH / POUR FLUSH</b></p> <p>FLUSH TO PIPED SEWER SYSTEM..... 11</p> <p>FLUSH TO PIT LATRINE ..... 13</p> <p>FLUSH TO OPEN DRAIN ..... 14</p> <p>FLUSH TO DK WHERE ..... 18</p> <p><b>PIT LATRINE</b></p> <p>PIT LATRINE WITH SLAB..... 22</p> <p>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>11⇒WS14</p> <p>14⇒WS14</p> <p>18⇒WS14</p> <p>41⇒WS14</p> <p>95⇒Next Module</p> <p>96⇒WS14</p>
<p><b>WS12. HAS YOUR (ANSWER FROM WS11) EVER BEEN EMPTIED?</b></p>	<p>YES, EMPTIED</p> <p>WITHIN THE LAST 5 YEARS ..... 1</p> <p>MORE THAN 5 YEARS AGO ..... 2</p> <p>DON'T KNOW WHEN ..... 3</p> <p>NO, NEVER EMPTIED ..... 4</p> <p>DK ..... 8</p>	<p>4⇒WS14</p> <p>8⇒WS14</p>
<p><b>WS13. THE LAST TIME IT WAS EMPTIED, WHERE WERE THE CONTENTS EMPTIED TO?</b></p> <p><i>Probe:</i> WAS IT REMOVED BY A SERVICE PROVIDER?</p>	<p><b>REMOVED BY SERVICE PROVIDER</b></p> <p>TO A TREATMENT PLANT ..... 1</p> <p>BURIED IN A COVERED PIT ..... 2</p> <p>TO DON'T KNOW WHERE ..... 3</p> <p><b>EMPTIED BY HOUSEHOLD</b></p> <p>BURIED IN A COVERED PIT ..... 4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE ..... 5</p> <p>OTHER (<i>specify</i>) ..... 6</p> <p>DK ..... 8</p>	

<b>WS14.</b> WHERE IS THIS TOILET FACILITY LOCATED?	IN OWN DWELLING ..... 1 IN OWN YARD / PLOT ..... 2 ELSEWHERE ..... 3	
<b>WS15.</b> DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	YES ..... 1 NO ..... 2	2 ⇨ <i>Next Module</i>
<b>WS16.</b> 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?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC) ..... 1 SHARED WITH GENERAL PUBLIC ..... 2	2 ⇨ <i>Next Module</i>
<b>WS17.</b> HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)..... <u>0</u> ____  TEN OR MORE HOUSEHOLDS..... 10  DK ..... 98	

HANDWASHING		HW
<p><b>HW1.</b> WE WOULD LIKE TO LEARN ABOUT WHERE MEMBERS OF THIS HOUSEHOLD WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p> <p><i>RECORD RESULT AND OBSERVATION.</i></p>	<p><b>OBSERVED</b></p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING ..... 1</p> <p>IN YARD / PLOT ..... 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE) ..... 3</p> <p><b>NOT OBSERVED</b></p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT ..... 4</p> <p>NO PERMISSION TO SEE ..... 5</p> <p>OTHER REASON (<i>specify</i>) ..... 6</p>	<p>4 ⇒ HW5</p> <p>5 ⇒ HW4</p> <p>6 ⇒ HW5</p>
<p><b>HW2.</b> OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</p> <p><i>VERIFY BY CHECKING THE TAP/PUMP, OR BASIN, BUCKET, WATER CONTAINER OR SIMILAR OBJECTS FOR PRESENCE OF WATER.</i></p>	<p>WATER IS AVAILABLE ..... 1</p> <p>WATER IS NOT AVAILABLE ..... 2</p>	
<p><b>HW3.</b> IS SOAP OR DETERGENT OR ASH/MUD/SAND PRESENT AT THE PLACE FOR HANDWASHING?</p>	<p>YES, PRESENT ..... 1</p> <p>NO, NOT PRESENT ..... 2</p>	<p>1 ⇒ HW7</p> <p>2 ⇒ HW5</p>
<p><b>HW4.</b> WHERE DO YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH YOUR HANDS?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING ..... 1</p> <p>IN YARD / PLOT ..... 2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE) ..... 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT ..... 4</p> <p>OTHER (<i>specify</i>) ..... 6</p>	
<p><b>HW5.</b> DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>2 ⇒ Next Module</p>
<p><b>HW6.</b> CAN YOU PLEASE SHOW IT TO ME?</p>	<p>YES, SHOWN ..... 1</p> <p>NO, NOT SHOWN ..... 2</p>	<p>2 ⇒ Next Module</p>
<p><b>HW7.</b> Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP ..... A</p> <p>DETERGENT (POWDER / LIQUID / PASTE) ... B</p> <p>ASH / MUD / SAND ..... C</p>	



SALT IODISATION		SA
<p><b>SA1.</b> WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODISED. MAY I HAVE A SAMPLE OF THE SALT USED TO <u>COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p><b>SALT TESTED</b>  0 PPM (NO REACTION) ..... 1  BELOW 15 PPM (BETWEEN 0 AND 15 PPM) ..... 2  ABOVE 15 PPM (AT LEAST 15 PPM)... 3</p> <p><b>SALT NOT TESTED</b>  NO SALT IN THE HOUSE..... 4  OTHER REASON  (specify) ..... 6</p>	<p>2⇒HH13  3⇒HH13  4⇒HH13  6⇒HH13</p>
<p><b>SA2.</b> I WOULD LIKE TO PERFORM ONE MORE TEST. MAY I HAVE ANOTHER SAMPLE OF THE SAME SALT?</p> <p><i>APPLY 5 DROPS OF RECHECK SOLUTION. THEN APPLY 2 DROPS OF TEST SOLUTION ON THE SAME SPOT. OBSERVE THE DARKEST REACTION WITHIN 30 SECONDS, COMPARE TO THE COLOUR CHART AND THEN RECORD THE RESPONSE (1, 2 OR 3) THAT CORRESPONDS TO TEST OUTCOME.</i></p>	<p><b>SALT TESTED</b>  0 PPM (NO REACTION) ..... 1  BELOW 15 PPM (BETWEEN 0 AND 15 PPM) ..... 2  ABOVE 15 PPM (AT LEAST 15 PPM)... 3</p> <p><b>SALT NOT TESTED</b>  OTHER REASON  (specify) ..... 6</p>	

<b>HH13.</b> RECORD THE TIME.	HOUR AND MINUTES ..... : ..	
<b>HH14.</b> Language of the Questionnaire.	ARABIC.....1 KURDISH (SORANI).....2 KURDISH (BADINI).....3	
<b>HH15.</b> Language of the Interview.	ARABIC.....1 KURDISH (SORANI).....2 KURDISH (BADINI).....3 TURKMAN.....4 ASSERIAN .....5  OTHER LANGUAGE (specify) .....6	
<b>HH16.</b> Native language of the Respondent.	ARABIC.....1 KURDISH (SORANI).....2 KURDISH (BADINI).....3 TURKMAN.....4 ASSERIAN .....5  OTHER LANGUAGE (specify) .....6	

<b>HH17.</b> WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?	YES, ENTIRE QUESTIONNAIRE .....1 YES, PART OF QUESTIONNAIRE .....2 NO, NOT USED.....3																																																													
<b>HH18.</b> Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN.....0  1 CHILD .....1  2 OR MORE CHILDREN (NUMBER)..... __	0 ⇨ HH29  1 ⇨ HH27																																																												
<p><b>HH19.</b> List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.</p> <table border="1" data-bbox="409 638 1214 1184"> <thead> <tr> <th data-bbox="409 638 522 856"> <b>HH20.</b> Rank number         </th> <th data-bbox="522 638 623 856"> <b>HH21.</b> Line number from HL1         </th> <th data-bbox="623 638 915 856"> <b>HH22.</b> Name from HL2         </th> <th colspan="2" data-bbox="915 638 1032 856"> <b>HH23.</b> Sex from HL4         </th> <th data-bbox="1032 638 1214 856"> <b>HH24.</b> Age from HL6         </th> </tr> <tr> <th>RANK</th> <th>LINE</th> <th>NAME</th> <th>M</th> <th>F</th> <th>AGE</th> </tr> </thead> <tbody> <tr><td>1</td><td>__ __</td><td></td><td>1</td><td>2</td><td>__ __</td></tr> <tr><td>2</td><td>__ __</td><td></td><td>1</td><td>2</td><td>__ __</td></tr> <tr><td>3</td><td>__ __</td><td></td><td>1</td><td>2</td><td>__ __</td></tr> <tr><td>4</td><td>__ __</td><td></td><td>1</td><td>2</td><td>__ __</td></tr> <tr><td>5</td><td>__ __</td><td></td><td>1</td><td>2</td><td>__ __</td></tr> <tr><td>6</td><td>__ __</td><td></td><td>1</td><td>2</td><td>__ __</td></tr> <tr><td>7</td><td>__ __</td><td></td><td>1</td><td>2</td><td>__ __</td></tr> <tr><td>8</td><td>__ __</td><td></td><td>1</td><td>2</td><td>__ __</td></tr> </tbody> </table>			<b>HH20.</b> Rank number	<b>HH21.</b> Line number from HL1	<b>HH22.</b> Name from HL2	<b>HH23.</b> Sex from HL4		<b>HH24.</b> Age from HL6	RANK	LINE	NAME	M	F	AGE	1	__ __		1	2	__ __	2	__ __		1	2	__ __	3	__ __		1	2	__ __	4	__ __		1	2	__ __	5	__ __		1	2	__ __	6	__ __		1	2	__ __	7	__ __		1	2	__ __	8	__ __		1	2	__ __
<b>HH20.</b> Rank number	<b>HH21.</b> Line number from HL1	<b>HH22.</b> Name from HL2	<b>HH23.</b> Sex from HL4		<b>HH24.</b> Age from HL6																																																									
RANK	LINE	NAME	M	F	AGE																																																									
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7	__ __		1	2	__ __																																																									
8	__ __		1	2	__ __																																																									

**HH25.** Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

**HH26.** RECORD THE RANK NUMBER (HH20), LINE NUMBER (HH21), NAME (HH22) AND AGE (HH24) OF THE SELECTED CHILD.

**HH27.** (WHEN HH18=1 OR WHEN THERE IS A SINGLE CHILD AGE 5-17 IN THE HOUSEHOLD): RECORD THE RANK NUMBER AS '1' AND RECORD THE LINE NUMBER (HL1), THE NAME (HL2) AND AGE (HL6) OF THIS CHILD FROM THE LIST OF HOUSEHOLD MEMBERS.

RANK NUMBER .....

LINE NUMBER .....

NAME .....

AGE .....

**HH28.** Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

**HH29.** Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?

YES, AT LEAST ONE-WOMAN AGE 15-49  
NO.....2

2⇒HH37

**HH30.** ISSUE A SEPARATE QUESTIONNAIRE FOR INDIVIDUAL WOMEN FOR EACH WOMAN AGE 15-49 YEARS.

**HH31.** Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17.....1  
NO.....2

2⇒HH37

**HH32.** Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17  
WITH HL20≠90.....1  
NO, HL20=90 FOR ALL GIRLS AGE 15-17.2

2⇒HH37

<p><b>HH33.</b> AS PART OF THE SURVEY WE ARE ALSO INTERVIEWING WOMEN AGE 15-49. WE ASK EACH PERSON WE INTERVIEW FOR PERMISSION. A FEMALE INTERVIEWER CONDUCTS THESE INTERVIEWS.</p> <p>FOR GIRLS AGE 15-17 WE MUST ALSO GET PERMISSION FROM AN ADULT TO INTERVIEW THEM. AS MENTIONED BEFORE, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <p>MAY WE INTERVIEW (<i>NAME(S) OF FEMALE MEMBER(S) AGE 15-17</i>) LATER?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH37.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH37.</p> <p><input type="checkbox"/> 'No' FOR ALL GIRLS AGE 15-17 ⇒ RECORD '06' IN WM17 (ALSO IN UF17 AND FS17, IF APPLICABLE) ON ALL INDIVIDUAL QUESTIONNAIRES FOR WHOM ADULT CONSENT WAS NOT GIVEN. THEN CONTINUE WITH HH37.</p>		
<p><b>HH37.</b> Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?</p>	<p>YES, AT LEAST ONE BOY AGE 15-17 .....1</p> <p>NO.....2</p>	<p>2⇒HH40</p>
<p><b>HH38.</b> Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?</p>	<p>YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 .....1</p> <p>NO, HL20=90 FOR ALL BOYS AGE 15-17..2</p>	<p>2⇒HH40</p>
<p><b>HH39.</b> FOR BOYS AGE 15-17 WE MUST ALSO GET PERMISSION FROM AN ADULT TO INTERVIEW THEM. AS MENTIONED BEFORE, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <p>MAY WE INTERVIEW (<i>NAME(S) OF MALE MEMBER(S) AGE 15-17</i>) LATER?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in UF17 and FS17 (if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in UF17 and FS17 (if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p>		
<p><b>HH40.</b> Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?</p>	<p>YES, AT LEAST ONE .....1</p> <p>NO.....2</p>	<p>2⇒HH42</p>
<p><b>HH41.</b> ISSUE A SEPARATE QUESTIONNAIRE FOR CHILDREN UNDER FIVE FOR EACH CHILD AGE 0-4 YEARS.</p>		
<p><b>HH42.</b> CHECK HH9 IN THE HOUSEHOLD INFORMATION PANEL: IS THE HOUSEHOLD SELECTED FOR WATER QUALITY TESTING QUESTIONNAIRE?</p>	<p>YES, HH9=1 .....1</p> <p>NO, HH9=2.....2</p>	<p>2⇒HH45</p>
<p><b>HH43.</b> ISSUE A SEPARATE WATER QUALITY TESTING QUESTIONNAIRE FOR THIS HOUSEHOLD</p>		
<p><b>HH44.</b> As part of the survey we are also looking at the quality of drinking water.</p>	<p>YES, PERMISSION IS GIVEN ..... 1</p>	

<p>We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	<p><i>NO, PERMISSION IS NOT GIVEN ..... 2</i></p>	<p><i>2⇒Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE</i></p>
<p><b>HH45.</b> <i>Now return to the HOUSEHOLD INFORMATION PANEL and,</i></p> <ul style="list-style-type: none"> <li>• <i>Record '01' in question HH46 (Result of the Household Questionnaire interview),</i></li> <li>• <i>Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47,</i></li> <li>• <i>Fill the questions HH48 – HH52,</i></li> <li>• <i>Thank the respondent for his/her cooperation and then</i></li> <li>• <i>Proceed with the administration of the remaining individual questionnaire(s) in this household.</i></li> </ul> <p><i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i></p>		

<b>INTERVIEWER'S OBSERVATIONS</b>

<b>SUPERVISOR'S OBSERVATIONS</b>

## 2. WATER QUALITY TESTING QUESTIONNAIRE



### WATER QUALITY TESTING QUESTIONNAIRE

Iraq, 2018



WATER QUALITY TESTING INFORMATION PANEL		WQ
WQ1. Cluster number: _____	WQ2. Household number: _____	
WQ3. Measurer's name and number: NAME _____	WQ4. Interviewer's name and number: NAME _____	
WQ5. Day / Month / Year: _____ / _____ / 2 0 1 8		
WQ6. Check HH10 in the HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for blank testing?	YES ..... 1 NO ..... 2	

WQ7. Name of the respondent to Water Quality Testing Questionnaire: NAME _____		
WQ8. Check HH44. Is permission given to test water?	YES, PERMISSION IS GIVEN ..... 1 NO, PERMISSION IS NOT GIVEN ..... 2	1 ⇨ WQ10 2 ⇨ WQ31

WQ31. Result of Water Quality Testing Questionnaire.  Discuss any result not completed with Supervisor.	COMPLETED ..... 01 PERMISSION NOT GIVEN ..... 02 GLASS OF WATER NOT GIVEN ..... 03 PARTLY COMPLETED ..... 04 OTHER (specify) ..... 96
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WATER QUALITY TESTING		
WQ9. Record the time:	HOURS: ..... MINUTES: .....	
WQ10. Could you please provide me with a glass of the water that members of your household usually drink?	YES ..... 1 NO ..... 2	2 ⇨ WQ31 and record '03'
WQ12. Observe and record whether the water was collected directly from the source or from a separate storage container.	DIRECT FROM SOURCE ..... 1 COVERED CONTAINER ..... 2 UNCOVERED CONTAINER ..... 3 UNABLE TO OBSERVE ..... 8	
WQ13. Label sample H-XXXX-YY, where XXXX is the cluster number		

<i>(WQ1) and YY is the household number (WQ2).</i>		
<b>WQ13A.</b> Please record the result of Chlorine test from the HH?	FREE CHLORINE _____ . _____	
<b>WQ14.</b> Have you or any other member of this household done anything to this water to make it safer to drink?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇨ WQ16  8 ⇨ WQ16
<b>WQ15.</b> What has been done to the water to make it safer to drink?  <i>Probe:</i> Anything else?  <i>Record all items mentioned.</i>	BOILED IT ..... A ADDED BLEACH/CHLORINE ..... B STRAINED IT THROUGH A CLOTH ..... C USED A WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F ADDING DISINFECTANT TABLETS ..... G WATER TREATMENT HH UNIT ..... H  OTHER ( <i>specify</i> ) ..... X  DK ..... Z	
<b>WQ16.</b> Is this water from the main source of drinking water used by members of your household?	YES ..... 1 NO ..... 2	1 ⇨ WQ18
<b>WQ17.</b> What source was this water collected from?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD / PLOT ..... 12 PIPED TO NEIGHBOUR ..... 13 PUBLIC TAP / STANDPIPE ..... 14  TUBE WELL / BOREHOLE ..... 21  <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42  RAINWATER ..... 51 TANKER-TRUCK ..... 61 CART WITH SMALL TANK ..... 71 WATER KIOSK ..... 72 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) ..... 81  <b>PACKAGED WATER</b> BOTTLED WATER (BIG OR SMALL) ..... 91	



	DESALINIZED & STERILIZED WATER ..... 93	
	OTHER (specify) ..... 96	
<b>WQ18.</b> Can you please show me the source of the glass of drinking water so that I can take a sample from there as well?  <i>If 'No' probe to find out why this is not possible?</i>	YES, SHOWN ..... 1  NO WATER SOURCE WAS NOT FUNCTIONAL ..... 2 2 ⇨ WQ20 WATER SOURCE TOO FAR ..... 3 3 ⇨ WQ20 UNABLE TO ACCESS SOURCE ..... 4 4 ⇨ WQ20 DO NOT KNOW WHERE SOURCE IS LOCATED ..... 5 5 ⇨ WQ20  OTHER REASON (specify) ..... 6 6 ⇨ WQ20	
<b>WQ19.</b> Record whether source water sample collected.  <i>Label sample S-XXXX-YY, where XXXX is the cluster number (WQ1) and YY is the household number (WQ2).</i>	SOURCE WATER COLLECTED ..... 1  SOURCE WATER NOT COLLECTED (specify) ..... 2	
<b>WQ19A.</b> Please record the result of Chlorine test from the Source?	FREE CHLORINE ..... .	
<b>WQ20.</b> Check WQ6: Is the household selected for blank testing?	YES ..... 1 NO ..... 2 2 ⇨ WQ22	
<b>WQ21.</b> Take out the sample of sterile/mineral water that you got from your supervisor.  <i>Label B-XXXX-YY, where XXXX is the cluster number (WQ1) and YY is the household number (WQ2).</i>  <i>Record whether the sample is available.</i>	BLANK WATER SAMPLE AVAILABLE ..... 1  BLANK WATER SAMPLE NOT AVAILABLE (specify) ..... 2	
<b>WQ21A.</b> Please record the result of Chlorine test from the Blank Sample?	FREE CHLORINE ..... .	
<b>WQ22.</b> Conduct test within 30 minutes of collecting sample. Record the results following 24-48 hours of incubation.		
<b>WQ23.</b> Record the time.	HOURS AND MINUTES ..... : .....	

WATER QUALITY TESTING RESULTS		
Following 24-48 hours of incubation the results from the water quality tests should be recorded.		
WQ24. Day / Month / Year of recording test results:	____ / ____ / <u>2 0 1</u> ____	
WQ25. Record the time:	HOUR AND MINUTES ..... ____ : ____	
In the boxes below: • Record 3-digit count of colonies. • If 101 or more colonies are counted, record '101' • If it is not possible to read results / results are lost, record '998'		
WQ26. <u>Household</u> water test (100ml):	NUMBER OF BLUE COLONIES ____	
WQ26A. Check WQ19: Was a source water sample collected?	YES, WQ19=1 ..... 1 NO, WQ19=2 OR BLANK..... 2	2⇒WQ28
WQ27. <u>Source</u> water test (100ml):	NUMBER OF BLUE COLONIES ____	
WQ28. Check WQ21: Was a blank water sample available?	YES, WQ21=1 ..... 1 NO, WQ21=2 OR BLANK..... 2	2⇒WQ31
WQ29. <u>Blank</u> water test (100ml):	NUMBER OF BLUE COLONIES ____	⇒WQ31

<b>MEASURER'S OBSERVATIONS</b>

<b>SUPERVISOR'S OBSERVATIONS</b>

### 3. QUESTIONNAIRE FOR INDIVIDUAL WOMEN



### QUESTIONNAIRE FOR INDIVIDUAL WOMEN Iraq, 2018



WOMAN'S INFORMATION PANEL		WM
<b>WM1.</b> Cluster number: _____	<b>WM2.</b> Household number: _____	
<b>WM3.</b> Woman's name and line number:  NAME _____	<b>WM4.</b> Supervisor's name and number:  NAME _____	
<b>WM5.</b> Interviewer's name and number:  NAME _____	<b>WM6.</b> Day / Month / Year of interview:  _____ / _____ / <u>2</u> <u>0</u> <u>1</u> <u>8</u>	

<p><i>CHECK WOMAN'S AGE IN HL6 IN LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: IF AGE 15-17, VERIFY IN HH33 THAT ADULT CONSENT FOR INTERVIEW IS OBTAINED OR NOT NECESSARY (HL20=90). IF CONSENT IS NEEDED AND NOT OBTAINED, THE INTERVIEW MUST NOT COMMENCE AND '06' SHOULD BE RECORDED IN WMI7.</i></p>		<p><b>WM7.</b> Record the time:</p> <p>_____ : _____</p> <p>HOURS MINUT ES</p>
<p><b>WM8.</b> Check completed questionnaires in this household: <i>Have you or another member of your team interviewed this respondent for another questionnaire?</i></p>	<p>YES, INTERVIEWED ALREADY.....1 NO, FIRST INTERVIEW ....2</p>	<p>1 ⇨ WM9B 2 ⇨ WM9A</p>
<p><b>WM9A.</b> HELLO, MY NAME IS (<i>YOUR NAME</i>). WE ARE FROM <b>CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH</b>. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. WE ARE ALSO INTERVIEWING MOTHERS ABOUT THEIR CHILDREN. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU DO NOT WISH TO ANSWER A QUESTION OR STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?</p>		
<p><b>WM9B.</b> NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS IN MORE DETAIL. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU WISH NOT TO ANSWER A QUESTION OR WISH TO STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?</p>		
<p>YES..... 1 No / NOT ASKED..... 2</p>		<p>1 ⇨ WOMAN'S BACKGROUND MODULE 2 ⇨ WMI7</p>

<b>WM17. Result of woman's interview.</b>  <i>Discuss any result not completed with Supervisor.</i>	COMPLETED.....01
	NOT AT HOME .....02
	REFUSED.....03
	PARTLY COMPLETED .....04
	INCAPACITATED ( <i>specify</i> ) ..... 05
	NO ADULT CONSENT FOR RESPONDENT AGE 15-17 .....06
	OTHER ( <i>specify</i> ) ..... 96

WOMAN'S BACKGROUND		WB
<b>WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</b>	WM3=HH47 ..... 1 WM3≠HH47 ..... 2	2⇒WB3
<b>WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:</b>	ED5=2, 3, 4,5,6 OR 7..... 1 ED5=0, 1, 8 OR BLANK..... 2	1⇒WB15 2⇒WB14
<b>WB3. IN WHAT MONTH AND YEAR WERE YOU BORN?</b>	DATE OF BIRTH MONTH ..... __ __ DK MONTH ..... 98  YEAR..... __ __ __ __ DK YEAR ..... 9998	
<b>WB4. HOW OLD ARE YOU?</b>  <i>PROBE: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>IF RESPONSES TO WB3 AND WB4 ARE INCONSISTENT, PROBE FURTHER AND CORRECT. AGE MUST BE RECORDED.</i>	AGE (IN COMPLETED YEARS)..... __ __	
<b>WB5. HAVE YOU EVER ATTENDED SCHOOL OR ANY EARLY CHILDHOOD EDUCATION PROGRAMME?</b>	YES..... 1 NO..... 2	2⇒WB14
<b>WB6. WHAT IS THE HIGHEST LEVEL AND GRADE OR YEAR OF SCHOOL YOU HAVE ATTENDED?</b>	EARLY CHILDHOOD EDUCATION..... 000 PRIMARY..... 1 __ __ INTERMEDIATE ..... 2 __ __ DIPLOMA (5 YRS AFTER INTERMEDIATE) ..... 3 __ __ SECONDARY ..... 4 __ __ DIPLOMA.....5 __ __ BACHELOR .....6 __ __ HIGHER EDUCATION.....7 __ __	000⇒WB14 4

<b>WB7.</b> DID YOU COMPLETE THAT (GRADE/YEAR)?	YES ..... 1 NO ..... 2	
<b>WB8.</b> Check WB4: Age of respondent:	AGE 15-24 ..... 1 AGE 25-49 ..... 2	2⇒WB13
<b>WB9.</b> AT ANY TIME DURING THE CURRENT SCHOOL YEAR (2017-18) DID YOU ATTEND SCHOOL?	YES ..... 1 NO ..... 2	2⇒WB11
<b>WB10.</b> DURING THIS CURRENT SCHOOL YEAR (2017-18), WHICH LEVEL AND GRADE OR YEAR ARE YOU <u>ATTENDING</u> ?	PRIMARY..... 1 ____ INTERMEDIATE ..... 2 ____ DIPLOMA (5 YRS AFTER INTERMEDIATE) ..... 3 ____ SECONDARY ..... 4 ____ DIPLOMA.....5 ____ BACHELOR ..... 6 ____ HIGHER EDUCATION..... 7 ____	
<b>WB11.</b> AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR (2016-17) DID YOU ATTEND SCHOOL?	YES ..... 1 NO ..... 2	2⇒WB13
<b>WB12.</b> DURING THAT PREVIOUS SCHOOL YEAR (2016-17), WHICH LEVEL AND GRADE OR YEAR DID YOU <u>ATTEND</u> ?	PRIMARY..... 1 ____ INTERMEDIATE ..... 2 ____ DIPLOMA (5 YRS AFTER INTERMEDIATE) ..... 3 ____ SECONDARY ..... 4 ____ DIPLOMA.....5 ____ BACHELOR ..... 6 ____ HIGHER EDUCATION..... 7 ____	
<b>WB13.</b> Check WB6: Highest level of school attended:	WB6=2, 3, 4,5,6 OR 7..... 1 WB6=1 OR 1..... 2	1⇒WB15
<b>WB14.</b> 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: Can you read part of the sentence to me?</i>	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE..... 3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language)..... 4	
<b>WB15.</b> HOW LONG HAVE YOU BEEN CONTINUOUSLY LIVING IN (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?  <i>If less than one year, record '00' years.</i>	YEARS..... ____ ALWAYS / SINCE BIRTH ..... 95	95⇒WB18

<p><b>WB16.</b> JUST BEFORE YOU MOVED HERE, DID YOU LIVE IN A CITY, IN A TOWN, OR IN A RURAL AREA?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>CITY (GOVERNORATE CENTER)..... 1</p> <p>TOWN (DISTRICT) ..... 2</p> <p>RURAL AREA (VILLAGE)..... 3</p> <p>OUTSIDE IRAQ.....4</p>	
<p><b>WB17.</b> BEFORE YOU MOVED HERE, IN WHICH REGION DID YOU LIVE IN?</p>	<p>DUHOK ..... 11</p> <p>NAINAWA ..... 12</p> <p>SULAIMANIYA..... 13</p> <p>KIRKUK..... 14</p> <p>ERBIL..... 15</p> <p>DIALA..... 21</p> <p>ANBAR ..... 22</p> <p>BAGHDAD ..... 23</p> <p>BABIL ..... 24</p> <p>KERBALA ..... 25</p> <p>WASIT ..... 26</p> <p>SALAHADDIN ..... 27</p> <p>NAJAF ..... 28</p> <p>QADISSIYAH..... 31</p> <p>MUTHANA ..... 32</p> <p>THIQAR ..... 33</p> <p>MISSAN..... 34</p> <p>BASRA ..... 35</p> <p>OUTSIDE OF COUNTRY (specify) _____ 96</p>	
<p><b>WB18.</b> ARE YOU COVERED BY ANY HEALTH INSURANCE?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>2⇒NEXT MODULE</p>
<p><b>WB19.</b> WHAT TYPE OF HEALTH INSURANCE ARE YOU COVERED BY?</p> <p><i>Record all mentioned.</i></p>	<p>MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE ..... A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER ..... B</p> <p>SOCIAL SECURITY ..... C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D</p> <p>OTHER (specify) _____ X</p>	

MASS MEDIA AND ICT		MT
<p><b>MT1. DO YOU READ A NEWSPAPER OR MAGAZINE AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b></p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i>  <i>IF 'YES' RECORD 3, IF 'NO' RECORD 2.</i></p>	<p>NOT AT ALL..... 0  LESS THAN ONCE A WEEK ..... 1  AT LEAST ONCE A WEEK ..... 2  ALMOST EVERY DAY..... 3</p>	
<p><b>MT2. DO YOU LISTEN TO THE RADIO AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b></p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i>  <i>IF 'YES' RECORD 3, IF 'NO' RECORD 2</i></p>	<p>NOT AT ALL..... 0  LESS THAN ONCE A WEEK ..... 1  AT LEAST ONCE A WEEK ..... 2  ALMOST EVERY DAY..... 3</p>	
<p><b>MT3. DO YOU WATCH TELEVISION AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b></p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i>  <i>IF 'YES' RECORD 3, IF 'NO' RECORD 2</i></p>	<p>NOT AT ALL..... 0  LESS THAN ONCE A WEEK ..... 1  AT LEAST ONCE A WEEK ..... 2  ALMOST EVERY DAY..... 3</p>	
<p><b>MT4. HAVE YOU EVER USED A COMPUTER OR A TABLET FROM ANY LOCATION?</b></p>	<p>YES ..... 1  NO ..... 2</p>	2 ⇒ MT9
<p><b>MT5. DURING THE LAST 3 MONTHS, DID YOU USE A COMPUTER OR A TABLET AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</b></p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENED ALMOST EVERY DAY?</i>  <i>IF 'YES' RECORD 3, IF 'NO' RECORD 2</i></p>	<p>NOT AT ALL..... 0  LESS THAN ONCE A WEEK ..... 1  AT LEAST ONCE A WEEK ..... 2  ALMOST EVERY DAY..... 3</p>	0 ⇒ MT9



MT6. DURING THE LAST 3 MONTHS, DID YOU:	YES NO	
[A] COPY OR MOVE A FILE OR FOLDER?	COPY/MOVE FILE ..... 1	2
[B] USE A COPY AND PASTE TOOL TO DUPLICATE OR MOVE INFORMATION WITHIN A DOCUMENT?	USE COPY/PASTE IN DOCUMENT ..... 1	2
[C] SEND E-MAIL WITH ATTACHED FILE, SUCH AS A DOCUMENT, PICTURE OR VIDEO?	SEND E-MAIL WITH ATTACHMENT ..... 1	2
[D] USE A BASIC ARITHMETIC FORMULA IN A SPREADSHEET?	USE BASIC SPREADSHEET FORMULA.. 1	2
[E] CONNECT AND INSTALL A NEW DEVICE, SUCH AS A MODEM, CAMERA OR PRINTER?	CONNECT DEVICE ..... 1	2
[F] FIND, DOWNLOAD, INSTALL AND CONFIGURE SOFTWARE?	INSTALL SOFTWARE..... 1	2
[G] CREATE AN ELECTRONIC PRESENTATION WITH PRESENTATION SOFTWARE, INCLUDING TEXT, IMAGES, SOUND, VIDEO OR CHARTS?	CREATE PRESENTATION..... 1	2
[H] TRANSFER A FILE BETWEEN A COMPUTER AND OTHER DEVICE?	TRANSFER FILE ..... 1	2
[I] WRITE A COMPUTER PROGRAM IN ANY PROGRAMMING LANGUAGE?	PROGRAMMING ..... 1	2
<b>MT7. Check MT6[C]: Is 'Yes' recorded?</b>	YES, MT6[C]=1 ..... 1 NO, MT6[C]=2 ..... 2	1 $\Rightarrow$ MT10
<b>MT8. Check MT6[F]: Is 'Yes' recorded?</b>	YES, MT6[F]=1 ..... 1 NO, MT6[F]=2 ..... 2	1 $\Rightarrow$ MT10
<b>MT9. HAVE YOU EVER USED THE INTERNET FROM ANY LOCATION AND ANY DEVICE?</b>	YES ..... 1 NO ..... 2	2 $\Rightarrow$ MT11

<p><b>MT10.</b> DURING THE LAST 3 MONTHS, DID YOU USE THE INTERNET AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i></p> <p><i>IF 'YES' RECORD 3, IF 'NO' RECORD 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>ALMOST EVERY DAY..... 3</p>	
<p><b>MT10A:</b> DO YOU HAVE ACCOUNT ON SOCIAL MEDIA (LIKE FACEBOOK OR OTHERS) AND YOU CAN COMMUNICATE THROUGH IT A LEAST ONE TIME A WEEK</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>MT11.</b> DO YOU OWN A MOBILE PHONE?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>MT12.</b> DURING THE LAST 3 MONTHS, DID YOU USE A MOBILE TELEPHONE AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p> <p><i>PROBE IF NECESSARY: I MEAN HAVE YOU COMMUNICATED WITH SOMEONE USING A MOBILE PHONE.</i></p> <p><i>IF 'AT LEAST ONCE A WEEK', PROBE: WOULD YOU SAY THIS HAPPENS ALMOST EVERY DAY?</i></p> <p><i>IF 'YES' RECORD 3, IF 'NO' RECORD 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>ALMOST EVERY DAY..... 3</p>	

FERTILITY/BIRTH HISTORY		CM
<b>CM1.</b> NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?  <i>THIS MODULE AND THE BIRTH HISTORY SHOULD ONLY INCLUDE CHILDREN BORN ALIVE. ANY STILLBIRTHS SHOULD NOT BE INCLUDED IN RESPONSE TO ANY QUESTION.</i>	YES ..... 1 NO ..... 2	2⇒CM8
<b>CM2.</b> DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	YES ..... 1 NO ..... 2	2⇒CM5
<b>CM3.</b> HOW MANY SONS LIVE WITH YOU?  <i>IF NONE, RECORD '00'.</i>	SONS AT HOME..... _ _	
<b>CM4.</b> HOW MANY DAUGHTERS LIVE WITH YOU?  <i>IF NONE, RECORD '00'.</i>	DAUGHTERS AT HOME..... _ _	
<b>CM5.</b> 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
<b>CM6.</b> HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  <i>IF NONE, RECORD '00'.</i>	SONS ELSEWHERE ..... _ _	
<b>CM7.</b> HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?  <i>IF NONE, RECORD '00'.</i>	DAUGHTERS ELSEWHERE ..... _ _	
<b>CM8.</b> 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 any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i>	YES ..... 1 NO ..... 2	2⇒CM11

<b>CM9.</b> HOW MANY BOYS HAVE DIED?  <i>IF NONE, RECORD '00'.</i>	BOYS DEAD ..... _ _	
<b>CM10.</b> HOW MANY GIRLS HAVE DIED?  <i>IF NONE, RECORD '00'.</i>	GIRLS DEAD ..... _ _	
<b>CM11.</b> Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM ..... _ _	
<b>CM12.</b> JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL ( <i>TOTAL NUMBER IN CM11</i> ) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?	YES ..... 1 NO ..... 2	1 ⇒ <i>CM14</i>
<b>CM13.</b> Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
<b>CM14.</b> Check CM11: How many live births?	NO LIVE BIRTHS, CM11=00 ..... 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE ..... 1	0 ⇒ <i>NEXT MODULE</i>

**FERILITY/BIRTH HISTORY**
**BH**
**BH0.** Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

*Record names of all of the births in BH1. Record twins and triplets on separate lines.*

BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (name of birth) a boy or a girl?	BH4. In what day, month and year was (name of birth) born?  Probe: What is (his/her) birthday?			BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday?  Record age in completed years.	BH7. Is (name of birth) living with you?		BH8. Record household line number of child (from HLI)  Record '00' if child is not listed.	BH9. How old was (name of birth) when (he/she) died?  If '1 year', probe: How many months old was (name of birth)? Record 00 if died in the same day or less 24 hrs, days if less than 1 month; Record months if less than 2 years, or years			BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth? 1 Yes 2 No	
		S	M		B	G	Day	Month	Year		Y	N		Age	Y	N	Unit	Number
01		1	2	1	2	---	---	---	1	2	---	---	---	---	---	---	---	---
02		1	2	1	2	---	---	---	1	2	---	---	---	---	---	---	---	
03		1	2	1	2	---	---	---	1	2	---	---	---	---	---	---	---	
04		1	2	1	2	---	---	---	1	2	---	---	---	---	---	---	---	
05		1	2	1	2	---	---	---	1	2	---	---	---	---	---	---	---	
06		1	2	1	2	---	---	---	1	2	---	---	---	---	---	---	---	
07		1	2	1	2	---	---	---	1	2	---	---	---	---	---	---	---	
08		1	2	1	2	---	---	---	1	2	---	---	---	---	---	---	---	
09		1	2	1	2	---	---	---	1	2	---	---	---	---	---	---	---	

BH0. BH Line Number	BH1. WHAT NAME WAS GIVEN TO YOUR (FIRST/NEXT) BABY?	BH2. WERE ANY OF THESE BIRTHS TWIN?	BH3. IS (NAME OF BIRTH) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (NAME OF BIRTH) BORN?  PROBE: WHAT IS (HIS/HER) BIRTHDAY?	BH5. IS (NAME OF BIRTH) STILL ALIVE?	BH6. HOW OLD WAS (NAME OF BIRTH) AT (HIS/HER) LAST BIRTHDAY?  RECORD AGE IN COMPLETED YEARS.	BH7. IS (NAME OF BIRTH) LIVING WITH YOU?	BH8. RECORD HOUSEHOLD LINE NUMBER OF CHILD (FROM HLI)  RECORD '00' IF CHILD IS NOT LISTED.	BH9. HOW OLD WAS (NAME OF BIRTH) WHEN (HE/SHE) DIED?  IF '1 YEAR', PROBE: HOW MANY MONTHS OLD WAS (NAME OF BIRTH)?  RECORD DAYS IF LESS THAN 1 MONTH; RECORD MONTHS IF LESS THAN 2 YEARS; OR YEARS	BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (NAME OF PREVIOUS BIRTH) AND (NAME OF BIRTH), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?								
		S	M	B	G	DAY	MONTH	YEAR	Y	N	AGE	Y	N	LINE No	UNIT	NUMBER	Y	N
10		1	2	1	2	—	—	—	1	2	—	1	2	⇒ BH10	DAYS .....1 MONTHS ..2 YEARS .....3	—	1	2
11		1	2	1	2	—	—	—	1	2	—	1	2	⇒ BH10	DAYS .....1 MONTHS ..2 YEARS .....3	—	1	2
12		1	2	1	2	—	—	—	1	2	—	1	2	⇒ BH10	DAYS .....1 MONTHS ..2 YEARS .....3	—	1	2
13		1	2	1	2	—	—	—	1	2	—	1	2	⇒ BH10	DAYS .....1 MONTHS ..2 YEARS .....3	—	1	2
14		1	2	1	2	—	—	—	1	2	—	1	2	⇒ BH10	DAYS .....1 MONTHS ..2 YEARS .....3	—	1	2
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (NAME OF LAST BIRTH LISTED)?																		
YES ..... 1																		
NO ..... 2																		


<b>CM15.</b> Compare number in CM11 with number of births listed in the birth history above and check:	NUMBERS ARE THE SAME..... 1 NUMBERS ARE DIFFERENT ..... 2	1 ⇒ <i>CM17</i>
<b>CM16.</b> Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.		
<b>CM17.</b> Check BH4: Last birth occurred within the last 2 years, that is, since ( <b>month of interview</b> ) in 2016 ( <b>year of interview minus 2</b> )?  If the month of interview and the month of birth are the same, and the year of birth is ( <b>year of interview minus 2</b> ), consider this as a birth within the last 2 years.	NO LIVE BIRTHS IN THE LAST 2 YEARS..... 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS ..... 1	0 ⇒ <i>NEXT MODULE</i>
<b>CM18.</b> <i>COPY NAME OF THE LAST CHILD LISTED IN BH1.</i>  <i>IF THE CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES.</i>	NAME OF LAST-BORN CHILD  _____	

DESIRE FOR LAST BIRTH		DB
<b>DB1.</b> Check CM17: Was there a live birth in the last 2 years?  Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK ..... 2	2 ⇒ <i>NEXT MODULE</i>
<b>DB2.</b> WHEN YOU GOT PREGNANT WITH ( <i>NAME</i> ), DID YOU WANT TO GET PREGNANT AT THAT TIME?	YES..... 1 NO ..... 2	1 ⇒ <i>NEXT MODULE</i>
<b>DB3.</b> Check CM11: Number of births:	ONLY 1 BIRTH ..... 1 2 OR MORE BIRTHS ..... 2	1 ⇒ <i>DB4A</i> 2 ⇒ <i>DB4B</i>
<b>DB4A.</b> DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY CHILDREN? <b>DB4B.</b> DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY MORE CHILDREN?	LATER ..... 1 NO MORE..... 2	
<b>DB5</b> WHAT IS THE PERIOD THAT YOU WANT TO WAIT?	MONTHS ..... 1 ____ YRS ..... 2 ____ DON'T KNOW ..... 998	

MATERNAL AND NEWBORN HEALTH		MN
<b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?  Copy name of last birth listed in the birth history (CM18) to here and use where indicated:  Name _____	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK ..... 2	2 ⇒ <i>NEXT MODULE</i>
<b>MN2.</b> DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH ( <i>NAME</i> )?	YES ..... 1 NO ..... 2	2 ⇒ MN7
<b>MN3.</b> WHOM DID YOU SEE?  <i>PROBE: ANYONE ELSE?</i>  <i>Probe for the type of person seen and record all answers given.</i>	<b>HEALTH PROFESSIONAL</b> DOCTOR (GOVERNMENT) ..... A NURSE / MIDWIFE ..... B PRIVATE DOCTOR ..... C  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... F COMMUNITY HEALTH WORKER ..... G  OTHER ( <i>specify</i> ) ..... X	
<b>MN4.</b> HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?  <i>RECORD THE ANSWER AS STATED BY RESPONDENT. IF "9 MONTHS" OR LATER, RECORD 9.</i>	WEEKS ..... 1 ____  MONTHS ..... 2 <u>0</u> ____  DK ..... 998	
<b>MN5.</b> HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?  <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	NUMBER OF TIMES ..... ____  DK ..... 98	
<b>MN6.</b> 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?	<div style="text-align: right;">YES NO</div> BLOOD PRESSURE ..... 1 2  URINE SAMPLE ..... 1 2  BLOOD SAMPLE ..... 1 2	
<b>MN7.</b> DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNISATIONS LISTED?  <i>IF YES, ASK: MAY I SEE IT PLEASE?</i> <i>If a card is presented, use it to assist with answers to the following questions.</i>	YES (CARD OR OTHER DOCUMENT SEEN) . 1 YES (CARD OR OTHER DOCUMENT NOT SEEN) ..... 2 NO ..... 3  DK ..... 8	



<b>MN8.</b> WHEN YOU WERE PREGNANT WITH ( <i>NAME</i> ), 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 ⇒ MN11 8 ⇒ MN11
<b>MN9.</b> HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH ( <i>NAME</i> )? (MAX 2 SHOT)	NUMBER OF TIMES ..... DK ..... 8	8 ⇒ MN11
<b>MN10.</b> Check MN9: How many tetanus injections during last pregnancy were reported?	ONLY 1 INJECTION ..... 1 2 OR MORE INJECTIONS ..... 2	2 ⇒ MN16
<b>MN11.</b> AT ANY TIME BEFORE YOUR PREGNANCY WITH ( <i>NAME</i> ), DID YOU RECEIVE ANY TETANUS INJECTION EITHER TO PROTECT YOURSELF OR ANOTHER BABY? <i>INCLUDE DPT (TETANUS) VACCINATIONS RECEIVED AS A CHILD IF MENTIONED.</i>	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ MN16 8 ⇒ MN16
<b>MN12.</b> BEFORE YOUR PREGNANCY WITH ( <i>NAME</i> ), HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION?  <i>If 7 or more times, record '7'. Include DPT (Tetanus) vaccinations received as a child if mentioned.</i>	NUMBER OF TIMES ..... DK ..... 8	
<b>MN13.</b> Check MN12: How many tetanus injections before last pregnancy were reported?	ONLY 1 INJECTION ..... 1 2 OR MORE INJECTIONS OR DK ..... 2	1 ⇒ MN14A 2 ⇒ MN14B
<b>MN14A.</b> HOW MANY YEARS AGO DID YOU RECEIVE THAT TETANUS INJECTION <b>MN14B.</b> HOW MANY YEARS AGO DID YOU RECEIVE THE LAST OF THOSE TETANUS INJECTIONS? <i>THE REFERENCE IS TO THE LAST INJECTION RECEIVED PRIOR TO THIS PREGNANCY, AS RECORDED IN MN12. If less than 1 year, record '00'.</i>	YEARS AGO ..... DK ..... 98	
<b>MN15.</b> CHECK MN2, DID YOU RECEIVE MEDICAL CARE DURING THE PREGNANCY?	YES ..... 1 NO ..... 2	2 ⇒ MN19
<b>MN15A.</b> SINCE THE 4 <sup>TH</sup> MONTHS DURING PREGNANCY DID YOU TAKE FERROFOL CAPSULE THAT PREVENT DISTORTION AND ANIMIA?	YES ..... 1 NO ..... 2 DK ..... 8	2 ⇒ MN19 8 ⇒ MN19
<b>MN15B.</b> DID YOU TAKE FERROFOL CAPSULE CONTINUOUS OR NOT, SHOW THE RESPONDENT SAMPLE OF FERRO FOL CAPSULE THAT PREVENT DISTORTION AND ANIMIA.	CONTINUOUS ..... 1 NOT CONTINUOUS ..... 2	

<p><b>MN19. WHO ASSISTED WITH THE DELIVERY OF (NAME)?</b></p> <p>PROBE: ANYONE ELSE?</p> <p>Probe for the type of person assisting and record all answers given.</p>	<p><b>HEALTH PROFESSIONAL</b></p> <p>DOCTOR (GOVERNMENT) ..... A</p> <p>NURSE / MIDWIFE ..... B</p> <p>PRIVATE DOCTOR..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... F</p> <p>COMMUNITY HEALTH WORKER..... G</p> <p>OTHER (specify)..... X</p> <p>NO ONE..... Y</p>	
<p><b>MN20. WHERE DID YOU GIVE BIRTH TO (NAME)?</b></p> <p>Probe to identify the type of place.</p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p><b>HOME</b></p> <p>RESPONDENT'S HOME ..... 11</p> <p>MIDWIFE HOME ..... 13</p> <p>RELATIVES' HOME ..... 14</p> <p>OTHER HOME..... 12</p> <p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT CLINIC /</p> <p>HEALTH CENTRE WITH</p> <p>DELIVERY ROOM..... 22</p> <p>OTHER PUBLIC (specify) _____ 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC..... 32</p> <p>OTHER PRIVATE MEDICAL</p> <p>(specify) _____ 36</p> <p>OTHER (specify) _____ 96</p>	<p>11 ⇒ MN23</p> <p>13 ⇒ MN23</p> <p>14 ⇒ MN23</p> <p>12 ⇒ MN23</p> <p>96 ⇒ MN23</p>
<p><b>MN21. WAS (NAME) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</b></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>2 ⇒ MN23</p>
<p><b>MN22. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</b></p> <p>PROBE IF NECESSARY: WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?</p>	<p>BEFORE LABOUR PAINS ..... 1</p> <p>AFTER LABOUR PAINS ..... 2</p>	
<p><b>MN23. IMMEDIATELY AFTER THE BIRTH, WAS (NAME) PUT DIRECTLY ON THE BARE SKIN OF YOUR CHEST?</b></p> <p>IF NECESSARY, SHOW THE PICTURE OF SKIN-TO-SKIN POSITION.</p> 	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/ DON'T REMEMBER ..... 8</p>	<p>2 ⇒ MN25</p> <p>8 ⇒ MN25</p>

<b>MN24.</b> BEFORE BEING PLACED ON THE BARE SKIN OF YOUR CHEST, WAS THE BABY WRAPPED UP?	YES ..... 1 NO ..... 2  DK/ DON'T REMEMBER ..... 8	
<b>MN25.</b> WAS ( <i>NAME</i> ) DRIED OR WIPED SOON AFTER BIRTH?	YES ..... 1 NO ..... 2  DK/ DON'T REMEMBER ..... 8	
<b>MN26.</b> HOW LONG AFTER THE BIRTH WAS ( <i>NAME</i> ) BATHED FOR THE FIRST TIME?  <i>If "immediately" or less than 1 hour, record '000'.          If less than 24 hours, record hours.</i>  <i>If "1 day" or "next day", probe: About how many hours after the delivery?</i>  <i>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.          If 24 hours or more, record days.</i>	IMMEDIATELY/LESS THAN 1 HOUR ..... 000  HOURS ..... 1 ____  DAYS ..... 2 ____  NEVER BATHED ..... 997  DK / DON'T REMEMBER ..... 998	
<b>MN30.</b> AFTER THE CORD WAS CUT AND UNTIL IT FELL OFF, WAS ANYTHING APPLIED TO THE CORD?	YES ..... 1 NO ..... 2  DK / DON'T REMEMBER ..... 8	2 ⇒ MN32  8 ⇒ MN32
<b>MN31.</b> WHAT WAS APPLIED TO THE CORD?  <i>PROBE: ANYTHING ELSE?</i>	CHLORHEXIDINE ..... A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) ..... B MUSTARD OIL ..... C ASH ..... D ANIMAL DUNG ..... E ZARAKYON (LOCAL MATERIAL) ..... F ANTIBIOTIC (CAPSULE) ..... G  OTHER ( <i>specify</i> ) ..... X DK / DON'T REMEMBER ..... Y	
<b>MN32.</b> WHEN ( <i>NAME</i> ) WAS BORN, WAS (HE/SHE) VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5  DK ..... 8	

<b>MN33.</b> WAS ( <i>NAME</i> ) WEIGHED AT BIRTH?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ MN35  8 ⇒ MN35
<b>MN34.</b> HOW MUCH DID ( <i>NAME</i> ) WEIGH?  <i>If a card is available, record weight from card.</i>	FROM CARD ..... 1 (KG) ____ . ____  FROM RECALL ..... 2 (KG) ____ . ____  DK ..... 99998	
<b>MN35.</b> HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF ( <i>NAME</i> )?	YES ..... 1 NO ..... 2 CURRENTLY IN MENSTRUATION AFTER DELIVERY ..... 3	
<b>MN36.</b> DID YOU EVER BREASTFEED ( <i>NAME</i> )?	YES ..... 1 NO ..... 2	2 ⇒ MN39B
<b>MN37.</b> HOW LONG AFTER BIRTH DID YOU FIRST PUT ( <i>NAME</i> ) TO THE BREAST?  <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	IMMEDIATELY ..... 000  HOURS ..... 1 ____  DAYS ..... 2 ____  DK / DON'T REMEMBER ..... 998	
<b>MN38.</b> IN THE FIRST THREE DAYS AFTER DELIVERY, WAS ( <i>NAME</i> ) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	YES ..... 1 NO ..... 2	1 ⇒ MN39A 2 ⇒ NEXT MODULE
<b>MN39A.</b> WHAT WAS ( <i>NAME</i> ) GIVEN TO DRINK?  <i>PROBE: ANYTHING ELSE?</i>  <i>'NOT GIVEN ANYTHING TO DRINK' IS NOT A VALID RESPONSE AND RESPONSE CATEGORY Y CANNOT BE RECORDED.</i>  <b>MN39B.</b> IN THE FIRST THREE DAYS AFTER DELIVERY, WHAT WAS ( <i>NAME</i> ) GIVEN TO DRINK?  <i>PROBE: ANYTHING ELSE?</i>  <i>'NOT GIVEN ANYTHING TO DRINK' (CATEGORY Y) CAN ONLY BE RECORDED IF NO OTHER RESPONSE CATEGORY IS RECORDED.</i>	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 / TRADITIONAL HERBAL PREPARATIONS ..... H HONEY ..... I PRESCRIBED MEDICINE ..... J  OTHER ( <i>specify</i> ) ..... X  NOT GIVEN ANYTHING TO DRINK ..... Y	

POST-NATAL HEALTH CHECKS		PN
<p><b>PN1.</b> Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 ..... 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>	<p>2 ⇨ NEXT MODUL E</p>
<p><b>PN2.</b> Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36..... 1</p> <p>NO, MN20=11-14 OR 96..... 2</p>	<p>2 ⇨ PN7</p>
<p><b>PN3.</b> 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 OR TYPE OF FACILITY IN MN20</i>). How long did you stay there after the delivery?</p> <p><i>IF LESS THAN ONE DAY, RECORD HOURS.</i>  <i>IF LESS THAN ONE WEEK, RECORD DAYS.</i>  <i>OTHERWISE, RECORD WEEKS.</i></p>	<p>HOURS .....1 ____</p> <p>DAYS .....2 ____</p> <p>WEEKS .....3 ____</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p><b>PN4.</b> 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 OR TYPE OF FACILITY IN MN20</i>), did anyone check on (<i>NAME</i>)'s health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>PN5.</b> 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 OR TYPE OF FACILITY IN MN20</i>)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

<p><b>PN6.</b> NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>NAME OR TYPE OF FACILITY IN MN20</i>).</p> <p>DID ANYONE CHECK ON (<i>NAME</i>)’S HEALTH AFTER YOU LEFT (<i>NAME OR TYPE OF FACILITY IN MN20</i>)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>1 ⇨ PN12</p> <p>2 ⇨ PN17</p>
<p><b>PN7.</b> Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED ..... 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED..... 2</p>	<p>2 ⇨ PN11</p>
<p><b>PN8.</b> YOU HAVE ALREADY SAID THAT (<i>PERSON OR PERSONS IN MN19</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 MN19</i>) LEFT YOU, DID (<i>PERSON OR PERSONS IN MN19</i>) CHECK ON (<i>NAME</i>)’S HEALTH?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>PN9.</b> AND DID (<i>PERSON OR PERSONS IN MN19</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>PN9A</b> PART OF PN CARE DID ANYONE CHECK THE FOLLOWING AT LEAST ONE TIME:</p> <p>[A] MEASURE BLOOD PRESSURE</p> <p>[B] CHECK BLEEDING</p> <p>[C] CHECK BELLY</p> <p>[D] HIGH POSTPARTUM UTERUS</p> <p>[E] ELSE , PLEASE SPECIFY</p>	<p>YES</p> <p>NO</p> <p>BLOOD PRESSURE ..... 1 2</p> <p>BLEEDING ..... 1 2</p> <p>BELLY ..... 1 2</p> <p>uterus ..... 1 2</p> <p>ELSE (SPECIFY)..... 1 2</p>	
<p><b>PN9B</b> DID ANYONE LISTED IN QUESTION MN19 TO PROVIDE CONSULTATION TO YOU BEFORE LEAVING ABOUT DANGER SIGNS FOR MOTHER AFTER PREGNANCY</p> <p>[A] INCREASED VAGINAL BLEEDING AFTER BIRTH</p> <p>[B] EPILEPTIC SEIZURES</p> <p>[C] SPEED OR DIFFICULTY BREATHING</p> <p>[D] FEVER OR SEVERE WEAKNESS</p> <p>[E] SEVERE HEADACHE</p> <p>[F] ELSE</p>	<p>YES NO</p> <p>INCREASED VAGINAL BLEEDING AFTER BIRTH ..... 1 2</p> <p>EPILEPTIC SEIZURES..... 1 2</p> <p>SPEED OR DIFFICULTY BREATHING..... 1 2</p> <p>FEVER OR SEVERE WEAKNESS..... 1 2</p> <p>SEVERE HEADACHE ..... 1 2</p> <p>ELSE (SPECIFY).....1 2</p>	

<b>PN10.</b> AFTER THE ( <i>PERSON OR PERSONS IN MN19</i> ) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF ( <i>NAME</i> )?	YES ..... 1 NO ..... 2	1 ⇨ PN12 2 ⇨ PN19
<b>PN11.</b> 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.  AFTER ( <i>NAME</i> ) WAS DELIVERED, DID ANYONE CHECK ON (HIS/HER) HEALTH?	YES ..... 1 NO ..... 2	2 ⇨ PN20
<b>PN12.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	ONCE ..... 1 MORE THAN ONCE ..... 2	1 ⇨ PN13A 2 ⇨ PN13B
<b>PN13A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? <b>PN13B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?  <i>IF LESS THAN ONE DAY, RECORD HOURS.</i> <i>IF LESS THAN ONE WEEK, RECORD DAYS.</i> <i>OTHERWISE, RECORD WEEKS.</i>	HOURS .....1 ____ DAYS .....2 ____ WEEKS .....3 ____ DK / DON’T REMEMBER..... 998	
<b>PN14.</b> WHO CHECKED ON ( <i>NAME</i> )’S HEALTH AT THAT TIME?	<b>HEALTH PROFESSIONAL</b> DOCTOR.....A NURSE / MIDWIFE.....B PRIVATE DOCTOR.....C <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ...F COMMUNITY HEALTH WORKER .....G RELATIVE / FRIEND .....H  OTHER ( <i>specify</i> ) .....X NO ONE .....Y	
<b>PN15.</b> WHERE DID THIS CHECK TAKE PLACE?  <i>Probe to identify the type of place.</i>  <i>If unable to determine whether public or private, write the name of the place and then temporarily record ‘96’ until you learn the appropriate category for the response.</i>  _____ (Name of place)	<b>HOME</b> RESPONDENT’S HOME ..... 11 MIDWIFE HOME ..... 13 RELATIVES’ HOME ..... 14 OTHER HOME ..... 12 <b>PUBLIC MEDICAL SECTOR</b> GOVERNMENT HOSPITAL ..... 21 GOVERNMENT CLINIC / HEALTH CENTRE ..... 22 OTHER PUBLIC ( <i>specify</i> ) ..... 26  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 31 PRIVATE CLINIC ..... 32 OTHER PRIVATE MEDICAL ( <i>specify</i> ) ..... 36 <b>OTHER (<i>specify</i>)</b> ..... 96	

<b>PN16.</b> Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 76 ..... 1 NO, MN20=11-14 OR 96..... 2	2⇒PN18
<b>PN17.</b> AFTER YOU LEFT ( <i>NAME OR TYPE OF FACILITY IN MN20</i> ), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	YES ..... 1 NO ..... 2	1⇒PN21 2⇒PN25
<b>PN18.</b> Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED ..... 1 NO, NONE OF THE CATEGORIES A TO G RECORDED..... 2	2⇒PN20
<b>PN19.</b> AFTER THE DELIVERY WAS OVER AND ( <i>PERSON OR PERSONS IN MN19</i> ) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	YES ..... 1 NO ..... 2	1⇒PN21 2⇒PN25
<b>PN20.</b> AFTER THE BIRTH OF ( <i>NAME</i> ), DID ANYONE CHECK ON <u>YOUR</u> HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?	YES ..... 1 NO ..... 2	2⇒PN25
<b>PN21.</b> DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	ONCE ..... 1 MORE THAN ONCE..... 2	1⇒PN22 A 2⇒PN22 B
<b>PN22A.</b> HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?  <b>PN22B.</b> HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?  <i>IF LESS THAN ONE DAY, RECORD HOURS.</i> <i>IF LESS THAN ONE WEEK, RECORD DAYS.</i> <i>OTHERWISE, RECORD WEEKS.</i>	HOURS .....1 ____  DAYS .....2 ____  WEEKS .....3 ____  DK / DON'T REMEMBER..... 998	
<b>PN23.</b> WHO CHECKED ON <u>YOUR</u> HEALTH AT THAT TIME?	<b>HEALTH PROFESSIONAL</b> DOCTOR.....A NURSE / MIDWIFE.....B PRIVATE DOCTOR .....C  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ...F COMMUNITY HEALTH WORKER .....G  OTHER ( <i>specify</i> ) _____X	



<p><b>PN24. WHERE DID THIS CHECK TAKE PLACE?</b></p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p><b>HOME</b></p> <p>RESPONDENT'S HOME ..... 11</p> <p>MIDWIFE HOME ..... 13</p> <p>RELATIVES' HOME ..... 14</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE ..... 22</p> <p>OTHER PUBLIC (specify) ..... 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE MEDICAL (specify) ..... 36</p> <p>OTHER (specify) ..... 96</p>	
<p><b>PN25. DURING THE FIRST TWO DAYS AFTER BIRTH, DID ANY HEALTH CARE PROVIDER DO ANY OF THE FOLLOWING EITHER AT HOME OR AT A FACILITY:</b></p> <p>[A] EXAMINE (NAME)'S CORD?</p> <p>[B] TAKE THE TEMPERATURE OF (NAME)?</p> <p>[C] COUNSEL YOU ON BREASTFEEDING?</p>	<p>YES NO DK</p> <p>EXAMINE THE CORD ..... 1 .... 2 8</p> <p>TAKE TEMPERATURE..... 1 .... 2 8</p> <p>COUNSEL ON BREASTFEEDING ..... 1 .... 2 8</p>	
<p><b>PN26. Check MN36: Was child ever breastfed?</b></p>	<p>YES, MN36=1 ..... 1</p> <p>NO, MN36=2..... 2</p>	<p>2 ⇒ PN28</p>
<p><b>PN27. OBSERVE (NAME)'S BREASTFEEDING?</b></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>OBSERVE BREASTFEEDING..... 8</p>	
<p><b>PN28. Check MN33: Was child weighed at birth?</b></p>	<p>YES, MN33=1 ..... 1</p> <p>NO, MN33=2..... 2</p> <p>DK, MN33=8..... 3</p>	<p>1 ⇒ PN29 A</p> <p>2 ⇒ PN29 B</p> <p>3 ⇒ PN29 C</p>

<p><b>PN29A.</b> YOU MENTIONED THAT (<i>NAME</i>) WAS WEIGHED AT BIRTH. AFTER THAT, WAS (<i>NAME</i>) WEIGHED AGAIN BY A HEALTH CARE PROVIDER WITHIN TWO DAYS?</p> <p><b>PN29B.</b> YOU MENTIONED THAT (<i>NAME</i>) WAS NOT WEIGHED AT BIRTH. WAS (<i>NAME</i>) WEIGHED AT ALL BY A HEALTH CARE PROVIDER WITHIN TWO DAYS AFTER BIRTH?</p> <p><b>PN29C.</b> YOU MENTIONED THAT YOU DO NOT KNOW IF (<i>NAME</i>) WAS WEIGHED AT BIRTH. WAS (<i>NAME</i>) WEIGHED AT ALL BY A HEALTH CARE PROVIDER WITHIN TWO DAYS AFTER BIRTH?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>PN30.</b> DURING THE FIRST TWO DAYS AFTER (<i>NAME</i>)’S BIRTH, DID ANY HEALTH CARE PROVIDER GIVE YOU INFORMATION ON THE SYMPTOMS THAT REQUIRE YOU TO TAKE YOUR SICK CHILD TO A HEALTH FACILITY FOR CARE?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>PN31</b> NOW I WOULD LIKE TO ASK YOU ABOUT THE FOLLOWING SYMPTOMS  <i>PRESENT ALL SYMPTOMS EXPLAINED IN THE QUESTION AND SELECT THE ONE ACCORDING TO RESPONDENT ANSWER</i></p>	<p>STOP BREASTFEEDING OR UNABLE TO BREASTFEED..... A</p> <p>HIGH BODY TEMPERATURE OR BODY TEMPERATURE..... B</p> <p>CONVULSIONS (FENNEL).....C</p> <p>JAUNDICE..... D</p> <p>WEIGHT (LESS THAN 2500 G).....E</p> <p>BREATHING PROBLEMS BREATHING SPEED.....F</p> <p>INFLAMMATION OF THE NAVEL, SKIN OR EYE.....G</p> <p>OTHER (PLEASE SPECIFY).....X</p>	

CONTRACEPTION		CP
<b>CP1.</b> I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT: FAMILY PLANNING.  ARE YOU PREGNANT NOW?	YES, CURRENTLY PREGNANT..... 1 NO ..... 2 DK OR NOT SURE..... 8	1 ⇨ CP3
<b>CP2.</b> COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID GETTING PREGNANT.  ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	YES..... 1 NO ..... 2	1 ⇨ CP4
<b>CP3.</b> HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	YES..... 1 NO ..... 2	1 ⇨ NEXT MODULE 2 ⇨ NEXT MODULE
<b>CP4.</b> WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?  Do not prompt. If more than one method is mentioned, record each one.	FEMALE STERILIZATION..... A MALE STERILIZATION ..... B IUD..... C INJECTABLES ..... D IMPLANTS ..... E PILL..... F MALE CONDOM ..... G FEMALE CONDOM..... H DIAPHRAGM..... I FOAM / JELLY ..... J LACTATIONAL AMENORRHOEA METHOD (LAM)..... K PERIODIC ABSTINENCE / RHYTHM..... L WITHDRAWAL ..... M  OTHER ( <i>specify</i> ) ..... X	

UNMET NEED		UN
<b>UN1.</b> Check CP1: Currently pregnant?	YES, CP1=1 ..... 1 NO, DK OR NOT SURE, CP1=2 OR 8..... 2	2 ⇨ UN6
<b>UN2.</b> 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 ⇨ UN5
<b>UN3.</b> Check CM11: Any births?	NO BIRTHS ..... 0 ONE OR MORE BIRTHS..... 1	0 ⇨ UN4A 1 ⇨ UN4B
<b>UN4A.</b> Did you want to have a baby later on or did you not want any children?  <b>UN4B.</b> Did you want to have a baby later on or did you not want any more children?	LATER ..... 1 NONE / NO MORE..... 2	
<b>UN5.</b> Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE / NONE..... 2 UNDECIDED / DK ..... 8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
<b>UN6.</b> Check CP4: Currently using 'Female sterilization'?	YES, CP4=A..... 1 NO, CP4≠A ..... 2	1 ⇨ UN14
<b>UN7.</b> Now I would like to ask you some questions about the future. Would you like to have (A/ANOTHER) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE / NONE..... 2 SAYS SHE CANNOT GET PREGNANT ..... 3 UNDECIDED / DK ..... 8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
<b>UN8.</b> How long would you like to wait before the birth of (A/ANOTHER) child?  <i>RECORD THE ANSWER AS STATED BY RESPONDENT.</i>	MONTHS ..... 1 ____ YEARS ..... 2 ____  DOES NOT WANT TO WAIT (SOON/NOW) ..... 993 SAYS SHE CANNOT GET PREGNANT ..... 994 OTHER ..... 996  DK ..... 998	994 ⇨ UN12
<b>UN9.</b> Check CP1: Currently pregnant?	YES, CP1=1 ..... 1 NO, DK OR NOT SURE, CP1=2 OR 8..... 2	1 ⇨ UN14

<b>UN10.</b> Check CP2: Currently using a method?	YES, CP2=1 ..... 1 NO, CP2=2 ..... 2	1 ⇨ UN14
<b>UN11.</b> DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	YES ..... 1 NO ..... 2  DK ..... 8	1 ⇨ UN14  8 ⇨ UN14
<b>UN12.</b> WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	INFREQUENT SEX / NO SEX ..... A MENOPAUSAL ..... B NEVER MENSTRUATED ..... C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS)..... D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT ..... E POSTPARTUM AMENORRHEIC..... F BREASTFEEDING ..... G TOO OLD ..... H FATALISTIC ..... I INFERTILITY WIFE..... J INFERTILITY HUSBAND..... K  OTHER ( <i>specify</i> ) ..... X  DK ..... Z	
<b>UN13.</b> Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C ..... 1 NOT MENTIONED, UN12≠C ..... 2	1 ⇨ NEXT MODULE
<b>UN14.</b> WHEN DID YOUR LAST MENSTRUAL PERIOD START?  Record the answer using the same unit stated by the respondent.  If '1 year', probe:  HOW MANY MONTHS AGO?	DAYS AGO..... 1 ____  WEEKS AGO..... 2 ____  MONTHS AGO..... 3 ____  YEARS AGO ..... 4 ____  IN MENOPAUSE / HAS HAD HYSTERECTOMY ..... 993 BEFORE LAST BIRTH..... 994 NEVER MENSTRUATED ..... 995	993 ⇨ NEXT MODULE 994 ⇨ NEXT MODULE 995 ⇨ NEXT MODULE
<b>UN15.</b> CHECK UN14: WAS THE LAST MENSTRUAL PERIOD WITHIN LAST YEAR?	YES, WITHIN LAST YEAR ..... 1 NO, ONE YEAR OR MORE ..... 2	2 ⇨ NEXT MODULE

<b>UN16.</b> DUE TO YOUR LAST MENSTRUATION, WERE THERE ANY SOCIAL ACTIVITIES, SCHOOL OR WORK DAYS THAT YOU DID NOT ATTEND?	YES ..... 1 NO ..... 2  DK / NOT SURE / NO SUCH ACTIVITY... 8	2 ⇨ NEXT MODULE  8 ⇨ NEXT MODULE
<b>UN17.</b> DURING YOUR LAST MENSTRUAL PERIOD WERE YOU ABLE TO WASH AND CHANGE IN PRIVACY WHILE AT HOME?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>UN18.</b> DID YOU USE ANY MATERIALS SUCH AS SANITARY PADS, TAMPONS OR CLOTH?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇨ NEXT MODULE  8 ⇨ NEXT MODULE
<b>UN19.</b> WERE THE MATERIALS REUSABLE?	YES ..... 1 NO ..... 2  DK ..... 8	

<b>FEMALE GENITAL MUTILATION/CUTTING</b>		<b>FG</b>
<b>FG1.</b> HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	YES..... 1 NO ..... 2	1 ⇨ FG3
<b>FG2.</b> IN SOME COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT.  HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	YES..... 1 NO ..... 2	2 ⇨ NEXT MODULE
<b>FG3.</b> HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	YES..... 1 NO ..... 2	2 ⇨ FG9
<b>FG4.</b> NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THAT TIME.  WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	YES..... 1 NO ..... 2  DK ..... 8	1 ⇨ FG6
<b>FG5.</b> WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	YES..... 1 NO ..... 2  DK ..... 8	
<b>FG6.</b> WAS THE GENITAL AREA SEWN CLOSED?  <i>IF NECESSARY, PROBE: WAS IT SEALED?</i>	YES..... 1 NO ..... 2  DK ..... 8	

<b>FG7.</b> HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED?  <i>IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.</i>	AGE AT CIRCUMCISION..... ____  DK / DON'T REMEMBER..... 98	
<b>FG8.</b> WHO PERFORMED THE CIRCUMCISION?	<b>HEALTH PROFESSIONAL</b> DOCTOR..... 11 NURSE/MIDWIFE ..... 12 PRIVATE DOCTOR .....13 OTHER HEALTH PROFESSIONAL (specify) ..... 16  <b>TRADITIONAL PERSONS</b> TRADITIONAL 'CIRCUMCISER' ..... 21 TRADITIONAL BIRTH ATTENDANT ..... 22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER ..... 23 RELATIVE / FRIEND ..... 24  OTHERS ..... (specify) ..... 26 DK ..... 98	
<b>FG9.</b> SUM CM4 FOR NUMBER OF DAUGHTERS AT HOME AND CM7 FOR NUMBER OF DAUGHTERS ELSEWHERE:	TOTAL NUMBER OF LIVING DAUGHTERS ..... ____	
<b>FG10.</b> Just to make sure that I have this right, you have ( <i>total number in FG9</i> ) living daughters. Is this correct?	YES..... 1 NO ..... 2	1 ⇒ FG12
<b>FG11.</b> Check responses to CM1-CM11 and make corrections as necessary until response in FG10 is 'Yes'.		
<b>FG12.</b> CHECK FG9: NUMBER OF LIVING DAUGHTERS?	NO LIVING DAUGHTERS..... 0 AT LEAST ONE LIVING DAUGHTER..... 1	0 ⇒ FG24

**FG13.** ASK THE RESPONDENT TO TELL YOU THE NAME(S) OF HER DAUGHTER(S), BEGINNING WITH THE YOUNGEST DAUGHTER (IF MORE THAN ONE DAUGHTER). WRITE DOWN THE NAME OF EACH DAUGHTER IN FG14. THEN, ASK QUESTIONS FG15 TO FG22 FOR EACH DAUGHTER AT A TIME.

THE TOTAL NUMBER OF DAUGHTERS IN FG14 SHOULD BE EQUAL TO THE NUMBER IN FG9.

IF MORE THAN 4 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES.

	[D1] YOUNGEST	[D2] 2 <sup>ND</sup> YOUNGEST	[D3] 3 <sup>RD</sup> YOUNGEST	[D4] 4 <sup>TH</sup> YOUNGEST
<b>FG14. Name of daughter</b>	_____	_____	_____	_____
<b>FG15. How OLD IS (name)?</b>	AGE.. ____	AGE ..... ____	AGE ..... ____	AGE ..... ____
<b>FG16. Is (name) YOUNGER THAN 15 YEARS OF AGE?</b>	YES..... 1 NO ..... 2 ..... ♡ FG23	YES..... 1 NO ..... 2 ..... ♡ FG23	YES..... 1 NO ..... 2 ..... ♡ FG23	YES..... 1 NO ..... 2 ..... ♡ FG23
<b>FG17. Is (name) CIRCUMCISED?</b>	YES..... 1 NO ..... 2 ..... ♡ FG23	YES..... 1 NO ..... 2 ..... ♡ FG23	YES..... 1 NO ..... 2 ..... ♡ FG23	YES..... 1 NO ..... 2 ..... ♡ FG23
<b>FG18. How OLD WAS (NAME) WHEN THIS OCCURRED?</b>  <i>If the respondent does not know the age, probe to get an estimate.</i>	AGE ... ____ DK ..... 98	AGE ..... ____ DK ..... 98	AGE ..... ____ DK ..... 98	AGE ..... ____ DK ..... 98
<b>FG19. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (NAME) AT THAT TIME.</b>  WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	YES..... 1 ..... ♡ FG21  NO ..... 2 DK ..... 8	YES..... 1 ..... ♡ FG21  NO ..... 2 DK ..... 8	YES..... 1 ..... ♡ FG21  NO ..... 2 DK ..... 8	YES..... 1 ..... ♡ FG21  NO ..... 2 DK ..... 8



<b>FG20. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?</b>	YES..... 1 NO ..... 2 DK ..... 8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES..... 1 NO .....2 DK ..... 8
<b>FG21. WAS HER GENITAL AREA SEWN CLOSED?</b>  <i>If NECESSARY, PROBE: WAS IT SEALED?</i>	YES..... 1 NO ..... 2 DK ..... 8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES..... 1 NO .....2 DK ..... 8
<b>FG22. WHO PERFORMED THE CIRCUMCISIO N?</b>	<b>HEALTH PROFESSION AL</b> DOCTOR..... 11 NURSE/MIDWI FE ..... 12 PRIVATE DOCTOR .....13 OTHER HEALTH PROFESSIONA L (specify)____16  <b>TRADITIONAL PERSONS</b> TRADITIONAL 'CIRCUMCISE R' ..... 21 TRADITIONAL BIRTH ATTENDANT22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER..... 23 RELATIVE / FRIEND..... 24  OTHERS (specify)____26 DK ..... 98	<b>HEALTH PROFESSIONAL</b> DOCTOR ..... 11 NURSE/MIDWIFE .... 12 PRIVATE DOCTOR .....13 OTHER HEALTH PROFESSIONAL (specify) _____16  <b>TRADITIONAL PERSONS</b> TRADITIONAL 'CIRCUMCISER' ..... 21 TRADITIONAL BIRTH ATTENDANT ..... 22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER ..... 23 RELATIVE / FRIEND 24  OTHERS (specify) _____26 DK98	<b>HEALTH PROFESSIONAL</b> DOCTOR.....11 NURSE/MIDWIFE ....12 PRIVATE DOCTOR .....13 OTHER HEALTH PROFESSIONAL (specify)_____16  <b>TRADITIONAL PERSONS</b> TRADITIONAL 'CIRCUMCISER' .....21 TRADITIONAL BIRTH ATTENDANT .....22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER .....23 RELATIVE / FRIEND 24  OTHERS (specify) _____26 DK ..... 98	<b>HEALTH PROFESSIONAL</b> DOCTOR.....11 NURSE/MIDWIFE ....12 PRIVATE DOCTOR .....13 OTHER HEALTH PROFESSIONAL (specify)_____16  <b>TRADITIONAL PERSONS</b> TRADITIONAL 'CIRCUMCISER' .....21 TRADITIONAL BIRTH ATTENDANT .....22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER .....23 RELATIVE / FRIEND 24  OTHERS (specify) _____26 DK ..... 98
<b>FG23. Is THERE ANOTHER DAUGHTER?</b>	YES..... 1 ..... ♀ [D2] NO ..... 2 ..... ♀ FG24	YES.....1 ♀ [D3] NO.....2 ♀ FG24	YES.....1 ♀ [D4] NO.....2 ♀ FG24	YES.....1 ♀ [D5] NO .....2 ♀ FG24

TICK HERE IF  
ADDITIONAL  
QUESTIONNAIRE  
USED: ..... ☐

<b>FG24.</b> DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	CONTINUED .....1 DISCONTINUED .....2 DEPENDS .....3 DK .....8	
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ATTITUDES TOWARD DOMESTIC VIOLENCE		DV			
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:					
		YES	NO	DK	
[A]	IF SHE GOES OUT WITHOUT TELLING HIM?	GOES OUT WITHOUT TELLING.....	1	2	8
[B]	IF SHE NEGLECTS THE CHILDREN?	NEGLECTS CHILDREN .....	1	2	8
[C]	IF SHE ARGUES WITH HIM?	ARGUES WITH HIM .....	1	2	8
[D]	IF SHE REFUSES TO HAVE SEX WITH HIM?	REFUSES SEX .....	1	2	8
[E]	IF SHE BURNS THE FOOD?	BURNS FOOD .....	1	2	8
[F]	IF HE FEELS SHE IS WASTEFUL	WASTEFUL .....	1	2	8
[G]	IF SHE LEAKS HOUSE SECRETS	LEAK SECRETS .....	1	2	8

VICTIMISATION		VT
<p><b>VT1. CHECK FOR THE PRESENCE OF OTHERS.</b>  <i>BEFORE CONTINUING, ENSURE PRIVACY.</i>            NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT CRIMES IN WHICH YOU <u>PERSONALLY</u> WERE THE VICTIM.</p> <p>LET ME ASSURE YOU AGAIN THAT YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL AND WILL NOT BE TOLD TO ANYONE.</p> <p>IN THE LAST THREE YEARS, THAT IS SINCE 2015 (<i>MONTH OF INTERVIEW</i>) (<i>YEAR OF INTERVIEW MINUS 3</i>), HAS ANYONE TAKEN OR TRIED TAKING SOMETHING FROM YOU, BY USING FORCE OR THREATENING TO USE FORCE?</p> <p><i>INCLUDE ONLY INCIDENTS IN WHICH THE RESPONDENT WAS PERSONALLY THE VICTIM AND EXCLUDE INCIDENTS EXPERIENCED ONLY BY OTHER MEMBERS OF THE HOUSEHOLD.</i></p> <p><i>IF NECESSARY, HELP THE RESPONDENT TO ESTABLISH THE RECALL PERIOD AND MAKE SURE THAT YOU ALLOW ADEQUATE TIME FOR THE RECALL. YOU MAY REASSURE: IT CAN BE DIFFICULT TO REMEMBER THIS SORT OF INCIDENTS, SO PLEASE TAKE YOUR TIME WHILE YOU THINK ABOUT YOUR ANSWERS.</i></p>	<p>YES .....1            NO .....2            DK .....8</p>	<p>2 ⇒ VT9B            8 ⇒ VT9B</p>
<p><b>VT2.</b> DID THIS LAST HAPPEN DURING THE LAST 12 MONTHS, THAT IS, SINCE 2017 (<i>MONTH OF INTERVIEW</i>) (<i>YEAR OF INTERVIEW MINUS 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS .....1            NO, MORE THAN 12 MONTHS AGO .....2            DK / DON'T REMEMBER .....8</p>	<p>2 ⇒ VT5B            8 ⇒ VT5B</p>
<p><b>VT3.</b> HOW MANY TIMES DID THIS HAPPEN IN THE LAST 12 MONTHS?</p> <p><i>IF 'DK/DON'T REMEMBER', PROBE: DID IT HAPPEN ONCE, TWICE, OR AT LEAST THREE TIMES?</i></p>	<p>ONE TIME .....1            TWO TIMES .....2            THREE OR MORE TIMES .....3            DK / DON'T REMEMBER .....8</p>	
<p><b>VT4.</b> Check VT3: One or more times?</p>	<p>ONE TIME, VT3=1 .....1            MORE THAN ONCE OR DK, VT3=2, 3 OR 8 .....2</p>	<p>1 ⇒ VT5A            2 ⇒ VT5B</p>
<p><b>VT5A.</b> WHEN THIS HAPPENED, WAS ANYTHING STOLEN FROM YOU?</p>	<p>YES .....1            NO .....2</p>	
<p><b>VT5B.</b> THE LAST TIME THIS HAPPENED, WAS ANYTHING STOLEN FROM YOU?</p>	<p>DK / NOT SURE .....8</p>	

<b>VT6. DID THE PERSON(S) HAVE A WEAPON?</b>	YES .....1 NO .....2  DK / NOT SURE.....8	2⇒VT8  8⇒VT8
<b>VT7. WAS A KNIFE, A GUN OR SOMETHING ELSE USED AS A WEAPON?</b>  <i>RECORD ALL THAT APPLY.</i>	YES, A KNIFE.....A YES, A GUN.....B YES, SOMETHING ELSE .....X	
<b>VT8. DID YOU OR ANYONE ELSE REPORT THE INCIDENT TO THE POLICE?</b>  <i>IF 'YES', PROBE: WAS THE INCIDENT REPORTED BY YOU OR SOMEONE ELSE?</i>	YES, RESPONDENT REPORTED .....1 YES, SOMEONE ELSE REPORTED .....2 NO, NOT REPORTED .....3  DK / NOT SURE.....8	1⇒VT9A 2⇒VT9A 3⇒VT9A  8⇒VT9A
<b>VT9A. APART FROM THE INCIDENT(S) JUST COVERED, HAVE YOU IN THE LAST THREE YEARS, THAT IS SINCE 2015 (<i>MONTH OF INTERVIEW</i>) (<i>YEAR OF INTERVIEW MINUS 3</i>), BEEN PHYSICALLY ATTACKED?</b>  <b>VT9B. IN THE SAME PERIOD OF THE LAST THREE YEARS, THAT IS SINCE 2015 (<i>MONTH OF INTERVIEW</i>) (<i>YEAR OF INTERVIEW MINUS 3</i>), HAVE YOU BEEN PHYSICALLY ATTACKED?</b>  <i>IF 'NO', PROBE: AN ATTACK CAN HAPPEN AT HOME OR ANY PLACE OUTSIDE OF THE HOME, SUCH AS IN OTHER HOMES, IN THE STREET, AT SCHOOL, ON PUBLIC TRANSPORT, PUBLIC RESTAURANTS, OR AT YOUR WORKPLACE.</i>  <i>INCLUDE ONLY INCIDENTS IN WHICH THE RESPONDENT WAS PERSONALLY THE VICTIM AND EXCLUDE INCIDENTS EXPERIENCED ONLY BY OTHER MEMBERS OF THE HOUSEHOLD. EXCLUDE INCIDENTS WHERE THE INTENTION WAS TO TAKE SOMETHING FROM THE RESPONDENT, WHICH SHOULD BE RECORDED UNDER VT1.</i>	YES .....1 NO .....2  DK .....8	2⇒VT20  8⇒VT20
<b>VT10. DID THIS LAST HAPPEN DURING THE LAST 12 MONTHS, THAT IS, SINCE 2017 (<i>MONTH OF INTERVIEW</i>) (<i>YEAR OF INTERVIEW MINUS 1</i>)?</b>	YES, DURING THE LAST 12 MONTHS .....1 NO, MORE THAN 12 MONTHS AGO .....2  DK / DON'T REMEMBER .....8	2⇒VT12B  8⇒VT12B
<b>VT11. HOW MANY TIMES DID THIS HAPPEN IN THE LAST 12 MONTHS?</b>  <i>IF 'DK/DON'T REMEMBER', PROBE: DID IT HAPPEN ONCE, TWICE, OR AT LEAST THREE TIMES?</i>	ONE TIME.....1 TWO TIMES.....2 THREE OR MORE TIMES.....3  DK / DON'T REMEMBER .....8	1⇒VT12A 2⇒VT12B 3⇒VT12B  8⇒VT12B

<b>VT12A.</b> WHERE DID THIS HAPPEN?  <b>VT12B.</b> WHERE DID THIS HAPPEN THE LAST TIME?	AT HOME.....11 IN ANOTHER HOME.....12  IN THE STREET .....21 ON PUBLIC TRANSPORT.....22 PUBLIC RESTAURANT / CAFÉ / BAR.....23 OTHER PUBLIC ( <i>specify</i> ).....26  AT SCHOOL.....31 AT WORKPLACE.....32  OTHER PLACE ( <i>specify</i> ) .....96	
<b>VT13.</b> HOW MANY PEOPLE WERE INVOLVED IN COMMITTING THE OFFENCE?  <i>If 'DK/DON'T REMEMBER', PROBE: WAS IT ONE, TWO, OR AT LEAST THREE PEOPLE?</i>	ONE PERSON .....1 TWO PEOPLE .....2 THREE OR MORE PEOPLE .....3  DK / DON'T REMEMBER .....8	1 ⇨ VT14A 2 ⇨ VT14B 3 ⇨ VT14B  8 ⇨ VT14B
<b>VT14A.</b> AT THE TIME OF THE INCIDENT, DID YOU RECOGNIZE THE PERSON?  <b>VT14B.</b> AT THE TIME OF THE INCIDENT, DID YOU RECOGNIZE AT LEAST ONE OF THE PERSONS?	YES .....1 NO .....2  DK / DON'T REMEMBER .....8	
<b>VT17.</b> DID THE PERSON(S) HAVE A WEAPON?	YES .....1 NO .....2  DK / NOT SURE.....8	2 ⇨ VT19  8 ⇨ VT19
<b>VT18.</b> WAS A KNIFE, A GUN OR SOMETHING ELSE USED AS A WEAPON?  <i>RECORD ALL THAT APPLY.</i>	YES, A KNIFE.....A YES, A GUN.....B YES, SOMETHING ELSE .....X	
<b>VT19.</b> DID YOU OR ANYONE ELSE REPORT THE INCIDENT TO THE POLICE?  <i>If 'YES', PROBE: WAS THE INCIDENT REPORTED BY YOU OR SOMEONE ELSE?</i>	YES, RESPONDENT REPORTED .....1 YES, SOMEONE ELSE REPORTED .....2 NO, NOT REPORTED .....3  DK / NOT SURE.....8	
<b>VT20.</b> HOW SAFE DO YOU FEEL WALKING ALONE IN YOUR NEIGHBOURHOOD AFTER DARK?	VERY SAFE .....1 SAFE .....2 UNSAFE .....3 VERY UNSAFE .....4  NEVER WALK ALONE AFTER DARK .....7	
<b>VT21.</b> HOW SAFE DO YOU FEEL WHEN YOU ARE AT HOME ALONE AFTER DARK?	VERY SAFE .....1 SAFE .....2 UNSAFE .....3 VERY UNSAFE .....4  NEVER ALONE AFTER DARK .....7	

<b>VT22.</b> IN THE PAST 12 MONTHS, HAVE YOU <u>PERSONALLY</u> FELT DISCRIMINATED AGAINST OR HARASSED ON THE BASIS OF THE FOLLOWING GROUNDS?			
	YES	NO	DK
[A] DISPLACEMENT OR IMMIGRATION?	DISPLACEMENT OR IMMIGRATION..... 1	2	8
[B] GENDER?	GENDER ..... 1	2	8
[D] AGE?	AGE ..... 1	2	8
[F] DISABILITY?	DISABILITY ..... 1	2	8
[X] FOR ANY OTHER REASON?	OTHER REASON ..... 1	2	8

MARRIAGE		MA
<b>MA1.</b> ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH SOMEONE AS IF MARRIED?	YES, CURRENTLY MARRIED ..... 1 NO, NOT IN UNION ..... 3	3 ⇒ MA5
<b>MA2.</b> HOW OLD IS YOUR HUSBAND?  <i>PROBE:</i> HOW OLD WAS YOUR (HUSBAND/PARTNER) ON HIS LAST BIRTHDAY?	AGE IN YEARS..... _ _  DK ..... 98	
<b>MA3.</b> BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	YES ..... 1 NO ..... 2	2 ⇒ MA7
<b>MA4.</b> HOW MANY OTHER WIVES DOES HE HAVE?	NUMBER ..... _ _  DK ..... 98	⇒ MA7  98 ⇒ MA7
<b>MA5.</b> HAVE YOU EVER BEEN MARRIED?	YES, FORMERLY MARRIED..... 1 NO ..... 3	3 ⇒ NEXT MODULE
<b>MA6.</b> WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	
<b>MA7.</b> HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	ONLY ONCE ..... 1 MORE THAN ONCE..... 2	1 ⇒ MA8A 2 ⇒ MA8B
<b>MA8A.</b> IN WHAT MONTH AND YEAR DID YOU START LIVING WITH YOUR HUSBAND?  <b>MA8B.</b> IN WHAT MONTH AND YEAR DID YOU START LIVING WITH YOUR <u>FIRST</u> HUSBAND?	DATE OF (FIRST) UNION MONTH ..... _ _ DK MONTH..... 98  YEAR ..... _ _ _ _ DK YEAR ..... 9998	
<b>MA9.</b> CHECK MA8A/B: Is 'DK YEAR' RECORDED?	YES, MA8A/B=9998 ..... 1 NO, MA8A/B≠9998 ..... 2	2 ⇒ MA12
<b>MA10.</b> CHECK MA7: IN MARRIED ONLY ONCE?	YES, MA7=1 ..... 1 NO, MA7=2..... 2	1 ⇒ MA11A 2 ⇒ MA11B
<b>MA11A.</b> HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR HUSBAND?  <b>MA11B.</b> HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR <u>FIRST</u> HUSBAND?	AGE IN YEARS..... _ _	

<b>MA12</b> WAS YOUR FIRST HUSBAND FROM YOUR RELATIVES?	YES ..... 1 NO ..... 2	2 ⇒ NEXT MODULE
<b>MA13</b> WHAT WAS THE DEGREE OF YOUR FIRST HUSBAND?	A COUSIN OR A FIRST-DEGREE AUNT (FATHER'S SIDE).....1 MY COUSIN OR FIRST-CLASS AUNT (MOTHER'S SIDE) ..... 2 A COUSIN OR A SECOND CLASS UNCLE....3 OTHER RELATIVES .....4 RELATIVES DUE TO MARRIAGE ..... 5	

<b>ADULT FUNCTIONING</b>		<b>AF</b>
<b>AF1.</b> CHECK WB4: AGE OF RESPONDENT?	AGE 15-17 YEARS .....1 AGE 18-49 YEARS .....2	1 ⇒ NEXT MODULE
<b>AF2.</b> DO YOU USE GLASSES OR MEDICAL CONTACT LENSES?  <i>INCLUDE THE USE OF GLASSES FOR READING.</i>	YES .....1 NO .....2	
<b>AF3.</b> DO YOU USE A HEARING AID?	YES .....1 NO .....2	
<b>AF4.</b> I WILL NOW ASK YOU ABOUT DIFFICULTIES YOU MAY HAVE DOING A NUMBER OF DIFFERENT ACTIVITIES. FOR EACH ACTIVITY THERE ARE FOUR POSSIBLE ANSWERS: PLEASE TELL ME IF YOU HAVE: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY OR 4) THAT YOU CANNOT DO THE ACTIVITY AT ALL.  <i>REPEAT THE CATEGORIES DURING THE INDIVIDUAL QUESTIONS WHENEVER THE RESPONDENT DOES NOT USE AN ANSWER CATEGORY:</i> REMEMBER, THE FOUR POSSIBLE ANSWERS ARE: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT YOU CANNOT DO THE ACTIVITY AT ALL.		
<b>AF5.</b> CHECK AF2: RESPONDENT USES GLASSES OR MEDICAL CONTACT LENSES?	YES, AF2=1 .....1 NO, AF2=2.....2	1 ⇒ AF6A 2 ⇒ AF6B



<b>AF6A.</b> WHEN USING YOUR GLASSES OR MEDICAL CONTACT LENSES, DO YOU HAVE DIFFICULTY SEEING?  <b>AF6B.</b> DO YOU HAVE DIFFICULTY SEEING?	NO DIFFICULTY .....1 SOME DIFFICULTY .....2 A LOT OF DIFFICULTY .....3 CANNOT SEE AT ALL .....4	
<b>AF7.</b> CHECK AF3: RESPONDENT USES A HEARING AID?	YES, AF3=1 .....1 NO, AF3=2.....2	1⇒AF8A 2⇒AF8B
<b>AF8A.</b> WHEN USING YOUR HEARING AID(S), DO YOU HAVE DIFFICULTY HEARING?  <b>AF8B.</b> DO YOU HAVE DIFFICULTY HEARING?	NO DIFFICULTY .....1 SOME DIFFICULTY .....2 A LOT OF DIFFICULTY .....3 CANNOT HEAR AT ALL .....4	
<b>AF9.</b> DO YOU HAVE DIFFICULTY WALKING OR CLIMBING STEPS?	NO DIFFICULTY .....1 SOME DIFFICULTY .....2 A LOT OF DIFFICULTY .....3 CANNOT WALK/ CLIMB STEPS AT ALL.....4	
<b>AF10.</b> DO YOU HAVE DIFFICULTY REMEMBERING OR CONCENTRATING?	NO DIFFICULTY .....1 SOME DIFFICULTY .....2 A LOT OF DIFFICULTY .....3 CANNOT REMEMBER/ CONCENTRATE AT ALL.....4	
<b>AF11.</b> DO YOU HAVE DIFFICULTY WITH SELF-CARE, SUCH AS WASHING ALL OVER OR DRESSING?	NO DIFFICULTY .....1 SOME DIFFICULTY .....2 A LOT OF DIFFICULTY .....3 CANNOT CARE FOR SELF AT ALL.....4	
<b>AF12.</b> USING YOUR USUAL LANGUAGE, DO YOU HAVE DIFFICULTY COMMUNICATING, FOR EXAMPLE UNDERSTANDING OR BEING UNDERSTOOD?	NO DIFFICULTY .....1 SOME DIFFICULTY .....2 A LOT OF DIFFICULTY .....3	

HIV/AIDS		HA
<b>HA1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF HIV OR AIDS?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ NEXT MODULE
<b>HA2.</b> HIV IS THE VIRUS THAT CAN LEAD TO AIDS.  CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>HA3.</b> CAN PEOPLE GET HIV FROM MOSQUITO BITES?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>HA4.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>HA5.</b> CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS HIV?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>HA6.</b> CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>HA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>HA8.</b> CAN HIV BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<div style="text-align: right; margin-bottom: 10px;">YES NO</div> DK DURING PREGNANCY ..... 1 2 8 DURING DELIVERY ..... 1 2 8 BY BREASTFEEDING ..... 1 2 8	
<b>HA9.</b> Check HA8[A], [B] and [C]: At least one 'Yes' recorded?	YES ..... 1 NO ..... 2	2 ⇒ HA24
<b>HA10.</b> ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH HIV TO REDUCE THE RISK OF TRANSMISSION TO THE BABY?	YES ..... 1 NO ..... 2  DK ..... 8	

<b>HA24.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV?	YES ..... 1 NO ..... 2	2 ⇨ HA27
<b>HA25.</b> HOW MANY MONTHS AGO WAS YOUR MOST RECENT HIV TEST?	LESS THAN 12 MONTHS AGO ..... 1 12-23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
<b>HA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	YES ..... 1 NO ..... 2  DK ..... 8	1 ⇨ HA28 2 ⇨ HA28  8 ⇨ HA28
<b>HA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET AN HIV TEST?	YES ..... 1 NO ..... 2	
<b>HA30.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD HIV?	YES ..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA31.</b> DO YOU THINK CHILDREN LIVING WITH HIV SHOULD BE ALLOWED TO ATTEND SCHOOL WITH CHILDREN WHO DO NOT HAVE HIV?	YES ..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA32.</b> DO YOU THINK PEOPLE HESITATE TO TAKE AN HIV TEST BECAUSE THEY ARE AFRAID OF HOW OTHER PEOPLE WILL REACT IF THE TEST RESULT IS POSITIVE FOR HIV?	YES ..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA33.</b> DO PEOPLE TALK BADLY ABOUT PEOPLE LIVING WITH HIV, OR WHO ARE THOUGHT TO BE LIVING WITH HIV?	YES ..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA34.</b> DO PEOPLE LIVING WITH HIV, OR THOUGHT TO BE LIVING WITH HIV, LOSE THE RESPECT OF OTHER PEOPLE?	YES ..... 1 NO ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA35.</b> DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENT?  I WOULD BE ASHAMED IF SOMEONE IN MY FAMILY HAD HIV.	AGREE ..... 1 DISAGREE ..... 2  DK / NOT SURE / DEPENDS ..... 8	
<b>HA36.</b> DO YOU FEAR THAT YOU COULD GET HIV IF YOU COME INTO CONTACT WITH THE SALIVA OF A PERSON LIVING WITH HIV?	YES ..... 1 NO ..... 2 SAYS SHE HAS HIV ..... 7  DK / NOT SURE / DEPENDS ..... 8	

MATERNAL MORTALITY		MM
<p><b>MM1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BROTHERS AND SISTERS BORN TO YOUR NATURAL MOTHER, INCLUDING THOSE WHO ARE LIVING WITH YOU, THOSE LIVING ELSEWHERE AND THOSE WHO HAVE DIED. FROM OUR EXPERIENCE IN PRIOR SURVEYS, WE KNOW IT MAY SOMETIMES BE DIFFICULT TO ESTABLISH A COMPLETE LIST OF ALL THE CHILDREN BORN TO YOUR NATURAL MOTHER. WE WILL WORK TOGETHER TO DRAW THE MOST COMPLETE LIST AND WORK TO RECALL ALL YOUR SIBLINGS. COULD YOU PLEASE NOW GIVE ME THE NAMES OF ALL OF YOUR BROTHERS AND SISTERS BORN TO YOUR NATURAL MOTHER?</p> <p><i>LIST ALL NAMES ON LINES [A] TO [H] BELOW. DO <u>NOT</u> FILL IN THE ORDER NUMBER YET. IF MORE THAN 8 SIBLINGS, USE ADDITIONAL QUESTIONNAIRES.</i></p>		
<p>[A] _____ [B] _____ [C] _____ [D] _____  [E] _____ [F] _____ [G] _____ [H] _____</p>		
<b>MM2.</b> Check MM1: How many siblings?	NO SIBLINGS..... 1 ONE OR MORE SIBLINGS ..... 2	1 ⇨ MM4
<b>MM3.</b> READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT. AFTER THE LAST ONE, ASK: ARE THERE ANY OTHER BROTHERS AND SISTERS FROM THE SAME MOTHER THAT YOU HAVE NOT MENTIONED?	YES ..... 1 NO ..... 2	1 ⇨ Record sibling(s) in MM1
<b>MM4.</b> SOMETIMES PEOPLE FORGET TO MENTION CHILDREN BORN TO THEIR NATURAL MOTHER BECAUSE THEY DO NOT LIVE WITH THEM OR THEY DO NOT SEE THEM VERY OFTEN. ARE THERE ANY BROTHERS OR SISTERS WHO DO NOT LIVE WITH YOU THAT YOU HAVE NOT MENTIONED?	YES ..... 1 NO ..... 2	1 ⇨ Record sibling(s) in MM1
<b>MM5.</b> SOMETIMES PEOPLE FORGET TO MENTION CHILDREN BORN TO THEIR NATURAL MOTHER BECAUSE THEY HAVE DIED. ARE THERE ANY BROTHERS OR SISTERS WHO DIED THAT YOU HAVE NOT MENTIONED?	YES ..... 1 NO ..... 2	1 ⇨ Record sibling(s) in MM1
<b>MM6.</b> SOME PEOPLE HAVE BROTHERS OR SISTERS FROM THE SAME MOTHER BUT A DIFFERENT FATHER. ARE THERE ANY BROTHERS OR SISTERS BORN TO YOUR NATURAL MOTHER, BUT WHO HAVE A DIFFERENT NATURAL FATHER, THAT YOU HAVE NOT MENTIONED?	YES ..... 1 NO ..... 2	1 ⇨ Record sibling(s) in MM1
<b>MM7.</b> Count the number of siblings listed in MM1.	SUM..... ____	
<b>MM8.</b> JUST TO MAKE SURE THAT I HAVE THIS RIGHT: YOUR NATURAL MOTHER HAD ( <i>TOTAL NUMBER IN MM7</i> ) LIVE BIRTHS, EXCLUDING YOU, DURING HER LIFETIME. IS THAT CORRECT?	YES ..... 1 NO ..... 2	1 ⇨ MM10

<b>MM9.</b> Probe and check sum in MM7 and list of siblings in MM1. Make corrections as necessary until response in MM8 is 'Yes'.				
<b>MM10.</b> Check MM7: How many siblings?	NO SIBLINGS..... 1 ONE OR MORE SIBLINGS ..... 2	1 ⇒ <i>NEXT MODULE</i>		
<b>MM11.</b> PLEASE TELL ME, WHICH BROTHER OR SISTER WAS BORN FIRST? AND WHICH WAS BORN NEXT?  <i>RECORD '01' FOR THE ORDER NUMBER IN MM1 FOR THE FIRST-BORN BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.</i>				
<b>MM12.</b> HOW MANY OF THESE BIRTHS DID YOUR MOTHER HAVE BEFORE YOU WERE BORN?	NUMBER OF PRECEDING BIRTHS .... ____			
<b>MM13.</b> WRITE DOWN THE NAMES OF THE BROTHERS AND SISTERS IN MM14 ACCORDING TO THE ORDER NUMBER IN MM1. ASK MM15 TO MM27 FOR ONE BROTHER OR SISTER AT A TIME (VERTICALLY). IF THERE ARE MORE THAN 8 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.				
	[S1] FIRST-BORN	[S2] SECOND	[S3] THIRD	[S4] FOURTH
<b>MM14.</b> COPY NAME OF INDIVIDUAL SIBLINGS TO INDIVIDUAL COLUMNS.	_____	_____	_____	_____
<b>MM15.</b> IS ( <i>NAME</i> ) MALE OR FEMALE?	MALE ..... 1 FEMALE.. 2	MALE ..... 1 FEMALE . 2	MALE..... 1 FEMALE.. 2	MALE ..... 1 FEMALE . 2
<b>MM16.</b> IS ( <i>NAME</i> ) STILL ALIVE?	YES..... 1 NO..... 2 ♡ MM18 DK..... 8 ♡ MM28	YES..... 1 NO..... 2 ♡ MM18 DK..... 8 ♡ MM28	YES..... 1 NO..... 2 ♡ MM18 DK..... 8 ♡ MM28	YES..... 1 NO..... 2 ♡ MM18 DK..... 8 ♡ MM28
<b>MM17.</b> HOW OLD IS ( <i>NAME</i> )?	____ ♡ MM28	____ ♡ MM28	____ ♡ MM28	____ ♡ MM28
<b>MM18.</b> HOW MANY YEARS AGO DID ( <i>NAME</i> ) DIE?	____	____	____	____
<b>MM19.</b> HOW OLD WAS ( <i>NAME</i> ) WHEN (HE/SHE) DIED?	____	____	____	____
<b>MM20.</b> CHECK MM15: WAS THE SIBLING MALE?	YES..... 1 ♡ MM26 NO..... 2	YES..... 1 ♡ MM26 NO..... 2	YES..... 1 ♡ MM26 NO..... 2	YES..... 1 ♡ MM26 NO..... 2

<b>MM21.</b> CHECK MM19: DID THE SISTER DIE BEFORE AGE 12 YEARS?	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2
<b>MM22.</b> WAS ( <i>NAME</i> ) PREGNANT WHEN SHE DIED?	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2
<b>MM23.</b> DID ( <i>NAME</i> ) DIE DURING CHILDBIRTH?	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2
<b>MM24.</b> DID ( <i>NAME</i> ) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	YES ..... 1 NO ..... 2 ♡ MM26	YES ..... 1 NO ..... 2 ♡ MM26	YES ..... 1 NO ..... 2 ♡ MM26	YES ..... 1 NO ..... 2 ♡ MM26
<b>MM25.</b> HOW MANY DAYS AFTER THE END OF THE PREGNANCY OR CHILDBIRTH DID ( <i>NAME</i> ) DIE?	_____	_____	_____	_____
<b>MM26.</b> WAS ( <i>NAME</i> )'S DEATH DUE TO AN ACT OF VIOLENCE?	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2
<b>MM27.</b> WAS ( <i>NAME</i> )'S DEATH DUE TO AN ACCIDENT?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
<b>MM28.</b> CHECK MM14: IS THERE A YOUNGER SIBLING?	YES ..... 1 ♡ [S2] NO ..... 2 ♡ END	YES ..... 1 ♡ [S3] NO ..... 2 ♡ END	YES ..... 1 ♡ [S4] NO ..... 2 ♡ END	YES ..... 1 ♡ [S5] NO ..... 2 ♡ END






	[S5] FIFTH	[S6] SIXTH	[S7] SEVENTH	[S8] EIGHTH
<b>MM14.</b> COPY NAME OF INDIVIDUAL SIBLINGS TO EACH COLUMN.	_____	_____	_____	_____
<b>MM15.</b> IS ( <i>NAME</i> ) MALE OR FEMALE?	MALE ..... 1 FEMALE..2	MALE ..... 1 FEMALE..2	MALE ..... 1 FEMALE..2	MALE.....1 FEMALE..2
<b>MM16.</b> IS ( <i>NAME</i> ) STILL ALIVE?	YES ..... 1 NO ..... 2 ♡ MM18 DK ..... 8 ♡ MM28	YES ..... 1 NO ..... 2 ♡ MM18 DK ..... 8 ♡ MM28	YES ..... 1 NO ..... 2 ♡ MM18 DK ..... 8 ♡ MM28	YES..... 1 NO ..... 2 ♡ MM18 DK ..... 8 ♡ MM28

<b>MM17.</b> HOW OLD IS ( <i>NAME</i> )?	____ ____ ♡ MM28	____ ____ ♡ MM28	____ ____ ♡ MM28	____ ____ ♡ MM28
<b>MM18.</b> HOW MANY YEARS AGO DID ( <i>NAME</i> ) DIE?	____	____	____	____
<b>MM19.</b> HOW OLD WAS ( <i>NAME</i> ) WHEN (HE/SHE) DIED?	____	____	____	____
<b>MM20.</b> CHECK MM15: WAS THE SIBLING MALE?	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2
<b>MM21.</b> CHECK MM19: DID THE SISTER DIE BEFORE AGE 12 YEARS?	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2
<b>MM22.</b> WAS ( <i>NAME</i> ) PREGNANT WHEN SHE DIED?	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2	YES ..... 1 ♡ MM26 NO ..... 2
<b>MM23.</b> DID ( <i>NAME</i> ) DIE DURING CHILDBIRTH?	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2
<b>MM24.</b> DID ( <i>NAME</i> ) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	YES ..... 1 NO ..... 2 ♡ MM26	YES ..... 1 NO ..... 2 ♡ MM26	YES ..... 1 NO ..... 2 ♡ MM26	YES ..... 1 NO ..... 2 ♡ MM26
<b>MM25.</b> HOW MANY DAYS AFTER THE END OF THE PREGNANCY OR CHILDBIRTH DID ( <i>NAME</i> ) DIE?	____	____	____	____
<b>MM26.</b> WAS ( <i>NAME</i> )'S DEATH DUE TO AN ACT OF VIOLENCE?	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2	YES ..... 1 ♡ MM28 NO ..... 2
<b>MM27.</b> WAS ( <i>NAME</i> )'S DEATH DUE TO AN ACCIDENT?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
<b>MM28.</b> CHECK MM14: IS THERE A YOUNGER SIBLING?	YES ..... 1 ♡ [S6] NO ..... 2 ♡ END	YES ..... 1 ♡ [S7] NO ..... 2 ♡ END	YES ..... 1 ♡ [S8] NO ..... 2 ♡ END	YES ..... 1 ♡ [S9] NO ..... 2 ♡ END
				TICK HERE IF ADDITIONAL QUESTIONNAIRE USED: ..... <input type="checkbox"/>

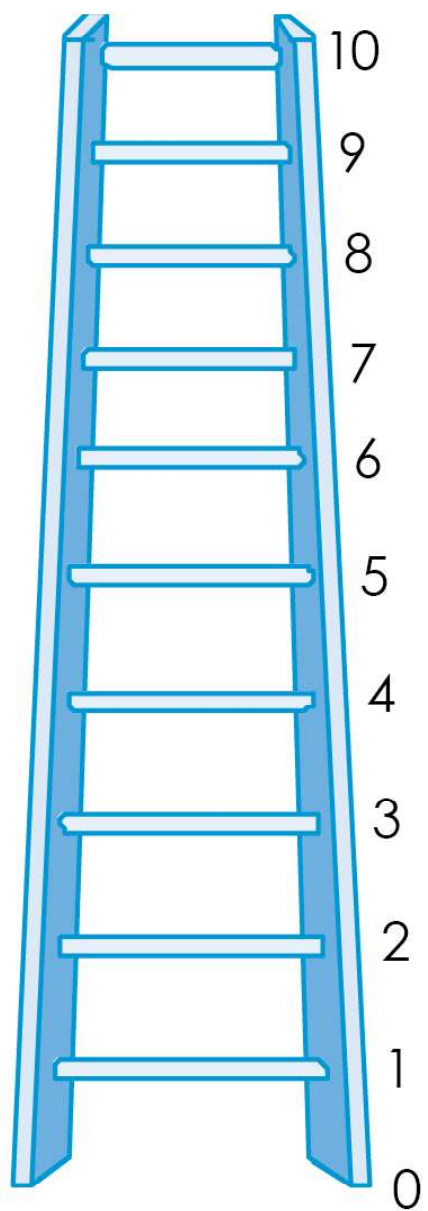
TOBACCO USE		TA
<b>TA1.</b> HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	YES.....1 NO.....2	2⇒TA6
<b>TA2.</b> HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	NEVER SMOKED A WHOLE CIGARETTE ...00 AGE ..... ____	00⇒TA6
<b>TA3.</b> DO YOU CURRENTLY SMOKE CIGARETTES?	YES.....1 NO.....2	2⇒TA6
<b>TA4.</b> IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	NUMBER OF CIGARETTES ..... ____	
<b>TA5.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?  <i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS. IF 10 DAYS OR MORE BUT LESS THAN A MONTH, RECORD '10'. IF 'EVERY DAY' OR 'ALMOST EVERY DAY', RECORD '30'.</i>	NUMBER OF DAYS..... 0 ____  10 DAYS OR MORE BUT LESS THAN A MONTH.....10  EVERY DAY / ALMOST EVERY DAY .....30	
<b>TA6.</b> HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	YES.....1 NO.....2	2⇒NEXT MODULE
<b>TA7.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	YES.....1 NO.....2	2⇒NEXT MODULE
<b>TA8.</b> WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?  <i>RECORD ALL MENTIONED.</i>	CIGARS.....A WATER PIPE .....B CIGARILLOS.....C PIPE .....D  OTHER ( <i>specify</i> ).....X	
<b>TA16.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE TYPES IN TA8?  <i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS. IF 10 DAYS OR MORE BUT LESS THAN A MONTH, RECORD '10'. IF 'EVERY DAY' OR 'ALMOST EVERY DAY', RECORD '30'.</i>	NUMBER OF DAYS..... 0 ____  10 DAYS OR MORE BUT LESS THAN A MONTH.....10  EVERY DAY / ALMOST EVERY DAY .....30	00⇒NEXT MODULE



LIFE SATISFACTION		LS
<p><b>LS1.</b> I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>I AM NOW GOING TO SHOW YOU PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>SHOW SMILEY CARD AND EXPLAIN WHAT EACH SYMBOL REPRESENTS. RECORD THE RESPONSE CODE SELECTED BY THE RESPONDENT.</i></p>	<p>VERY HAPPY .....1  SOMEWHAT HAPPY .....2  NEITHER HAPPY NOR UNHAPPY .....3  SOMEWHAT UNHAPPY .....4  VERY UNHAPPY .....5</p>	
<p><b>LS2.</b> <i>Show the picture of the ladder.</i></p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary: Which step comes closest to the way you feel?</i></p>	<p>LADDER STEP ..... ____ ____</p>	
<p><b>LS3.</b> COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?</p>	<p>BETTER .....1  MORE OR LESS THE SAME .....2  WORSENER .....3</p>	
<p><b>LS4.</b> AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>BETTER .....1  MORE OR LESS THE SAME .....2  WORSE .....3</p>	

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

Best Possible Life



Worst Possible Life

<b>WM10.</b> <i>RECORD THE TIME.</i>	HOURS AND MINUTES.....__ __ : __ __	
<b>WM11.</b> <i>WAS THE ENTIRE INTERVIEW COMPLETED IN PRIVATE OR WAS THERE ANYONE ELSE DURING THE ENTIRE INTERVIEW OR PART OF IT?</i>	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE..... 1  NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify)..... 2  NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify)..... 3	
<b>WM12.</b> <i>LANGUAGE OF THE QUESTIONNAIRE.</i>	ARABIC ..... 1 KURDISH (SORANI) ..... 2  KURDISH (BADINI) ..... 3	
<b>WM13.</b> <i>LANGUAGE OF THE INTERVIEW.</i>	ARABIC ..... 1 KURDISH (SORANI) ..... 2 KURDISH (BADINI) ..... 3 TURKMAN ..... 4 ASSERIAN ..... 5  OTHER LANGUAGE (specify)..... 6	
<b>WM14.</b> <i>NATIVE LANGUAGE OF THE RESPONDENT.</i>	ARABIC ..... 1 KURDISH (SORANI) ..... 2 KURDISH (BADINI) ..... 3 TURKMAN ..... 4 ASSERIAN ..... 5  OTHER LANGUAGE (specify)..... 6	
<b>WM15.</b> <i>WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?</i>	YES, THE ENTIRE QUESTIONNAIRE ..... 1 YES, PARTS OF THE QUESTIONNAIRE..... 2 NO, NOT USED ..... 3	

**WM16.** Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

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

☐ Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

☐ No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?

☐ Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

*Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?*

☐ Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.

☐ No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

☐ No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

<b>INTERVIEWER'S OBSERVATIONS</b>

<b>SUPERVISOR'S OBSERVATIONS</b>

#### 4. QUESTIONNAIRE FOR CHILDREN UNDER FIVE



### QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Iraq, 2018



UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: ____ / ____ / <u>2 0 1 8</u>	UF8. Record the time:	HOUR : S MINUTE S ____ : ____

<p>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:            If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90).            If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.</p>		
<p>UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<p>YES, INTERVIEWED ALREADY .....1            NO, FIRST INTERVIEW .....2</p>	<p>1 ⇨ UF10 B            2 ⇨ UF10 A</p>
<p>UF10A. HELLO, MY NAME IS (<i>YOUR NAME</i>). WE ARE FROM <b>CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH</b>. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>CHILD'S NAME FROM UF3</i>)'S HEALTH AND WELL-BEING. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU WISH NOT TO ANSWER A QUESTION OR WISH TO STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?</p>	<p>UF10B. NOW I WOULD LIKE TO TALK TO YOU ABOUT (<i>CHILD'S NAME FROM UF3</i>)'S HEALTH AND WELL-BEING IN MORE DETAIL. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU WISH NOT TO ANSWER A QUESTION OR WISH TO STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?</p>	
<p>YES..... 1            No / NOT ASKED..... 2</p>	<p>1 ⇨ UNDER FIVE'S BACKGROUND MODULE            2 ⇨ UF17</p>	

<p><b>UF17. Result of interview for children under 5</b></p> <p>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</p>	<p>COMPLETED .....01</p> <p>NOT AT HOME .....02</p> <p>REFUSED.....03</p> <p>PARTLY COMPLETED .....04</p> <p>INCAPACITATED (specify) ..... 05</p> <p>NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 .....06</p> <p>OTHER (specify) ..... 96</p>
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UNDER-FIVE'S BACKGROUND		UB
<p><b>UB0. BEFORE I BEGIN THE INTERVIEW, COULD YOU PLEASE BRING (NAME)'S BIRTH CERTIFICATE, NATIONAL CHILD IMMUNISATION RECORD, AND ANY IMMUNISATION RECORD FROM A PRIVATE HEALTH PROVIDER? WE WILL NEED TO REFER TO THOSE DOCUMENTS.</b></p>		
<p><b>UB1. ON WHAT DAY, MONTH AND YEAR WAS (NAME) BORN?</b></p> <p><i>PROBE:</i> WHAT IS (HIS/HER) BIRTHDAY?</p> <p>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</p> <p>Month and year <u>must</u> be recorded.</p>	<p>DATE OF BIRTH</p> <p>DAY ..... _ _</p> <p>DK DAY ..... 98</p> <p>MONTH ..... _ _</p> <p>YEAR ..... <u>2</u> <u>0</u> <u>1</u> _</p>	
<p><b>UB2. HOW OLD IS (NAME)?</b></p> <p><i>PROBE:</i> HOW OLD WAS (NAME) AT (HIS/HER) LAST BIRTHDAY?</p> <p>Record age in completed years. Record '0' if less than 1 year. If responses to UB1 and UB2 are inconsistent, probe further and correct.</p>	<p>AGE (IN COMPLETED YEARS) ..... _</p>	
<p><b>UB3. Check UB2: Child's age?</b></p>	<p>AGE 0, 1, OR 2 ..... 1</p> <p>AGE 3 OR 4 ..... 2</p>	<p>1 ⇨ UB9</p>
<p><b>UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</b></p>	<p>RESPONDENT IS THE SAME, UF4=HH47 .... 1</p> <p>RESPONDENT IS NOT THE SAME, UF4≠HH47 ..... 2</p>	<p>2 ⇨ UB6</p>



<b>UB5.</b> Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current academic year 2017-18?	YES, ED10=0 ..... 1 NO, ED10≠0 OR BLANK..... 2	1 ⇨ UB8B 2 ⇨ UB9
<b>UB6.</b> HAS (NAME) EVER ATTENDED ANY EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS CHILD DEVELOPMENT PROGRAMME EARLY CHILD DEVELOPMENT & KINDERGARTEN.	YES ..... 1 NO ..... 2	2 ⇨ UB9
<b>UB7.</b> AT ANY TIME SINCE OCTOBER 2017, DID (HE/SHE) ATTEND (PROGRAMMES MENTIONED IN UB6)?	YES ..... 1 NO ..... 2	1 ⇨ UB8A 2 ⇨ UB9
<b>UB8A.</b> DOES (HE/SHE) CURRENTLY ATTEND (PROGRAMMES MENTIONED IN UB6)?  <b>UB8B.</b> YOU HAVE MENTIONED THAT (NAME) HAS ATTENDED AN EARLY CHILDHOOD EDUCATION PROGRAMME THIS SCHOOL YEAR. DOES (HE/SHE) CURRENTLY ATTEND THIS PROGRAMME?	YES ..... 1 NO ..... 2	
<b>UB9.</b> IS (NAME) COVERED BY ANY HEALTH INSURANCE EXCEPT THE PUBLIC HEALTH SERVICES?	YES ..... 1 NO ..... 2	2 ⇨ NEXT MODULE
<b>UB10.</b> WHAT TYPE OF HEALTH INSURANCE IS (NAME) COVERED BY?  <i>Record all mentioned.</i>	MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER..... B SOCIAL SECURITY ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D  OTHER (specify) _____ X	

BIRTH REGISTRATION	BR
<b>BR1.</b> DOES (NAME) HAVE A BIRTH CERTIFICATE?  <i>If YES, ASK:</i> MAY I SEE IT?	YES, SEEN ..... 1 YES, NOT SEEN ..... 2 NO ..... 3 DK ..... 8 1 ⇨ NEXT MODULE 2 ⇨ NEXT MODULE
<b>BR2.</b> HAS (NAME)'S BIRTH BEEN REGISTERED WITH THE CIVIL REGISTRATION OFFICE FOR REGISTERING BIRTHS AND DEATHS?	YES ..... 1 NO ..... 2 DK ..... 8 1 ⇨ NEXT MODULE
<b>BR3.</b> DO YOU KNOW HOW TO REGISTER (NAME)'S BIRTH?	YES ..... 1 NO ..... 2

CHILD DISCIPLINE		UCD
<b>UCD1. CHECK UB2: CHILD'S AGE?</b>	AGE 0 ..... 1 AGE 1, 2, 3 OR 4..... 2	1 ⇨ NEXT MODULE
<b>UCD2.</b> Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <b>(name)</b> in the <u>past month</u> .  [A] Took away privileges, forbade something <b>(name)</b> liked or did not allow (him/her) to leave the house.  [B] Explained why <b>(name)</b> 's behavior was wrong.  [C] Shook (him/her).  [D] Shouted, yelled at or screamed at (him/her).  [E] Gave (him/her) something else to do.  [F] Spanked, hit or slapped (him/her) on the bottom with bare hand.  [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.  [H] Called (him/her) dumb, lazy or another name like that.  [I] Hit or slapped (him/her) on the face, head or ears.  [J] Hit or slapped (him/her) on the hand, arm, or leg.  [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	<div style="text-align: right;">YES NO</div> TOOK AWAY PRIVILEGES..... 1 2  EXPLAINED WRONG BEHAVIOR ..... 1 2  SHOOK HIM/HER ..... 1 2  SHOUTED, YELLED, SCREAMED ..... 1 2  GAVE SOMETHING ELSE TO DO ..... 1 2  SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND ..... 1 2  HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT ..... 1 2  CALLED DUMB, LAZY OR ANOTHER NAME ..... 1 2  HIT / SLAPPED ON THE FACE, HEAD OR EARS ..... 1 2  HIT / SLAPPED ON HAND, ARM OR LEG ..... 1 2  BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD..... 1 2	
<b>UCD3. CHECK UF4: IS THIS RESPONDENT THE MOTHER OR CARETAKER OF ANY OTHER CHILDREN UNDER AGE 5 OR A CHILD AGE 5-14 SELECTED FOR THE QUESTIONNAIRE FOR CHILDREN AGE 5-17?</b>	YES..... 1 NO..... 2	2 ⇨ UCD5

CHILD FUNCTIONING		FCF
<b>FCF1.</b> I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES ( <i>NAME</i> ) MAY HAVE.  DOES ( <i>NAME</i> ) WEAR GLASSES OR CONTACT LENSES (MEDICAL)?	YES ..... 1 NO ..... 2	
<b>FCF2.</b> DOES ( <i>NAME</i> ) USE A HEARING AID?	YES ..... 1 NO ..... 2	
<b>FCF3.</b> DOES ( <i>NAME</i> ) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	YES ..... 1 NO ..... 2	
<b>FCF4.</b> IN THE FOLLOWING QUESTIONS, I WILL ASK YOU TO ANSWER BY SELECTING ONE OF FOUR POSSIBLE ANSWERS. FOR EACH QUESTION, WOULD YOU SAY THAT ( <i>NAME</i> ) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL.  <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> REMEMBER THE FOUR POSSIBLE ANSWERS: WOULD YOU SAY THAT ( <i>NAME</i> ) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL?		
<b>FCF5.</b> Check FCF1: Child wears glasses or contact lenses (medical)?	YES, FCF1=1 ..... 1 NO, FCF1=2 ..... 2	1⇒FCF6A 2⇒FCF6B
<b>FCF6A.</b> WHEN WEARING (HIS/HER) GLASSES OR CONTACT LENSES (MEDICAL), DOES ( <i>NAME</i> ) HAVE DIFFICULTY SEEING?  <b>FCF6B.</b> DOES ( <i>NAME</i> ) HAVE DIFFICULTY SEEING?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT SEE AT ALL ..... 4	
<b>FCF7.</b> Check FCF2: Child uses a hearing aid?	YES, FCF2=1 ..... 1 NO, FCF2=2 ..... 2	1⇒FCF8A 2⇒FCF8B
<b>FCF8A.</b> WHEN USING (HIS/HER) HEARING AID(S), DOES ( <i>NAME</i> ) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?  <b>FCF8B.</b> DOES ( <i>NAME</i> ) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT HEAR AT ALL ..... 4	

<b>FCF9.</b> Check FCF3: Child uses equipment or receives assistance for walking?	YES, FCF3=1 ..... 1 NO, FCF3=2..... 2	2⇒FCF14
<b>FCF10.</b> WITHOUT (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING 100 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.  <i>NOTE THAT CATEGORY 'NO DIFFICULTY' IS NOT AVAILABLE, AS THE CHILD USES EQUIPMENT OR RECEIVES ASSISTANCE FOR WALKING.</i>	SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 100 M/Y AT ALL ..... 4	3⇒FCF12 4⇒FCF12
<b>FCF11.</b> WITHOUT (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING 500 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.  <i>NOTE THAT CATEGORY 'NO DIFFICULTY' IS NOT AVAILABLE, AS THE CHILD USES EQUIPMENT OR RECEIVES ASSISTANCE FOR WALKING.</i>	SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 500 M/Y AT ALL ..... 4	
<b>FCF12.</b> WITH (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING 100 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 100 M/Y AT ALL ..... 4	3⇒FCF16 4⇒FCF16
<b>FCF13.</b> WITH (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING 500 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 500 M/Y AT ALL ..... 4	1⇒FCF16
<b>FCF14.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (NAME) HAVE DIFFICULTY WALKING 100 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 100 M/Y AT ALL ..... 4	3⇒FCF16 4⇒FCF16

<b>FCF15.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES ( <i>NAME</i> ) HAVE DIFFICULTY WALKING 500 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 500 M/Y AT ALL ..... 4	
<b>FCF16.</b> DOES ( <i>NAME</i> ) HAVE DIFFICULTY WITH SELF-CARE SUCH AS FEEDING OR DRESSING (HIMSELF/HERSELF)?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT CARE FOR SELF AT ALL ..... 4	
<b>FCF17.</b> WHEN ( <i>NAME</i> ) SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE INSIDE OF THIS HOUSEHOLD?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT BE UNDERSTOOD AT ALL ..... 4	
<b>FCF18.</b> WHEN ( <i>NAME</i> ) SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE OUTSIDE OF THIS HOUSEHOLD?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT BE UNDERSTOOD AT ALL ..... 4	
<b>FCF19.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES ( <i>NAME</i> ) HAVE DIFFICULTY LEARNING THINGS?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT LEARN THINGS AT ALL..... 4	
<b>FCF20.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES ( <i>NAME</i> ) HAVE DIFFICULTY REMEMBERING THINGS?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT REMEMBER THINGS AT ALL..... 4	
<b>FCF21.</b> DOES ( <i>NAME</i> ) HAVE DIFFICULTY CONCENTRATING ON AN ACTIVITY THAT (HE/SHE) ENJOYS DOING?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT CONCENTRATE AT ALL ..... 4	
<b>FCF22.</b> DOES ( <i>NAME</i> ) HAVE DIFFICULTY ACCEPTING CHANGES IN (HIS/HER) ROUTINE?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT ACCEPT CHANGES AT ALL ..... 4	
<b>FCF23.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES ( <i>NAME</i> ) HAVE DIFFICULTY CONTROLLING (HIS/HER) BEHAVIOUR?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT CONTROL BEHAVIOUR AT ALL . 4	
<b>FCF24.</b> DOES ( <i>NAME</i> ) HAVE DIFFICULTY MAKING FRIENDS?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT MAKE FRIENDS AT ALL ..... 4	

<p><b>FCF25.</b> THE NEXT QUESTIONS HAVE DIFFERENT OPTIONS FOR ANSWERS. I AM GOING TO READ THESE TO YOU AFTER EACH QUESTION.</p> <p>I WOULD LIKE TO KNOW HOW OFTEN (<i>NAME</i>) SEEMS VERY ANXIOUS, NERVOUS OR WORRIED.</p> <p>WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?</p>	<p>DAILY..... 1</p> <p>WEEKLY ..... 2</p> <p>MONTHLY ..... 3</p> <p>A FEW TIMES A YEAR ..... 4</p> <p>NEVER..... 5</p>	
<p><b>FCF26.</b> I WOULD ALSO LIKE TO KNOW HOW OFTEN (<i>NAME</i>) SEEMS VERY SAD OR DEPRESSED.</p> <p>WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?</p>	<p>DAILY..... 1</p> <p>WEEKLY ..... 2</p> <p>MONTHLY ..... 3</p> <p>A FEW TIMES A YEAR ..... 4</p> <p>NEVER..... 5</p>	

PARENTAL INVOLVEMENT		PR
<p><b>PR1.</b> Check CB3: Child's age?</p>	<p>AGE 5-6 YEARS ..... 1</p> <p>AGE 7-14 YEARS ..... 2</p> <p>AGE 15-17 YEARS ..... 3</p>	<p>1 ⇒ FS11</p> <p>3 ⇒ FS11</p>
<p><b>PR3.</b> Excluding school text books and holy books, how many books do you have for (<i>name</i>) to read at home?</p> <p>Check any type of holy books like Quran, Bible, etc.</p>	<p>NONE ..... 00</p> <p>NUMBER OF BOOKS..... <u>0</u> ____</p> <p>TEN OR MORE BOOKS..... 10</p>	
<p><b>PR4.</b> Check CB7 and ED9 in HH Questionnaire: Did the child attend any school?</p>	<p>YES, CB7/ED9=1 ..... 1</p> <p>NO, CB7/ED9=2 OR BLANK ..... 2</p>	<p>2 ⇒ FS11</p>
<p><b>PR5.</b> Does (<i>name</i>) ever have homework?</p>	<p>YES ..... 1</p> <p>NO..... 2</p> <p>DK ..... 8</p>	<p>2 ⇒ PR7</p> <p>8 ⇒ PR7</p>
<p><b>PR6.</b> DOES ANYONE HELP (<i>NAME</i>) WITH HOMEWORK?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	

<b>PR7.</b> DOES ( <i>NAME</i> )’S SCHOOL HAVE A SCHOOL GOVERNING BODY IN WHICH PARENTS CAN PARTICIPATE (SUCH AS PARENT TEACHER ASSOCIATION OR SCHOOL MANAGEMENT COMMITTEE / PARENTS ASSOCIATION)?	YES ..... 1 NO ..... 2  DK ..... 8	 2⇒PR10 8⇒PR10
<b>PR8.</b> In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body?	YES ..... 1 NO ..... 2  DK ..... 8	 2⇒PR10 8⇒PR10
<b>PR9.</b> During any of these meetings, was any of the following discussed:  [A] A plan for addressing key education issues faced by ( <i>name</i> )’s school?  [B] School budget or use of funds received by ( <i>name</i> )’s school?	<div style="text-align: right;">YES NO DK</div> PLAN FOR ADDRESSING SCHOOL’S ISSUES ..... 1    2    8  SCHOOL BUDGET ..... 1    2    8	
<b>PR10.</b> IN THE LAST 12 MONTHS, HAVE YOU OR ANY OTHER ADULT FROM YOUR HOUSEHOLD RECEIVED A SCHOOL OR STUDENT REPORT CARD (MARK SHEET) FOR ( <i>NAME</i> )?	YES ..... 1 NO ..... 2  DK ..... 8	
<b>PR11.</b> IN THE LAST 12 MONTHS, HAVE YOU OR ANY ADULT FROM YOUR HOUSEHOLD GONE TO ( <i>NAME</i> )’S SCHOOL FOR ANY OF THE FOLLOWING REASONS?  [A] A SCHOOL CELEBRATION OR A SPORT EVENT?  [B] TO DISCUSS ( <i>NAME</i> )’S PROGRESS WITH (HIS/HER) TEACHERS?	<div style="text-align: right;">YES NO DK</div> CELEBRATION OR SPORT EVENT ..... 1    2    8  TO DISCUSS PROGRESS WITH TEACHERS ..... 1    2    8	

<p><b>PR12.</b> In the last 12 months, has <i>(name)</i>'s school been closed on a school day due to any of the following reasons:</p> <p>[A] NATURAL DISASTERS, SUCH AS FLOOD, CYCLONE, EPIDEMICS OR SIMILAR?</p> <p>[B] MAN-MADE DISASTERS, SUCH AS FIRE, BUILDING COLLAPSE, RIOTS OR SIMILAR?</p> <p>[C] TEACHER STRIKE?</p> <p>[X] OTHER?</p>	<p style="text-align: right;">YES NO DK</p> <p>NATURAL DISASTERS..... 1 2 8</p> <p>MAN-MADE DISASTERS ..... 1 2 8</p> <p>TEACHER STRIKE ..... 1 2 8</p> <p>OTHER (SPECIFY)_____ 1 2 8</p>	
<p><b>PR13.</b> IN THE LAST 12 MONTHS, WAS <i>(NAME)</i> UNABLE TO ATTEND CLASS DUE TO (HIS/HER) TEACHER BEING ABSENT?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	
<p><b>PR14.</b> Check PR12[C] and PR13: Any 'Yes' recorded?</p>	<p>YES, PR12[C]=1 OR PR13=1 ..... 1</p> <p>NO ..... 2</p>	<p>2 ⇒ Next Module</p>
<p><b>PR15.</b> WHEN <i>(TEACHER STRIKE / TEACHER ABSENCE)</i> HAPPENED DID YOU OR ANY OTHER ADULT MEMBER OF YOUR HOUSEHOLD CONTACT ANY SCHOOL OFFICIALS OR SCHOOL GOVERNING BODY REPRESENTATIVES?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ..... 8</p>	

<p><b>FS11.</b> RECORD THE TIME.</p>	<p>HOURS AND MINUTES ..... : ..</p>	
<p><b>FS12.</b> LANGUAGE OF THE QUESTIONNAIRE.</p>	<p>ARABIC.....1</p> <p>KURDISH (SORANI).....2</p> <p>KURDISH (BADINI).....3</p>	
<p><b>FS13.</b> LANGUAGE OF THE INTERVIEW.</p>	<p>ARABIC.....1</p> <p>KURDISH (SORANI).....2</p> <p>KURDISH (BADINI).....3</p> <p>TURKMAN .....4</p> <p>ASSERIAN .....5</p> <p style="text-align: right;">OTHER LANGUAGE</p> <p>(specify) .....6</p>	



<b>FS14. NATIVE LANGUAGE OF THE RESPONDENT.</b>	ARABIC.....1 KURDISH (SORANI).....2 KURDISH (BADINI).....3 TURKMAN.....4 ASSERIAN .....5  OTHER LANGUAGE <i>(specify)</i> .....6	
<b>FS15. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?</b>	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE .....2 NO, NOT USED.....3	
<p><b>FS16. Thank the respondent and the child for her/his cooperation.</b></p> <p><i>Proceed to complete the result in FS17 in the 5-17 CHILD INFORMATION PANEL and then go to the HOUSEHOLD QUESTIONNAIRE and complete HH56.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>		

<b>INTERVIEWER'S OBSERVATIONS</b>

<b>SUPERVISOR'S OBSERVATIONS</b>

# 5. QUESTIONNAIRE FOR CHILDREN AGE 5-17



## QUESTIONNAIRE FOR CHILDREN AGE 5-17 Iraq, 2018



5-17 CHILD INFORMATION PANEL		FS
<b>FS1.</b> Cluster number: _____	<b>FS2.</b> Household number: _____	
<b>FS3.</b> Child's name and line number: NAME _____	<b>FS4.</b> Mother's / Caretaker's name and line number: NAME _____	
<b>FS5.</b> Interviewer's name and number: NAME _____	<b>FS6.</b> Supervisor's name and number: NAME _____	
<b>FS7.</b> Day / Month / Year of interview: ____ / ____ / 2 0 1 8	<b>FS8.</b> Record the time:	HOURS : MINUTES ____ : ____

CHECK RESPONDENT'S AGE IN HL6 IN LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

IF AGE 15-17, VERIFY THAT ADULT CONSENT FOR INTERVIEW IS OBTAINED (HH33 OR HH39) OR NOT NECESSARY (HL20=90). IF CONSENT IS NEEDED AND NOT OBTAINED, THE INTERVIEW MUST NOT COMMENCE AND '06' SHOULD BE RECORDED IN FS17. THE RESPONDENT MUST BE AT LEAST 15 YEARS OLD. IN THE VERY FEW CASES WHERE A CHILD AGE 15-17 HAS NO MOTHER OR CARETAKER IDENTIFIED IN THE HOUSEHOLD (HL20=90), THE RESPONDENT WILL BE THE CHILD HIM/HERSELF.

<b>FS9.</b> Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY .....1 NO, FIRST INTERVIEW .....2	1 ⇒ FS10B 2 ⇒ FS10A
<b>FS10A.</b> HELLO, MY NAME IS ( <i>YOUR NAME</i> ). WE ARE FROM <i>CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH</i> . WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT ( <i>CHILD'S NAME FROM FS3</i> )'S HEALTH AND WELL-BEING. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU WISH NOT TO ANSWER A QUESTION OR WISH TO STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?	<b>FS10B.</b> NOW I WOULD LIKE TO TALK TO YOU ABOUT ( <i>CHILD'S NAME FROM FS3</i> )'S HEALTH AND WELL-BEING IN MORE DETAIL. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU WISH NOT TO ANSWER A QUESTION OR WISH TO STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?	
YES..... 1 No / NOT ASKED ..... 2	1 ⇒ CHILD'S BACKGROUND MODULE 2 ⇒ FS17	

<b>FS17. Result of interview for child age 5-17 years</b>  <i>CODES REFER TO THE RESPONDENT.</i>  <i>DISCUSS ANY RESULT NOT COMPLETED WITH SUPERVISOR.</i>	COMPLETED .....	01
	NOT AT HOME .....	02
	REFUSED .....	03
	PARTLY COMPLETED .....	04
	INCAPACITATED (specify) .....	05
	NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 .....	06
	OTHER (specify) .....	96

CHILD'S BACKGROUND		CB
<b>CB1. Check the respondent's line number (FS4) in 5-17 CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</b>	FS4=HH47 ..... 1 FS4≠HH47 ..... 2	1 ⇒ CB11
<b>CB2. In what month and year was (name) born?</b>  <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH MONTH..... __ __  YEAR ..... __ __ __ __	
<b>CB3. How old is (name)?</b>  <i>Probe:</i> How old was (name) at (his/her) last birthday?  <i>Record age in completed years.</i>  <i>If responses to CB2 and CB3 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) ..... __ __	
<b>CB4. HAS (NAME) EVER ATTENDED SCHOOL OR ANY EARLY CHILDHOOD EDUCATION (KINDERGARTEN) PROGRAMME?</b>	YES..... 1 NO ..... 2	2 ⇒ CB11
<b>CB5. WHAT IS THE HIGHEST LEVEL AND GRADE OR YEAR OF SCHOOL (NAME) HAS EVER ATTENDED?</b>	KINDERGARTEN ..... 0 __ __ PRIMARY ..... 1 __ __ INTERMEDIATE..... 2 __ __ DIPLOMA (5 YRS. AFTER INTERMEDIATE) ..... 3 __ __ SECONDARY ..... 4 __ __ DIPLOMA ..... 5 __ __ BACHELORS DEGREE ..... 6 __ __	
<b>CB6. DID (HE/SHE) EVER COMPLETE THAT (GRADE/YEAR)?</b>	YES..... 1 NO ..... 2	

<b>CB7.</b> AT ANY TIME DURING THE CURRENT SCHOOL YEAR (2017-18) DID ( <i>NAME</i> ) ATTEND SCHOOL OR ANY EARLY CHILDHOOD EDUCATION PROGRAMME (KINDERGARTEN)?	YES..... 1 NO ..... 2	2⇒CB9
<b>CB8.</b> DURING THIS CURRENT SCHOOL YEAR (2017-18), WHICH LEVEL AND GRADE OR YEAR IS ( <i>NAME</i> ) <u>ATTENDING</u> ?	KINDERGARTEN ..... 0 ____ PRIMARY ..... 1 ____ INTERMEDIATE..... 2 ____ DIPLOMA (5 YRS. AFTER INTERMEDIATE) ..... 3 ____ SECONDARY ..... 4 ____ DIPLOMA ..... 5 ____ BACHELORS DEGREE ..... 6 ____	
<b>CB9.</b> AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR (2016-17) DID ( <i>NAME</i> ) ATTEND SCHOOL OR ANY EARLY CHILDHOOD EDUCATION PROGRAMME?	YES..... 1 NO ..... 2	2⇒CB11
<b>CB10.</b> DURING THAT PREVIOUS SCHOOL YEAR (2016-17), WHICH LEVEL AND GRADE OR YEAR DID ( <i>NAME</i> ) <u>ATTEND</u> ?	KINDERGARTEN ..... 0 ____ PRIMARY ..... 1 ____ INTERMEDIATE..... 2 ____ DIPLOMA (5 YRS. AFTER INTERMEDIATE) ..... 3 ____ SECONDARY ..... 4 ____ DIPLOMA ..... 5 ____ BACHELORS DEGREE ..... 6 ____	
<b>CB11.</b> IS ( <i>NAME</i> ) COVERED BY ANY HEALTH INSURANCE?	YES..... 1 NO ..... 2	2⇒NEXT MODULE
<b>CB12.</b> WHAT TYPE OF HEALTH INSURANCE IS ( <i>NAME</i> ) COVERED BY?  <i>Record all mentioned.</i>	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE..... A HEALTH INSURANCE THROUGH EMPLOYER.....B SOCIAL SECURITY .....C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D  OTHER ( <i>specify</i> ) _____ X	

CHILD LABOUR		CL
<p><b>CL1.</b> Now I would like to ask about any work (<i>name</i>) may do.</p> <p>Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following activities, even for only one hour?</p> <p>[A] Did (<i>name</i>) do any work or help on (his/her) own or the household's plot, farm, food garden or looked after animals? For example, growing farm produce, harvesting, or feeding, grazing or milking animals?</p> <p>[B] Did (<i>name</i>) help in a family business or a relative's business with or without pay, or run (his/her) own business?</p> <p>[C] Did (<i>name</i>) produce or sell articles, handicrafts, clothes, food or agricultural products?</p> <p>[X] Since last (<i>day of the week</i>), did (<i>name</i>) engage in any <u>other</u> activity in return for income in cash or in kind, even for only one hour?</p>	<p style="text-align: right;">YES NO</p> <p>WORKED ON PLOT, FARM, FOOD GARDEN, LOOKED AFTER ANIMALS ..... 1 2</p> <p>HELPED IN FAMILY / RELATIVE'S BUSINESS / RAN OWN BUSINESS ..... 1 2</p> <p>PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS ..... 1 2</p> <p>ANY OTHER ACTIVITY (SPECIFY) _____ 1 2</p>	
<p><b>CL2.</b> Check CL1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' ..... 1</p> <p>ALL ANSWERS ARE 'NO' ..... 2</p>	<p>2 ⇒ CL7</p>
<p><b>CL3.</b> Since last (<i>day of the week</i>) about how many hours did (<i>name</i>) engage in (this activity/these activities), in total?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS ..... _ _</p>	
<p><b>CL4.</b> (Does the activity/Do these activities) require carrying heavy loads?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>CL5.</b> (Does the activity/Do these activities) require working with dangerous tools such as knives and similar or operating heavy machinery?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

CHILD FUNCTIONING		FCF
<p><b>FCF1.</b> I would like to ask you some questions about difficulties <i>(NAME)</i> may have.</p> <p><b>[A]</b> Shopping for the household?</p> <p>Does <i>(NAME)</i> wear glasses or contact lenses (medical)?</p> <p><b>[B]</b> Cooking?</p>	<p>YES NO</p> <p>SHOPPING FOR HOUSEHOLD ..... 1 2</p> <p>YES ..... 1 2</p> <p>COOKING ..... 1 2</p> <p>NO ..... 1 2</p> <p>WASHING DISHES /</p>	
<p><b>FCF2.</b> Does <i>(NAME)</i> use a hearing aid?</p>	<p>YES ..... 1 2</p> <p>NO ..... 2</p>	
<p><b>FCF3.</b> Does <i>(NAME)</i> use any equipment or receive assistance for walking?</p> <p><b>[D]</b> Washing clothes?</p>	<p>YES ..... 1 2</p> <p>NO ..... 2</p> <p>WASHING CLOTHES ..... 1 2</p>	
<p><b>FCF4.</b> In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that <i>(NAME)</i> has: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT</p> <p><b>[E]</b> Caring for children?</p> <p><b>[F]</b> Caring for someone old or sick?</p> <p><b>[X]</b> Other household tasks?</p>	<p>CARING FOR CHILDREN ..... 1 2</p> <p>CARING FOR OLD / SICK ..... 1 2</p> <p>OTHER HOUSEHOLD TASKS (SPECIFY) ..... 1 2</p>	
<p><b>CL12.</b> Check <b>CL11</b>. <b>[A]</b> <b>[X]</b>: (HE/SHE) CANNOT AT ALL.</p> <p>Repeat the categories during the individual questions whenever the respondent does not use an answer</p>	<p>AT LEAST ONE 'YES' ..... 1</p> <p>ALL ANSWERS ARE 'NO' ..... 2</p>	2 ⇒ Next Module
<p><b>CL13.</b> Since last (<i>day of the week</i>), about how many hours did <i>(NAME)</i> engage in (this activity/these activities) in total? <i>(NAME)</i> HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL? use, since last (<i>day of the week</i>)?</p>	<p>NUMBER OF HOURS.....</p>	
<p><b>FCF5.</b> Check <b>FCF1</b>: Child wears glasses or contact lenses (medical)?</p>	<p>YES, FCF1=1 ..... 1</p> <p>NO, FCF1=2 ..... 2</p>	1 ⇒ <b>FCF6A</b> 2 ⇒ <b>FCF6B</b>
<p><b>FCF6A.</b> Since last (<i>day of the week</i>), did <i>(NAME)</i> collect firewood for household use? Does <i>(NAME)</i> have difficulty seeing?</p>	<p>YES ..... 1</p> <p>NO DIFFICULTY ..... 2</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT SEE AT ALL ..... 4</p>	2 ⇒ <b>CL11</b>
<p><b>CL10.</b> In total, how many hours did <i>(NAME)</i> spend on collecting firewood for household use, since last (<i>day of the week</i>)?</p>	<p>NUMBER OF HOURS.....</p>	
<p><b>FCF7.</b> Check <b>FCF2</b>: Child uses a hearing aid?</p>	<p>YES, FCF2=1 ..... 1</p> <p>NO, FCF2=2 ..... 2</p>	1 ⇒ <b>FCF8A</b> 2 ⇒ <b>FCF8B</b>
<p><b>FCF8A.</b> WHEN USING (HIS/HER) HEARING AID(S), DOES <i>(NAME)</i> HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?</p> <p><b>FCF8B.</b> DOES <i>(NAME)</i> HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT HEAR AT ALL ..... 4</p>	

<b>FCF9.</b> Check FCF3: Child uses equipment or receives assistance for walking?	YES, FCF3=1 ..... 1 NO, FCF3=2..... 2	2⇒FCF14
<b>FCF10.</b> WITHOUT (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING 100 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.  <i>NOTE THAT CATEGORY 'NO DIFFICULTY' IS NOT AVAILABLE, AS THE CHILD USES EQUIPMENT OR RECEIVES ASSISTANCE FOR WALKING.</i>	SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 100 M/Y AT ALL..... 4	3⇒FCF12 4⇒FCF12
<b>FCF11.</b> WITHOUT (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING 500 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.  <i>NOTE THAT CATEGORY 'NO DIFFICULTY' IS NOT AVAILABLE, AS THE CHILD USES EQUIPMENT OR RECEIVES ASSISTANCE FOR WALKING.</i>	SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 500 M/Y AT ALL..... 4	
<b>FCF12.</b> WITH (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING 100 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.	NO DIFFICULTY ..... 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 100 M/Y AT ALL..... 4	3⇒FCF16 4⇒FCF16
<b>FCF13.</b> WITH (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) HAVE DIFFICULTY WALKING 500 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.	NO DIFFICULTY ..... 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 500 M/Y AT ALL..... 4	1⇒FCF16
<b>FCF14.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (NAME) HAVE DIFFICULTY WALKING 100 METERS/YARDS ON LEVEL GROUND?  <i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD.	NO DIFFICULTY ..... 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK 100 M/Y AT ALL..... 4	3⇒FCF16 4⇒FCF16



<p><b>FCF15.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>NAME</i>) HAVE DIFFICULTY WALKING 500 METERS/YARDS ON LEVEL GROUND?</p> <p><i>PROBE:</i> THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS.</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT WALK 500 M/Y AT ALL ..... 4</p>	
<p><b>FCF16.</b> DOES (<i>NAME</i>) HAVE DIFFICULTY WITH SELF-CARE SUCH AS FEEDING OR DRESSING (HIMSELF/HERSELF)?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT CARE FOR SELF AT ALL ..... 4</p>	
<p><b>FCF17.</b> WHEN (<i>NAME</i>) SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE INSIDE OF THIS HOUSEHOLD?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT BE UNDERSTOOD AT ALL ..... 4</p>	
<p><b>FCF18.</b> WHEN (<i>NAME</i>) SPEAKS, DOES (HE/SHE) HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE OUTSIDE OF THIS HOUSEHOLD?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT BE UNDERSTOOD AT ALL ..... 4</p>	
<p><b>FCF19.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>NAME</i>) HAVE DIFFICULTY LEARNING THINGS?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT LEARN THINGS AT ALL ..... 4</p>	
<p><b>FCF20.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>NAME</i>) HAVE DIFFICULTY REMEMBERING THINGS?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT REMEMBER THINGS AT ALL ..... 4</p>	
<p><b>FCF21.</b> DOES (<i>NAME</i>) HAVE DIFFICULTY CONCENTRATING ON AN ACTIVITY THAT (HE/SHE) ENJOYS DOING?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT CONCENTRATE AT ALL ..... 4</p>	
<p><b>FCF22.</b> DOES (<i>NAME</i>) HAVE DIFFICULTY ACCEPTING CHANGES IN (HIS/HER) ROUTINE?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT ACCEPT CHANGES AT ALL ..... 4</p>	
<p><b>FCF23.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>NAME</i>) HAVE DIFFICULTY CONTROLLING (HIS/HER) BEHAVIOUR?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT CONTROL BEHAVIOUR AT ALL ..... 4</p>	
<p><b>FCF24.</b> DOES (<i>NAME</i>) HAVE DIFFICULTY MAKING FRIENDS?</p>	<p>NO DIFFICULTY ..... 1</p> <p>SOME DIFFICULTY ..... 2</p> <p>A LOT OF DIFFICULTY ..... 3</p> <p>CANNOT MAKE FRIENDS AT ALL ..... 4</p>	

<p><b>FCF25.</b> THE NEXT QUESTIONS HAVE DIFFERENT OPTIONS FOR ANSWERS. I AM GOING TO READ THESE TO YOU AFTER EACH QUESTION.</p> <p>I WOULD LIKE TO KNOW HOW OFTEN (<i>NAME</i>) SEEMS VERY ANXIOUS, NERVOUS OR WORRIED.</p> <p>WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?</p>	<p>DAILY ..... 1</p> <p>WEEKLY ..... 2</p> <p>MONTHLY ..... 3</p> <p>A FEW TIMES A YEAR ..... 4</p> <p>NEVER..... 5</p>	
<p><b>FCF26.</b> I WOULD ALSO LIKE TO KNOW HOW OFTEN (<i>NAME</i>) SEEMS VERY SAD OR DEPRESSED.</p> <p>WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?</p>	<p>DAILY ..... 1</p> <p>WEEKLY ..... 2</p> <p>MONTHLY ..... 3</p> <p>A FEW TIMES A YEAR ..... 4</p> <p>NEVER..... 5</p>	

PARENTAL INVOLVEMENT		PR
<b>PR1.</b> Check CB3: Child's age?	AGE 5-6 YEARS.....1 AGE 7-14 YEARS.....2 AGE 15-17 YEARS.....3	1 ⇨ FS11 3 ⇨ FS11
<b>PR3.</b> Excluding school text books and holy books, how many books do you have for (name) to read at home?  Check any type of holy books like Quran, Bible, etc.	NONE .....00 NUMBER OF BOOKS.....0 ____ TEN OR MORE BOOKS .....10	
<b>PR4.</b> Check CB7 and ED9 in HH Questionnaire: Did the child attend any school?	YES, CB7/ED9=1 .....1 NO, CB7/ED9=2 OR BLANK .....2	2 ⇨ FS11
<b>PR5.</b> Does (name) ever have homework?	YES.....1 NO .....2 DK .....8	2 ⇨ PR7 8 ⇨ PR7
<b>PR6.</b> Does anyone help (name) with homework?	YES .....1 NO .....2 DK .....8	
<b>PR7.</b> Does (name)'s school have a school governing body in which parents can participate (such as parent teacher association or school management committee / parents association)?	YES .....1 NO .....2 DK .....8	2 ⇨ PR10 8 ⇨ PR10
<b>PR8.</b> In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body?	YES.....1 NO .....2 DK .....8	2 ⇨ PR10 8 ⇨ PR10
<b>PR9.</b> During any of these meetings, was any of the following discussed:  [A] A plan for addressing key education issues faced by (name)'s school?  [B] School budget or use of funds received by (name)'s school?	<div style="text-align: right;">YES NO DK</div> PLAN FOR ADDRESSING SCHOOL'S ISSUES .....1    2    8 SCHOOL BUDGET .....1    2    8	
<b>PR10.</b> In the last 12 months, have you or any other adult from your household received a school or student report card (mark sheet) for (name)?	YES .....1 NO .....2 DK .....8	
<b>PR11.</b> In the last 12 months, have you or any adult from your household gone to (name)'s school for any of the following reasons?  [A] A school celebration or a sport event?	<div style="text-align: right;">YES NO DK</div> CELEBRATION OR SPORT EVENT .....1    2    8 TO DISCUSS PROGRESS	

[B] To discuss (name)'s progress with (his/her) teachers?	WITH TEACHERS .....1 2 8	
<b>PR12.</b> In the last 12 months, has ( <i>name</i> )'s school been closed on a school day due to any of the following reasons:  [A] Natural disasters, such as flood, cyclone, epidemics or similar?  [B] Man-made disasters, such as fire, building collapse, riots or similar?  [C] Teacher strike?  [X] Other?	YES NO DK  NATURAL DISASTERS .....1 2 8  MAN-MADE DISASTERS .....1 2 8  TEACHER STRIKE .....1 2 8  OTHER (SPECIFY) .....1 2 8	
<b>PR13.</b> In the last 12 months, was (name) unable to attend class due to (his/her) teacher being absent?	YES .....1 NO .....2  DK .....8	
<b>PR14.</b> Check PR12[C] and PR13: Any 'Yes' recorded?	YES, PR12[C]=1 OR PR13=1 .....1 NO .....2	2 ⇨ Next Module
<b>PR15.</b> When (teacher strike / teacher absence) happened did you or any other adult member of your household contact any school officials or school governing body representatives?	YES .....1 NO .....2  DK .....8	

<b>FS11. RECORD THE TIME.</b>	HOURS AND MINUTES..... __ __ : __ __	
<b>FS12. LANGUAGE OF THE QUESTIONNAIRE.</b>	ARABIC ..... 1 KURDISH (SORANI) ..... 2 KURDISH (BADINI) ..... 3	
<b>FS13. LANGUAGE OF THE INTERVIEW.</b>	ARABIC ..... 1 KURDISH (SORANI) ..... 2 KURDISH (BADINI) ..... 3 TURKMAN ..... 4 ASSERIAN ..... 5  OTHER LANGUAGE (specify) ..... 6	
<b>FS14. NATIVE LANGUAGE OF THE RESPONDENT.</b>	ARABIC ..... 1 KURDISH (SORANI) ..... 2 KURDISH (BADINI) ..... 3 TURKMAN ..... 4 ASSERIAN ..... 5  OTHER LANGUAGE (specify) ..... 6	
<b>FS15. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?</b>	YES, THE ENTIRE QUESTIONNAIRE ..... 1 YES, PARTS OF THE QUESTIONNAIRE ..... 2 NO, NOT USED ..... 3	
<b>FS16. Thank the respondent and the child for her/his cooperation.</b>  <i>Proceed to complete the result in FS17 in the 5-17 CHILD INFORMATION PANEL and then go to the HOUSEHOLD QUESTIONNAIRE and complete HH56.</i>  <i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i>		

<b>INTERVIEWER'S OBSERVATIONS</b>

<b>SUPERVISOR'S OBSERVATIONS</b>