

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

<p><i>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.</i></p>	HH11. RECORD THE TIME.
	HOURS : MINUTES : :
<p>HH12. HELLO, MY NAME IS (<i>YOUR NAME</i>). WE ARE FROM CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH. 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?</p>	
YES 1 NO / NOT ASKED 2	1 ⇨ LIST OF HOUSEHOLD MEMBERS 2 ⇨ HH46

HH46. <i>Result of Household Questionnaire interview:</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
<i>Discuss any result not completed with Supervisor.</i>	OTHER (specify) _____	96

HH47. <i>Name and line number of the respondent to Household Questionnaire interview:</i>
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	
HH48	__ __
HH49	__ __
HH51	__ __
HH52	__ __

<i>To be filled after <u>all</u> the questionnaires are completed</i>	
COMPLETED NUMBER	
HH53	__ __
HH55	__ __
HH56	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. 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 IF 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. IF MAN, AGE 15- 49 AND HHS IS YES.	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. 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'.		
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER	1 2 3 4 8 2 3 4 8 GOVERNORATE 3 IN ANOTHER HOUSEHOLD IN ANOTHER GOVERNORATE 4 INSTITUTION IN THIS COUNTRY 8 DK	Y N DK	1 YES 2 NO ∇ HL19	FATHER	1 2 3 4 8 2 3 4 8 GOVERNORATE 3 IN ANOTHER HOUSEHOLD IN ANOTHER GOVERNORATE 4 INSTITUTION IN THIS COUNTRY 8 DK		
01		0_1	1 2				01	01	01	Y	Y N DK	Y N	MOTHER	1 2 3 4 8	Y N DK	1 YES 2 NO ∇ HL19	FATHER	1 2 3 4 8		
02			1 2				02	02	02	1 2	1 2 8	1 2		1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8	
03			1 2				03	03	03	1 2	1 2 8	1 2		1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8	
04			1 2				04	04	04	1 2	1 2 8	1 2		1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8	
05			1 2				05	05	05	1 2	1 2 8	1 2		1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8	
06			1 2				06	06	06	1 2	1 2 8	1 2		1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8	
07			1 2				07	07	07	1 2	1 2 8	1 2		1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8	
08			1 2				08	08	08	1 2	1 2 8	1 2		1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8	
09			1 2				09	09	09	1 2	1 2 8	1 2		1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8	
10			1 2				10	10	10	1 2	1 2 8	1 2		1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8	

* Codes for HL3:	01 HEAD	02 SPOUSE / PARTNER	03 SON / DAUGHTER	04 SON-IN-LAW / DAUGHTER-IN-LAW	05 GRANDCHILD	06 PARENT	07 PARENT-IN-LAW	08 BROTHER / SISTER	09 BROTHER-IN-LAW / SISTER-IN-LAW	10 UNCLE/AUNT	11 NIECE / NEPHEW	12 OTHER RELATIVE	13 ADOPTED / FOSTER / STEPCHILD	14 SERVANT (LIVE-IN)	96 OTHER (NOT RELATED)	98 DK
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EDUCATION 1										ED	
ED1. Line number	ED2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	ED3. Age 3 or above? 1 YES 2 NO ⇅ Next Line	ED4. Has (name) 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 (name) has ever attended? LEVEL: 0 ECE ⇅ ED7 1 PRIMARY 2 INTERMEDIATE 3 DIPLOMA (5 YEARS AFTER INTERMEDIATE) 4 SECONDARY 5 DIPLOMA 6 BACHELORS DEGREE 7 HIGHER EDUCATION 8 DK	ED6. Did (name) 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	ED9. Y N DK	ED10. YES NO	ED11. YES NO	
LINE	NAME	AGE	YES NO	YES NO	LEVEL	GRADE/YEAR	GRADE/YEAR	Y N DK	YES NO	YES NO	
01		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	
02		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	
03		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	
04		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	
05		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	
06		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	
07		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	
08		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	
09		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	
10		___	1 2	1 2	0 1 2 3 4 5 6 7 8	___	___	1 2 8	1 2	1 2	

EDUCATION 2										ED	
ED1. Line number	ED2. Name and age.	ED9. At any time during the current school (2017-18) year did (name) attend school or any Early Childhood Education programme? 1 YES 2 NO ↘ ED15	ED10. During this current school year (2017-18), which level and grade or year is (name) attending? LEVEL: 0 ECE ↘ ED7 1 PRIMARY 2 INTERMEDIATE 3 DIPLOMA (5 YEARS AFTER INTERMEDIATE) 4 SECONDARY 5 DIPLOMA 6 BACHELORS DEGREE 7 HIGHER EDUCATION 8 DK	ED11. WHO IS MANAGING THE SCHOOL 1 GOVT./ PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER (ARABIC OR FOREIGN) 8 DK	ED12. In the current school year (2017-18), has (name) received any school tuition support? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO ↘ ED14 8 DK ↘ ED14	ED13. Who provided the tuition support? Record all mentioned. A GOVT./ PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER (ARABIC OR FOREIGN) Z DK	ED14. For the current school year (2017-18), has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	ED15. At any time during the previous school year (2016-17) did (name) attend school or any Early Childhood Education programme? 1 YES 2 NO ↘ Next Line 8 DK ↘ Next Line	ED16. During that previous school year (2016-17), which level and grade or year did (name) attend? LEVEL: 0 ECE ↘ ED7 1 PRIMARY 2 INTERMEDIATE 3 DIPLOMA (5 YEARS AFTER INTERMEDIATE) 4 SECONDARY 5 DIPLOMA 6 BACHELORS DEGREE 7 HIGHER EDUCATION 8 DK	GRADE/YEAR:	
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
<p>HC1A. WHAT IS THE RELIGION OF (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>)?</p>	<p>MUSLIM.....1 CHRISTIAN2 SABE'E.....3 AZIDI.....4</p> <p>OTHER RELIGION <i>(specify)</i> _____ 6</p>	
<p>HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>)?</p>	<p>ARABIC.....1 KURDISH.....2 TURKMAN.....3 ASSERIAN4</p> <p>OTHER LANGUAGE <i>(specify)</i> _____ 6</p>	
<p>HC2A. HOW LONG HAS (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>) BEEN CONTINUOUSLY LIVING IN THIS AREA?</p> <p><i>If less than <u>one</u> year, record '00' years.</i></p> <p><i>Probe to identify if the household has been displaced and is now back to their habitual place of living</i></p> <p>IF THIS AREA HAS BEEN THERE CONTINUOUSLY LIVING AREA AND THEY HAVE JUST RETURNED (FROM SOMEWHERE ELSE) RECORD THE YEARS SINCE THEY HAVE RETURNED.</p>	<p>YEARS.....__</p> <p>ALWAYS / SINCE BIRTH _____ 95</p>	95 ⇒ HC3
<p>HC2B. 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?</p> <p><i>Probe to identify the type of place.</i></p> <p><i><u>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.</u></i></p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>CITY1 TOWN.....2 RURAL AREA3 CAMP4</p>	

<p>HC2C. JUST BEFORE MOVING HERE, WHAT TYPE OF HOUSING DID (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>) LIVE IN?</p>	<p>APPARTEMENT1 HOUSE2</p> <p>COLLECTIVE SHELTER (SCHOOL, RELIGIOUS)3 OFFICIAL CAMP4</p> <p>UNOFFICIAL CAMP5 INFORMAL SETTLEMENT6</p> <p>FACTORY/WAREHOUSE/GARAGE7 UNFINISHED/ABANDONED BUILDINGS8</p> <p>OTHER (<i>specify</i>)96</p>	
<p>HC2D. BEFORE MOVING HERE, IN WHICH GOVERNORATE DID <i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i> LIVE IN?</p>	<p>DUHOK11 NAINAWA12 SULAIMANIYA.....13 KIRKUK.....14 ERBIL.....15 DIALA21 ANBAR22 BAGHDAD23 BABIL24 KERBALA25 WASIT26 SALAHADDIN27 NAJAF28 QADISSIYAH.....31 MUTHANA32 THIQAR33 MISSAN.....34 BASRA35</p> <p>OUTSIDE OF COUNTRY (<i>specify</i>)96</p>	

<p>HC2E. 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 VIOLENCE11 TRIBAL LAND DISPUTES13 GOVERNMENT EVICTIONS.....14</p> <p>COULD NOT MAKE A LIVING OR FIND WORK (ECONOMIC REASONS)21 FOR EDUCATION (OWN OR OF CHILDREN)22 TO JOIN FAMILY.....23</p> <p>TO RETURN TO HOME31 NATURAL DISASTERS41</p> <p>OTHER (SPECIFY)96</p>	
<p>HC3. How many rooms do members of this household usually use for sleeping?</p>	<p>NUMBER OF ROOMS..... _ _</p>	
<p>HC4. <i>Main material of the dwelling floor.</i></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>NATURAL FLOOR</p> <p>EARTH / SAND11 MUD / ROCK12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS21 PALM / BAMBOO.....22 REED / MAT23</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES (MOZIAC & MARBLE).....33 CEMENT34 CARPET35 PLASTIC PIECES36</p> <p>OTHER (<i>specify</i>) _____ 96</p>	

<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NO ROOF11</p> <p>NATURAL ROOFING</p> <p>MUD STRAW/PALM LEAFT12</p> <p>BRANCHES/ROOTS/GRASS13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT.....21</p> <p>PALM / BAMBOO.....22</p> <p>WOOD PLANKS23</p> <p>CARDBOARD24</p> <p>FINISHED ROOFING</p> <p>METAL / TIN.....31</p> <p>WOOD.....32</p> <p>CORREGATED SHEETS / ASBESTOS33</p> <p>CERAMIC TILES34</p> <p>CEMENT / REINFORCED CONCRETE WITH METAL35</p> <p>ROOFING SHINGLES.....36</p> <p>H SECTION IRON RODS (ARCHING)37</p> <p>OTHER (<i>specify</i>) _____ 96</p>													
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS.....11</p> <p>NATURAL WALLS</p> <p>CANE / PALM / TRUNKS.....12</p> <p>DIRT13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD21</p> <p>STONE WITH MUD.....22</p> <p>UNCOVERED ADOBE.....23</p> <p>PLYWOOD24</p> <p>CARDBOARD25</p> <p>REUSED WOOD.....26</p> <p>FINISHED WALLS</p> <p>CEMENT31</p> <p>STONE WITH LIME / CEMENT32</p> <p>RED TILES33</p> <p>CEMENT BLOCKS34</p> <p>COVERED ADOBE35</p> <p>WOOD PLANKS / SHINGLES36</p> <p>CORREGATED METAL SHEETS37</p> <p>BRICKS.....38</p> <p>OTHER (<i>specify</i>) _____ 96</p>													
<p>HC7. Does your household have:</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												

HC8. Does your household have electricity?	YES.....1 NO2	2⇒HC10
HC8A. What is the type of electricity source?	PUBLIC GRID A EXTRNAL GENERATOR B PRIVATE GENERATOR C OTHER (<i>specify</i>) X	
HC9. 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	
HC10. 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 / SCOOTER1 2 ANIMAL-DRAWN CART1 2	
[D] An animal-drawn cart?	CAR / TRUCK / VAN1 2	
[E] A car, truck or van?	BOAT WITH MOTOR1 2	
[F] A boat with a motor?		
HC11. Does any member of your household have a computer or a tablet?	YES.....1 NO2	
HC12. Does any member of your household have a mobile telephone?	YES.....1 NO2	
HC13. Does your household have access to internet at home?	YES.....1 NO2	

<p>HC14. 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>OWN1 RENT2</p> <p>OTHER (<i>specify</i>) _____ 6</p>	
<p>HC15. Does any member of this household own any land that can be used for agriculture?</p>	<p>YES1 NO2</p>	2 ⇒ HC16
<p>HC16. 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 _____ 995 OR MORE995 DK998</p>	
<p>HC16A. Does any member of your HH has pond for aquaculture?</p>	<p>YES1 NO2</p>	2 ⇒ HC17
<p>HC16B. 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>HC17. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES1 NO2</p>	2 ⇒ HC19
<p>HC18. 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>HC19. Does any member of this household have a bank account?</p>	<p>YES1 NO2</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
ST2. 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
ST3. 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
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through <i>(name of programme)</i> ?	MONTHS AGO1 ☺ [B] YEARS AGO2 ☺ [B] DK998 ☺ [B]	MONTHS AGO1 ☺ [C] YEARS AGO2 ☺ [C] DK998 ☺ [C]	MONTHS AGO1 ☺ [D] YEARS AGO2 ☺ [D] DK998 ☺ [D]	MONTHS AGO1 ☺ [X] YEARS AGO2 ☺ [X] DK998 ☺ [X]	MONTHS AGO1 ☺ Next Module YEARS AGO2 ☺ Next Module DK998 ☺ Next Module
<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.</i>					

HOUSEHOLD ENERGY USE		EU
EU1. IN YOUR HOUSEHOLD, WHAT TYPE OF COOKSTOVE IS <u>MAINLY</u> USED FOR <u>COOKING</u>?	ELECTRIC STOVE01	01 ⇒EU5 02 ⇒EU5
	SOLAR COOKER..... 02	
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE03	03 ⇒EU5 04 ⇒EU5 06 ⇒EU4
	PIPED NATURAL GAS STOVE04	
	LIQUID FUEL STOVE.....06	
	MANUFACTURED SOLID FUEL STOVE07	
	TRADITIONAL SOLID FUEL (COAL OR WOOD) STOVE08	09 ⇒EU4
	THREE STONE STOVE / OPEN FIRE.....09	96 ⇒EU4
	OTHER (<i>specify</i>)_____ 96	97 ⇒EU6
	NO FOOD COOKED IN HOUSEHOLD.....97	
EU2. DOES IT HAVE A CHIMNEY?	YES1	
	NO2	
	DK8	
EU3. DOES IT HAVE A FAN/VENTILATOR?	YES1	
	NO2	
	DK8	
EU4. WHAT TYPE OF FUEL OR ENERGY SOURCE IS USED IN THIS COOKSTOVE? <i>IF MORE THAN ONE, RECORD THE MAIN ENERGY SOURCE FOR THIS COOKSTOVE.</i>	ALCOHOL / ETHANOL01	
	GASOLINE / DIESEL02	
	KEROSENE / PARAFFIN.....03	
	COAL / LIGNITE04	
	CHARCOAL05	
	WOOD.....06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....07	
	ANIMAL DUNG / WASTE.....08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS09	
	GARBAGE / PLASTIC.....10	
	SAWDUST.....11	
	OTHER (<i>specify</i>)_____ 96	

<p>EU5. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</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 ROOM1 IN A SEPARATE ROOM2</p> <p>IN A SEPARATE BUILDING.....3</p> <p>OUTDOORS OPEN AIR.....4 ON VERANDA OR COVERED PORCH5</p> <p>OTHER (<i>specify</i>) _____ 6</p>	
<p>EU6. WHAT DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR <u>SPACE HEATING</u> WHEN NEEDED?</p>	<p>CENTRAL HEATING01</p> <p>MANUFACTURED SPACE HEATER (KEROSENE, LPG, ELECTRICITY).....02</p> <p>TRADITIONAL SPACE HEATER03</p> <p>MANUFACTURED COOKSTOVE.....04</p> <p>TRADITIONAL COOKSTOVE05</p> <p>THREE STONE STOVE / OPEN FIRE.....06</p> <p>BUILT STOVE10</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>EU7. DOES IT HAVE A CHIMNEY?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	
<p>EU8. WHAT TYPE OF FUEL AND ENERGY SOURCE IS USED IN THIS HEATER?</p> <p><i>IF MORE THAN ONE, RECORD THE MAIN ENERGY SOURCE FOR THIS HEATER.</i></p>	<p>SOLAR AIR HEATER01</p> <p>ELECTRICITY02</p> <p>PIPED NATURAL GAS03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS04</p> <p>ALCOHOL / ETHANOL06</p> <p>GASOLINE / DIESEL07</p> <p>KEROSENE / PARAFFIN08</p> <p>COAL / LIGNITE09</p> <p>CHARCOAL10</p> <p>WOOD.....11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS.....12</p> <p>ANIMAL DUNG / WASTE.....13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS14</p>	

	GARBAGE / PLASTIC.....15 SAWDUST.....16 OTHER (<i>specify</i>).....96	
EU9. AT NIGHT, WHAT DOES YOUR HOUSEHOLD <u>MAINLY</u> USE TO <u>LIGHT</u> THE HOUSEHOLD?	ELECTRICITY01 SOLAR LANTERN02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....04 GASOLINE LAMP06 KEROSENE OR PARAFFIN LAMP07 CHARCOAL08 WOOD.....09 CROP RESIDUE / GRASS / STRAW / SHRUBS.....10 ANIMAL DUNG / WASTE.....11 OIL LAMP12 CANDLE.....13 OTHER (<i>specify</i>).....96 NO LIGHTING IN HOUSEHOLD.....97	

WATER AND SANITATION		WS
<p>WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER USED BY MEMBERS OF YOUR HOUSEHOLD?</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>WATER KIOSK – SMALL SHOP TO REFILL STERILIZED WATER DIRECTLY TO PEOPLE</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING..... 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER..... 51</p> <p>TANKER-TRUCK..... 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER KIOSK..... 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER (BIG OR SMALL) 91</p> <p>DESALINIZED & STERILIZED WATER..... 93</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇨WS7</p> <p>12 ⇨WS7</p> <p>13 ⇨WS3</p> <p>14 ⇨WS3</p> <p>21 ⇨WS3</p> <p>31 ⇨WS3</p> <p>32 ⇨WS3</p> <p>41 ⇨WS3</p> <p>42 ⇨WS3</p> <p>51 ⇨WS3</p> <p>61 ⇨WS4</p> <p>71 ⇨WS4</p> <p>72 ⇨WS4</p> <p>81 ⇨WS3</p> <p>96 ⇨WS3</p>
<p>WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY MEMBERS OF YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</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>WATER KIOSK – SMALL SHOP TO REFILL THE DRINKING WATER CANS</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING..... 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER..... 51</p> <p>TANKER-TRUCK..... 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER KIOSK..... 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81</p> <p>DESALINIZED & STERILIZED WATER..... 93</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇨WS7</p> <p>12 ⇨WS7</p> <p>61 ⇨WS4</p> <p>71 ⇨WS4</p> <p>72 ⇨WS4</p>

WS3. WHERE IS THAT WATER SOURCE LOCATED?	IN OWN DWELLING 1 IN OWN YARD / PLOT 2 ELSEWHERE 3	1 ⇨ WS7 2 ⇨ WS7
WS4. HOW LONG DOES IT TAKE FOR MEMBERS OF YOUR HOUSEHOLD TO GO THERE, GET WATER, AND COME BACK?	MEMBERS DO NOT COLLECT000 NUMBER OF MINUTES__ __ DK998	000 ⇨ WS7
WS5. 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.....__ __	
WS6. SINCE LAST (<i>DAY OF THE WEEK</i>), HOW MANY TIMES HAS THIS PERSON COLLECTED WATER?	NUMBER OF TIMES __ __ DK 98	
WS7. 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
WS8. 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	
WS9. 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>WS10. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOIL.....A ADD BLEACH / CHLORINEB STRAIN IT THROUGH A CLOTHC USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.).....D SOLAR DISINFECTIONE LET IT STAND AND SETTLE.....F ADDING DISINFECTION TABLETSG HH WATER TREATMENT UNITH OTHER (<i>specify</i>) _____ X DK Z</p>	
<p>WS11. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</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>FLUSH / POUR FLUSH FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO PIT LATRINE 13 FLUSH TO OPEN DRAIN 14 FLUSH TO DK WHERE 18 PIT LATRINE PIT LATRINE WITH SLAB..... 22 PIT LATRINE WITHOUT SLAB / OPEN PIT 23 BUCKET 41 NO FACILITY / BUSH / FIELD 95 OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇒WS14 14 ⇒WS14 18 ⇒WS14 41 ⇒WS14 95 ⇒Next Module 96 ⇒WS14</p>
<p>WS12. HAS YOUR (<i>ANSWER FROM WS11</i>) EVER BEEN EMPTIED?</p>	<p>YES, EMPTIED WITHIN THE LAST 5 YEARS 1 MORE THAN 5 YEARS AGO 2 DON'T KNOW WHEN 3 NO, NEVER EMPTIED 4 DK 8</p>	<p>4 ⇒WS14 8 ⇒WS14</p>
<p>WS13. THE LAST TIME IT WAS EMPTIED, WHERE WERE THE CONTENTS EMPTIED TO?</p> <p><i>Probe:</i> WAS IT REMOVED BY A SERVICE PROVIDER?</p>	<p>REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT 1 BURIED IN A COVERED PIT..... 2 TO DON'T KNOW WHERE 3 EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT..... 4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5 OTHER (<i>specify</i>) _____ 6 DK 8</p>	

WS14. WHERE IS THIS TOILET FACILITY LOCATED?	IN OWN DWELLING 1 IN OWN YARD / PLOT 2 ELSEWHERE 3	
WS15. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	YES 1 NO 2	2 ⇨ Next Module
WS16. 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 ⇨ Next Module
WS17. 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>HW1. 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>OBSERVED</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>NOT OBSERVED</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>HW2. 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>HW3. 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>HW4. 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>HW5. 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>HW6. 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>HW7. 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>SA1. 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>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) 2 ABOVE 15 PPM (AT LEAST 15 PPM)... 3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE..... 4 OTHER REASON (specify) _____ 6</p>	<p>2 ⇒ HH13 3 ⇒ HH13 4 ⇒ HH13 6 ⇒ HH13</p>
<p>SA2. 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>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) 2 ABOVE 15 PPM (AT LEAST 15 PPM)... 3</p> <p>SALT NOT TESTED OTHER REASON (specify) _____ 6</p>	

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

HH17. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?		YES, ENTIRE QUESTIONNAIRE 1		
		YES, PART OF QUESTIONNAIRE 2		
		NO, NOT USED..... 3		
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:		NO CHILDREN..... 0	0 ⇨ HH29	
		1 CHILD 1	1 ⇨ HH27	
		2 OR MORE CHILDREN (NUMBER)..... _		
HH19. 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.				
HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4	HH24. 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	__ __

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.

RANK NUMBER__

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.

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>HH33. 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 WMI7 (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 WMI7 (ALSO IN UF17 AND FS17, IF APPLICABLE) ON ALL INDIVIDUAL QUESTIONNAIRES FOR WHOM ADULT CONSENT WAS NOT GIVEN. THEN CONTINUE WITH HH37.</p>		
<p>HH37. 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 15-171 NO.....2</p>	<p>2⇒HH40</p>
<p>HH38. 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 NO, HL20=90 FOR ALL BOYS AGE 15-17..2</p>	<p>2⇒HH40</p>
<p>HH39. 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>HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?</p>	<p>YES, AT LEAST ONE1 NO.....2</p>	<p>2⇒HH42</p>
<p>HH41. ISSUE A SEPARATE QUESTIONNAIRE FOR CHILDREN UNDER FIVE FOR EACH CHILD AGE 0-4 YEARS.</p>		
<p>HH42. CHECK HH9 IN THE HOUSEHOLD INFORMATION PANEL: IS THE HOUSEHOLD SELECTED FOR WATER QUALITY TESTING QUESTIONNAIRE?</p>	<p>YES, HH9=11 NO, HH9=2.....2</p>	<p>2⇒HH45</p>
<p>HH43. ISSUE A SEPARATE WATER QUALITY TESTING QUESTIONNAIRE FOR THIS HOUSEHOLD</p>		
<p>HH44. 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>HH45. <i>Now return to the HOUSEHOLD INFORMATION PANEL and,</i></p> <ul style="list-style-type: none"> • <i>Record '01' in question HH46 (Result of the Household Questionnaire interview),</i> • <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> • <i>Fill the questions HH48 – HH52,</i> • <i>Thank the respondent for his/her cooperation and then</i> • <i>Proceed with the administration of the remaining individual questionnaire(s) in this household.</i> <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>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

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. <i>Discuss any result not completed with Supervisor.</i>	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>		
WQ13A. Please record the result of Chlorine test from the HH?	FREE CHLORINE _____ . _____	
WQ14. 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
WQ15. 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	
WQ16. Is this water from the main source of drinking water used by members of your household?	YES 1 NO 2	1 ⇨ WQ18
WQ17. What source was this water collected from?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD / PLOT 12 PIPED TO NEIGHBOUR 13 PUBLIC TAP / STANDPIPE 14 TUBE WELL / BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 SPRING 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 PACKAGED WATER BOTTLED WATER (BIG OR SMALL) 91	

	DESALINIZED & STERILIZED WATER 93	
	OTHER (<i>specify</i>) _____ 96	
WQ18. 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 WATER SOURCE TOO FAR 3 UNABLE TO ACCESS SOURCE 4 DO NOT KNOW WHERE SOURCE IS LOCATED 5 OTHER REASON (<i>specify</i>) _____ 6	2 ⇨ WQ20 3 ⇨ WQ20 4 ⇨ WQ20 5 ⇨ WQ20 6 ⇨ WQ20
WQ19. 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 (<i>specify</i>) _____ 2	
WQ19A. Please record the result of Chlorine test from the Source? _____ . _____	FREE CHLORINE	
WQ20. Check WQ6: Is the household selected for blank testing?	YES 1 NO 2	2 ⇨ WQ22
WQ21. 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 (<i>specify</i>) _____ 2	
WQ21A. Please record the result of Chlorine test from the Blank Sample? _____ . _____	FREE CHLORINE	
WQ22. Conduct test within 30 minutes of collecting sample. Record the results following 24-48 hours of incubation.		
WQ23. Record the time.	HOURS AND MINUTES : _____	

WATER QUALITY TESTING RESULTS		
<i>Following 24-48 hours of incubation the results from the water quality tests should be recorded.</i>		
WQ24. Day / Month / Year of recording test results:	____ / ____ / <u>2 0 1</u> ____	
WQ25. Record the time:	HOUR AND MINUTES ____ : ____	
<i>In the boxes below:</i> <ul style="list-style-type: none"> • 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

MEASURER'S OBSERVATIONS

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SUPERVISOR'S OBSERVATIONS

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3. QUESTIONNAIRE FOR INDIVIDUAL WOMEN



QUESTIONNAIRE FOR INDIVIDUAL WOMEN
Iraq, 2018



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

<p>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.</p>	<p>WM7. Record the time:</p>	
	<p>HOURS</p>	<p>MINUTES</p>
<p>WM8. 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 INTERVIEW2</p>	<p>1 ⇨ WM9B 2 ⇨ WM9A</p>
<p>WM9A. HELLO, MY NAME IS (YOUR NAME). WE ARE FROM CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH. 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>WM9B. 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 ⇨ WM17</p>	

WM17. Result of woman's interview. <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
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	WM3=HH47 1 WM3≠HH47 2	2 ⇔ WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3, 4,5,6 OR 7..... 1 ED5=0, 1, 8 OR BLANK..... 2	1 ⇔ WB15 2 ⇔ WB14
WB3. IN WHAT MONTH AND YEAR WERE YOU BORN?	DATE OF BIRTH MONTH __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR..... 9998	
WB4. HOW OLD ARE YOU? <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)..... __ __	
WB5. HAVE YOU EVER ATTENDED SCHOOL OR ANY EARLY CHILDHOOD EDUCATION PROGRAMME?	YES..... 1 NO..... 2	2 ⇔ WB14
WB6. WHAT IS THE HIGHEST LEVEL AND GRADE OR YEAR OF SCHOOL YOU HAVE ATTENDED?	EARLY CHILDHOOD EDUCATION..... 000 PRIMARY..... 1 __ __ INTERMEDIATE 2 __ __ DIPLOMA (5 YRS AFTER INTERMEDIATE) 3 __ __ SECONDARY 4 __ __ DIPLOMA..... 5 __ __ BACHELOR 6 __ __ HIGHER EDUCATION..... 7 __ __	000 ⇔ WB1 4

WB7. DID YOU COMPLETE THAT (GRADE/YEAR)?	YES 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24 1 AGE 25-49 2	2⇒WB13
WB9. AT ANY TIME DURING THE CURRENT SCHOOL YEAR (2017-18) DID YOU ATTEND SCHOOL?	YES 1 NO 2	2⇒WB11
WB10. 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 ___	
WB11. AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR (2016-17) DID YOU ATTEND SCHOOL?	YES 1 NO 2	2⇒WB13
WB12. 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 ___	
WB13. Check WB6: Highest level of school attended:	WB6=2, 3, 4,5,6 OR 7 1 WB6=1 OR 1 2	1⇒WB15
WB14. 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	
WB15. 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>WB16. 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 TOWN (DISTRICT) 2 RURAL AREA (VILLAGE)..... 3 OUTSIDE IRAQ.....4</p>	
<p>WB17. BEFORE YOU MOVED HERE, IN WHICH REGION DID YOU LIVE IN?</p>	<p>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</p> <p>OUTSIDE OF COUNTRY <i>(specify)</i> _____ 96</p>	
<p>WB18. ARE YOU COVERED BY ANY HEALTH INSURANCE?</p>	<p>YES 1 NO 2</p>	<p>2⇒NEXT MODULE</p>
<p>WB19. 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 HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER <i>(specify)</i> _____ X</p>	

MASS MEDIA AND ICT		MT
<p>MT1. DO YOU READ A NEWSPAPER OR MAGAZINE 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> <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>MT2. DO YOU LISTEN TO THE RADIO 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> <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>MT3. DO YOU WATCH TELEVISION 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> <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>MT4. HAVE YOU EVER USED A COMPUTER OR A TABLET FROM ANY LOCATION?</p>	<p>YES 1 NO 2</p>	2 ⇒ MT9
<p>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?</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
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=1 1 NO, MT6[C]=2 2	1 ⇒ MT10
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=1 1 NO, MT6[F]=2 2	1 ⇒ MT10
MT9. HAVE YOU EVER USED THE INTERNET FROM ANY LOCATION AND ANY DEVICE?	YES 1 NO 2	2 ⇒ MT11

<p>MT10. 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 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY..... 3</p>	
<p>MT10A: DO YOU HAVE ACCOUNT ON SOCIAL MEDIA (LIKE FACEBOOK OR OTHERS) AND YOU CAN COMMUNICATE THROUGH IT A LEASR ONE TIME A WEEK</p>	<p>YES 1 NO 2</p>	
<p>MT11. DO YOU OWN A MOBILE PHONE?</p>	<p>YES 1 NO 2</p>	
<p>MT12. 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 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY..... 3</p>	

FERTILITY/BIRTH HISTORY		CM
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><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></p>	YES 1 NO 2	2⇒CM8
<p>CM2. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	YES 1 NO 2	2⇒CM5
<p>CM3. HOW MANY SONS LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p>	SONS AT HOME..... __ __	
<p>CM4. HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p>	DAUGHTERS AT HOME..... __ __	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	YES 1 NO 2	2⇒CM8
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p>	SONS ELSEWHERE __ __	
<p>CM7. HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>IF NONE, RECORD '00'.</i></p>	DAUGHTERS ELSEWHERE __ __	
<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><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></p>	YES 1 NO 2	2⇒CM11

CM9. HOW MANY BOYS HAVE DIED? <i>IF NONE, RECORD '00'.</i>	BOYS DEAD __ __	
CM10. HOW MANY GIRLS HAVE DIED? <i>IF NONE, RECORD '00'.</i>	GIRLS DEAD __ __	
CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM..... __ __	
CM12. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>TOTAL NUMBER IN CMI1</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?	YES 1 NO 2	1 ⇒ <i>CM14</i>
CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
CM14. 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>

FERTILITY/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.

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins? A girl? A girl?		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 HL1) 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	Line No	Unit
01		1	2	1	2	---	---	---	1	2s BH9	1	2	---	---	---	---	---	---	---
02		1	2	1	2	---	---	---	1	2s BH9	1	2	⇒ BH10	---	---	---	1s ADD BIRTH	2s NEXT BIRTH	
03		1	2	1	2	---	---	---	1	2s BH9	1	2	⇒ BH10	---	---	---	1s ADD BIRTH	2s NEXT BIRTH	
04		1	2	1	2	---	---	---	1	2s BH9	1	2	⇒ BH10	---	---	---	1s ADD BIRTH	2s NEXT BIRTH	
05		1	2	1	2	---	---	---	1	2s BH9	1	2	⇒ BH10	---	---	---	1s ADD BIRTH	2s NEXT BIRTH	
06		1	2	1	2	---	---	---	1	2s BH9	1	2	⇒ BH10	---	---	---	1s ADD BIRTH	2s NEXT BIRTH	
07		1	2	1	2	---	---	---	1	2s BH9	1	2	⇒ BH10	---	---	---	1s ADD BIRTH	2s NEXT BIRTH	
08		1	2	1	2	---	---	---	1	2s BH9	1	2	⇒ BH10	---	---	---	1s ADD BIRTH	2s NEXT BIRTH	
09		1	2	1	2	---	---	---	1	2s BH9	1	2	⇒ BH10	---	---	---	1s ADD BIRTH	2s NEXT BIRTH	

BH0. BH Line Number	BH1. WHAT NAME WAS GIVEN TO YOUR (FIRST/NEXT) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINNS? A GIRL?		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 HLL) 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	DAYS1 MONTHS ..2 YEARS3	1	2	2	2	
11		1	2	1	2	---	---	---	1	2	---	---	1	2	→ BH10	DAYS1 MONTHS ..2 YEARS3	1	2	2	2	
12		1	2	1	2	---	---	---	1	2	---	---	1	2	→ BH10	DAYS1 MONTHS ..2 YEARS3	1	2	2	2	
13		1	2	1	2	---	---	---	1	2	---	---	1	2	→ BH10	DAYS1 MONTHS ..2 YEARS3	1	2	2	2	
14		1	2	1	2	---	---	---	1	2	---	---	1	2	→ BH10	DAYS1 MONTHS ..2 YEARS3	1	2	2	2	
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (NAME OF LAST BIRTH LISTED)?												YES		NO		1 → RECORD BIRTH(S) IN BIRTH HISTORY					
																1		2			

CM15. 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>
CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.		
CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in 2016 (year of interview minus 2)? If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), 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>
CM18. <i>COPY NAME OF THE LAST CHILD LISTED IN BHI.</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	
DB1. 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>
DB2. 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>
DB3. Check CM11: Number of births:	ONLY 1 BIRTH 1 2 OR MORE BIRTHS 2	1 ⇒ <i>DB4A</i> 2 ⇒ <i>DB4B</i>
DB4A. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY CHILDREN? DB4B. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY MORE CHILDREN?	LATER 1 NO MORE..... 2	
DB5 WHAT IS THE PERIOD THAT YOU WANT TO WAIT?	MONTHS 1 ____ YRS 2 ____ DON'T KNOW 998	

MATERNAL AND NEWBORN HEALTH		MN
<p>MN1. 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>	2 ⇒ NEXT MODULE
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (NAME)?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇒ MN7
<p>MN3. WHOM DID YOU SEE?</p> <p><i>PROBE: ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR (GOVERNMENT) A</p> <p>NURSE / MIDWIFE B</p> <p>PRIVATE DOCTOR C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER G</p> <p>OTHER (<i>specify</i>) X</p>	
<p>MN4. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>RECORD THE ANSWER AS STATED BY RESPONDENT. IF "9 MONTHS" OR LATER, RECORD 9.</i></p>	<p>WEEKS 1 ___</p> <p>MONTHS 2 <u>0</u> ___</p> <p>DK 998</p>	
<p>MN5. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p> <p><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></p>	<p>NUMBER OF TIMES ___</p> <p>DK 98</p>	
<p>MN6. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<p>YES NO</p> <p>BLOOD PRESSURE 1 2</p> <p>URINE SAMPLE 1 2</p> <p>BLOOD SAMPLE 1 2</p>	
<p>MN7. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNISATIONS LISTED?</p> <p><i>IF YES, ASK: MAY I SEE IT PLEASE?</i></p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>YES (CARD OR OTHER DOCUMENT SEEN) . 1</p> <p>YES (CARD OR OTHER DOCUMENT NOT SEEN) 2</p> <p>NO 3</p> <p>DK 8</p>	

MN8. 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
MN9. 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
MN10. Check MN9: How many tetanus injections during last pregnancy were reported?	ONLY 1 INJECTION 1 2 OR MORE INJECTIONS 2	2⇒MN16
MN11. 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
MN12. 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	
MN13. 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
MN14A. HOW MANY YEARS AGO DID YOU RECEIVE THAT TETANUS INJECTION MN14B. 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	
MN15. CHECK MN2, DID YOU RECEIVE MEDICAL CARE DURING THE PREGNANCY?	YES..... 1 NO..... 2	2⇒MN19
MN15A. SINCE THE 4 TH MONTHS DURING PREGNANCY DID YOU TAKE FERROFOL CAPSULE THAT PREVENT DISTORTION AND ANIMIA?	YES..... 1 NO..... 2 DK..... 8	2⇒MN19 8⇒MN19
MN15B. 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>MN19. WHO ASSISTED WITH THE DELIVERY OF (NAME)?</p> <p>PROBE: ANYONE ELSE?</p> <p>Probe for the type of person assisting and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR (GOVERNMENT)..... A</p> <p>NURSE / MIDWIFE B</p> <p>PRIVATE DOCTOR..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT..... F</p> <p>COMMUNITY HEALTH WORKER..... G</p> <p>OTHER (specify)..... X</p> <p>NO ONE..... Y</p>	
<p>MN20. WHERE DID YOU GIVE BIRTH TO (NAME)?</p> <p>Probe to identify the type of place.</p> <p>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.</p> <p>_____</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>MIDWIFE HOME 13</p> <p>RELATIVES' HOME..... 14</p> <p>OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE WITH DELIVERY ROOM..... 22</p> <p>OTHER PUBLIC (specify) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC..... 32</p> <p>OTHER PRIVATE MEDICAL (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>MN21. WAS (NAME) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ MN23</p>
<p>MN22. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION?</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>MN23. IMMEDIATELY AFTER THE BIRTH, WAS (NAME) PUT DIRECTLY ON THE BARE SKIN OF YOUR CHEST?</p> <p>IF NECESSARY, SHOW THE PICTURE OF SKIN-TO-SKIN POSITION.</p>  <p><small>Photo Credit: Joyce Baldwin</small></p>	<p>YES 1</p> <p>NO 2</p> <p>DK/ DON'T REMEMBER 8</p>	<p>2 ⇒ MN25</p> <p>8 ⇒ MN25</p>

MN24. BEFORE BEING PLACED ON THE BARE SKIN OF YOUR CHEST, WAS THE BABY WRAPPED UP?	YES 1 NO 2 DK/ DON'T REMEMBER 8	
MN25. WAS (<i>NAME</i>) DRIED OR WIPED SOON AFTER BIRTH?	YES 1 NO 2 DK/ DON'T REMEMBER 8	
MN26. 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. If "1 day" or "next day", probe: About how many hours after the delivery? 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	
MN30. 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
MN31. 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	
MN32. 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	

MN33. WAS (<i>NAME</i>) WEIGHED AT BIRTH?	YES..... 1 NO..... 2 DK..... 8	2 ⇒ MN35 8 ⇒ MN35
MN34. 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	
MN35. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>NAME</i>)?	YES..... 1 NO..... 2 CURRENTLY IN MENSTRUATION AFTER DELIVERY 3	
MN36. DID YOU EVER BREASTFEED (<i>NAME</i>)?	YES..... 1 NO..... 2	2 ⇒ MN39B
MN37. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>NAME</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	IMMEDIATELY 000 HOURS 1 ____ DAYS..... 2 ____ DK / DON'T REMEMBER 998	
MN38. 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
MN39A. WHAT WAS (<i>NAME</i>) GIVEN TO DRINK? <i>PROBE: ANYTHING ELSE?</i> ' <i>NOT GIVEN ANYTHING TO DRINK</i> ' IS NOT A VALID RESPONSE AND RESPONSE CATEGORY Y CANNOT BE RECORDED. MN39B. 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</i> ' (CATEGORY Y) CAN ONLY BE RECORDED IF NO OTHER RESPONSE CATEGORY IS RECORDED.	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>PN1. 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>PN2. 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>PN3. 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>HOURS1 ___</p> <p>DAYS2 ___</p> <p>WEEKS3 ___</p> <p>DK / DON'T REMEMBER..... 998</p>	
<p>PN4. 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>PN5. 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 OR FACILITY IN MN20</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	

<p>PN6. 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>PN7. 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>PN8. 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>PN9. 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>PN9A 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>NO</p> <p>YES</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>PN9B 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>	

<p>PN10. AFTER THE (<i>PERSON OR PERSONS IN MN19</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>NAME</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇨ PN12</p> <p>2 ⇨ PN19</p>
<p>PN11. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>NAME</i>)’S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (<i>NAME</i>), CHECKING THE CORD, OR SEEING IF THE BABY IS OK.</p> <p>AFTER (<i>NAME</i>) WAS DELIVERED, DID ANYONE CHECK ON (HIS/HER) HEALTH?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇨ PN20</p>
<p>PN12. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE..... 2</p>	<p>1 ⇨ PN13A</p> <p>2 ⇨ PN13B</p>
<p>PN13A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN13B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>IF LESS THAN ONE DAY, RECORD HOURS.</i></p> <p><i>IF LESS THAN ONE WEEK, RECORD DAYS.</i></p> <p><i>OTHERWISE, RECORD WEEKS.</i></p>	<p>HOURS1 ___</p> <p>DAYS2 ___</p> <p>WEEKS3 ___</p> <p>DK / DON’T REMEMBER..... 998</p>	
<p>PN14. WHO CHECKED ON (<i>NAME</i>)’S HEALTH AT THAT TIME?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE / MIDWIFE.....B</p> <p>PRIVATE DOCTOR.....C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT ...F</p> <p>COMMUNITY HEALTH WORKERG</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>) _____X</p> <p>NO ONE _____Y</p>	
<p>PN15. WHERE DID THIS CHECK TAKE PLACE?</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>HOME</p> <p>RESPONDENT’S HOME 11</p> <p>MIDWIFE HOME 13</p> <p>RELATIVES’ HOME 14</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) _____ 36</p> <p>OTHER (<i>specify</i>) 96</p>	

PN16. 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
PN17. AFTER YOU LEFT (<i>NAME OR TYPE OF FACILITY IN MN20</i>), DID ANYONE CHECK ON <u>YOUR HEALTH</u> ?	YES 1 NO 2	1 ⇨ PN21 2 ⇨ PN25
PN18. 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
PN19. AFTER THE DELIVERY WAS OVER AND (<i>PERSON OR PERSONS IN MN19</i>) LEFT, DID ANYONE CHECK ON <u>YOUR HEALTH</u> ?	YES 1 NO 2	1 ⇨ PN21 2 ⇨ PN25
PN20. AFTER THE BIRTH OF (<i>NAME</i>), DID ANYONE CHECK ON <u>YOUR HEALTH</u> , FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?	YES 1 NO 2	2 ⇨ PN25
PN21. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	ONCE 1 MORE THAN ONCE..... 2	1 ⇨ PN22 A 2 ⇨ PN22 B
PN22A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN22B. 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>	HOURS1 ___ DAYS2 ___ WEEKS3 ___ DK / DON'T REMEMBER..... 998	
PN23. WHO CHECKED ON <u>YOUR HEALTH</u> AT THAT TIME?	HEALTH PROFESSIONAL DOCTOR.....A NURSE / MIDWIFE.....B PRIVATE DOCTORC OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... F COMMUNITY HEALTH WORKERG OTHER (<i>specify</i>) _____ X	

<p>PN24. WHERE DID THIS CHECK TAKE PLACE?</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 style="text-align: center;">(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>MIDWIFE HOME 13</p> <p>RELATIVES' HOME 14</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE 22</p> <p>OTHER PUBLIC (specify) _____ 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL (specify) _____ 36</p> <p>OTHER (specify) _____ 96</p>	
<p>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:</p> <p>[A] EXAMINE (NAME)'S CORD?</p> <p>[B] TAKE THE TEMPERATURE OF (NAME)?</p> <p>[C] COUNSEL YOU ON BREASTFEEDING?</p>	<p style="text-align: right;">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>PN26. Check MN36: Was child ever breastfed?</p>	<p>YES, MN36=1 1</p> <p>NO, MN36=2..... 2</p>	<p>2 ⇨ PN28</p>
<p>PN27. OBSERVE (NAME)'S BREASTFEEDING?</p>	<p>YES 1</p> <p>NO 2</p> <p>OBSERVE BREASTFEEDING..... 8</p>	
<p>PN28. Check MN33: Was child weighed at birth?</p>	<p>YES, MN33=1 1</p> <p>NO, MN33=2..... 2</p> <p>DK, MN33=8..... 3</p>	<p>1 ⇨ PN29</p> <p>A</p> <p>2 ⇨ PN29</p> <p>B</p> <p>3 ⇨ PN29</p> <p>C</p>

<p>PN29A. 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>PN29B. 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>PN29C. 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>PN30. 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>PN31 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
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT: FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>YES, CURRENTLY PREGNANT..... 1</p> <p>NO2</p> <p>DK OR NOT SURE..... 8</p>	1 ⇨ CP3
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID GETTING PREGNANT.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>YES..... 1</p> <p>NO2</p>	1 ⇨ CP4
<p>CP3. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>YES..... 1</p> <p>NO2</p>	1 ⇨ NEXT MODULE 2 ⇨ NEXT MODULE
<p>CP4. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt. If more than one method is mentioned, record each one.</p>	<p>FEMALE STERILIZATION..... A</p> <p>MALE STERILIZATION B</p> <p>IUD..... C</p> <p>INJECTABLES D</p> <p>IMPLANTSE</p> <p>PILL.....F</p> <p>MALE CONDOM G</p> <p>FEMALE CONDOM..... H</p> <p>DIAPHRAGM.....I</p> <p>FOAM / JELLY J</p> <p>LACTATIONAL AMENORRHOEA METHOD (LAM)..... K</p> <p>PERIODIC ABSTINENCE / RHYTHM.....L</p> <p>WITHDRAWALM</p> <p>OTHER (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8.....2	2 ⇨ UN6
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES 1 NO2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS0 ONE OR MORE BIRTHS..... 1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children?	LATER 1 NONE / NO MORE.....2	
UN5. 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
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A..... 1 NO, CP4≠A2	1 ⇨ UN14
UN7. 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 PREGNANT3 UNDECIDED / DK 8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. 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 ___ YEARS2 ___ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 OTHER 996 DK 998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8.....2	1 ⇨ UN14

UN10. Check CP2: Currently using a method?	YES, CP2=1 1 NO, CP2=2 2	1 ⇨ UN14
UN11. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	YES 1 NO 2 DK 8	1 ⇨ UN14 8 ⇨ UN14
UN12. 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	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2	1 ⇨ NEXT MODULE
UN14. 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
UN15. CHECK UN14: WAS THE LAST MENSTRUAL PERIOD WITHIN LAST YEAR?	YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2	2 ⇨ NEXT MODULE

UN16. 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
UN17. DURING YOUR LAST MENSTRUAL PERIOD WERE YOU ABLE TO WASH AND CHANGE IN PRIVACY WHILE AT HOME?	YES 1 NO 2 DK 8	
UN18. DID YOU USE ANY MATERIALS SUCH AS SANITARY PADS, TAMPONS OR CLOTH?	YES 1 NO 2 DK 8	2 ⇨ NEXT MODULE 8 ⇨ NEXT MODULE
UN19. WERE THE MATERIALS REUSABLE?	YES 1 NO 2 DK 8	

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

<p>FG7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED?</p> <p><i>IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.</i></p>	<p>AGE AT CIRCUMCISION..... ____</p> <p>DK / DON'T REMEMBER..... 98</p>	
<p>FG8. WHO PERFORMED THE CIRCUMCISION?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... 11</p> <p>NURSE/MIDWIFE 12</p> <p>PRIVATE DOCTOR13</p> <p>OTHER HEALTH PROFESSIONAL (specify) _____ 16</p> <p>TRADITIONAL PERSONS</p> <p>TRADITIONAL 'CIRCUMCISER' 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>OTHER TRADITIONAL COMMUNITY HEALTH WORKER 23</p> <p>RELATIVE / FRIEND 24</p> <p>OTHERS _____ (specify) y) _____ 26</p> <p>DK 98</p>	
<p>FG9. SUM CM4 FOR NUMBER OF DAUGHTERS AT HOME AND CM7 FOR NUMBER OF DAUGHTERS ELSEWHERE:</p>	<p>TOTAL NUMBER OF LIVING DAUGHTERS ____</p>	
<p>FG10. Just to make sure that I have this right, you have (<i>total number in FG9</i>) living daughters. Is this correct?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>1 ⇒ FG12</p>
<p>FG11. Check responses to CM1-CM11 and make corrections as necessary until response in FG10 is 'Yes'.</p>		
<p>FG12. CHECK FG9: NUMBER OF LIVING DAUGHTERS?</p>	<p>NO LIVING DAUGHTERS..... 0</p> <p>AT LEAST ONE LIVING DAUGHTER..... 1</p>	<p>0 ⇒ FG24</p>

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 ND YOUNGEST	[D3] 3 RD YOUNGEST	[D4] 4 TH YOUNGEST
FG14. Name of daughter	_____	_____	_____	_____
FG15. How OLD IS (<i>name</i>)?	AGE.. ____	AGE ____	AGE ____	AGE ____
FG16. Is (<i>name</i>) YOUNGER THAN 15 YEARS OF AGE?	YES..... 1 NO 2 2 2 FG23	YES..... 1 NO..... 2 2 FG23	YES..... 1 NO..... 2 2 FG23	YES..... 1 NO 2 2 FG23
FG17. Is (<i>name</i>) CIRCUMCISED?	YES..... 1 NO 2 2 2 FG23	YES..... 1 NO..... 2 2 FG23	YES..... 1 NO..... 2 2 FG23	YES..... 1 NO 2 2 FG23
FG18. How OLD WAS (<i>NAME</i>) WHEN THIS OCCURRED? <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
FG19. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (<i>NAME</i>) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	YES..... 1 1 2 FG21 NO 2 DK 8	YES 1 2 FG21 NO..... 2 DK..... 8	YES..... 1 2 FG21 NO..... 2 DK..... 8	YES..... 1 2 FG21 NO 2 DK 8

FG20. WAS HER GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	YES..... 1 NO 2 DK 8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES..... 1 NO2 DK 8
FG21. WAS HER GENITAL AREA SEWN CLOSED? <i>If NECESSARY, PROBE: WAS IT SEALED?</i>	YES..... 1 NO 2 DK 8	YES1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES..... 1 NO2 DK 8
FG22. WHO PERFORMED THE CIRCUMCISION?	HEALTH PROFESSIONAL DOCTOR..... 11 NURSE/MIDWIFE 12 PRIVATE DOCTOR 13 OTHER HEALTH PROFESSIONAL (specify)_____16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT 22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER 23 RELATIVE / FRIEND 24 OTHERS (specify)_____26 DK 98	HEALTH PROFESSIONAL DOCTOR 11 NURSE/MIDWIFE 12 PRIVATE DOCTOR 13 OTHER HEALTH PROFESSIONAL (specify)_____16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER' 21 TRADITIONAL BIRTH ATTENDANT 22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER 23 RELATIVE / FRIEND 24 OTHERS (specify) _____26 DK98	HEALTH PROFESSIONAL DOCTOR.....11 NURSE/MIDWIFE12 PRIVATE DOCTOR 13 OTHER HEALTH PROFESSIONAL (specify)_____16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER'21 TRADITIONAL BIRTH ATTENDANT22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER23 RELATIVE / FRIEND 24 OTHERS (specify) _____26 DK 98	HEALTH PROFESSIONAL DOCTOR.....11 NURSE/MIDWIFE12 PRIVATE DOCTOR 13 OTHER HEALTH PROFESSIONAL (specify)_____16 TRADITIONAL PERSONS TRADITIONAL 'CIRCUMCISER'21 TRADITIONAL BIRTH ATTENDANT22 OTHER TRADITIONAL COMMUNITY HEALTH WORKER23 RELATIVE / FRIEND 24 OTHERS (specify) _____26 DK 98
FG23. <i>Is THERE ANOTHER DAUGHTER?</i>	YES..... 1 1 2 NO 2 2 2 FG24	YES1 2 [D3] NO.....2 2 FG24	YES..... 1 2 [D4] NO.....2 2 FG24	YES..... 1 2 [D5] NO2 2 FG24

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

FG24. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	CONTINUED.....	1
	DISCONTINUED	2
	DEPENDS	3
	DK	8

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>VT1. CHECK FOR THE PRESENCE OF OTHERS. <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>YES1 NO2 DK8</p>	<p>2 ⇒ VT9B 8 ⇒ VT9B</p>
<p>VT2. 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 MONTHS1 NO, MORE THAN 12 MONTHS AGO2 DK / DON'T REMEMBER8</p>	<p>2 ⇒ VT5B 8 ⇒ VT5B</p>
<p>VT3. 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 TIME1 TWO TIMES2 THREE OR MORE TIMES3 DK / DON'T REMEMBER8</p>	
<p>VT4. Check VT3: One or more times?</p>	<p>ONE TIME, VT3=11 MORE THAN ONCE OR DK, VT3=2, 3 OR 82</p>	<p>1 ⇒ VT5A 2 ⇒ VT5B</p>
<p>VT5A. WHEN THIS HAPPENED, WAS ANYTHING STOLEN FROM YOU?</p>	<p>YES1 NO2</p>	
<p>VT5B. THE LAST TIME THIS HAPPENED, WAS ANYTHING STOLEN FROM YOU?</p>	<p>DK / NOT SURE8</p>	

<p>VT6. DID THE PERSON(S) HAVE A WEAPON?</p>	<p>YES1 NO2 DK / NOT SURE.....8</p>	<p>2⇒VT8 8⇒VT8</p>
<p>VT7. WAS A KNIFE, A GUN OR SOMETHING ELSE USED AS A WEAPON?</p> <p><i>RECORD ALL THAT APPLY.</i></p>	<p>YES, A KNIFE.....A YES, A GUN.....B YES, SOMETHING ELSEX</p>	
<p>VT8. DID YOU OR ANYONE ELSE REPORT THE INCIDENT TO THE POLICE?</p> <p><i>IF 'YES', PROBE: WAS THE INCIDENT REPORTED BY YOU OR SOMEONE ELSE?</i></p>	<p>YES, RESPONDENT REPORTED1 YES, SOMEONE ELSE REPORTED2 NO, NOT REPORTED3 DK / NOT SURE.....8</p>	<p>1⇒VT9A 2⇒VT9A 3⇒VT9A 8⇒VT9A</p>
<p>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?</p> <p>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?</p> <p><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></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. EXCLUDE INCIDENTS WHERE THE INTENTION WAS TO TAKE SOMETHING FROM THE RESPONDENT, WHICH SHOULD BE RECORDED UNDER VT1.</i></p>	<p>YES1 NO2 DK8</p>	<p>2⇒VT20 8⇒VT20</p>
<p>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>)?</p>	<p>YES, DURING THE LAST 12 MONTHS1 NO, MORE THAN 12 MONTHS AGO2 DK / DON'T REMEMBER8</p>	<p>2⇒VT12B 8⇒VT12B</p>
<p>VT11. 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 TIMES3 DK / DON'T REMEMBER8</p>	<p>1⇒VT12A 2⇒VT12B 3⇒VT12B 8⇒VT12B</p>

<p>VT12A. WHERE DID THIS HAPPEN?</p> <p>VT12B. WHERE DID THIS HAPPEN THE LAST TIME?</p>	<p>AT HOME.....11 IN ANOTHER HOME.....12</p> <p>IN THE STREET21 ON PUBLIC TRANSPORT.....22 PUBLIC RESTAURANT / CAFÉ / BAR.....23 OTHER PUBLIC (<i>specify</i>).....26</p> <p>AT SCHOOL.....31 AT WORKPLACE.....32</p> <p>OTHER PLACE (<i>specify</i>)96</p>	
<p>VT13. HOW MANY PEOPLE WERE INVOLVED IN COMMITTING THE OFFENCE?</p> <p><i>IF 'DK/DON'T REMEMBER', PROBE: WAS IT ONE, TWO, OR AT LEAST THREE PEOPLE?</i></p>	<p>ONE PERSON1 TWO PEOPLE2 THREE OR MORE PEOPLE3 DK / DON'T REMEMBER8</p>	<p>1 ⇨VT14A 2 ⇨VT14B 3 ⇨VT14B 8 ⇨VT14B</p>
<p>VT14A. AT THE TIME OF THE INCIDENT, DID YOU RECOGNIZE THE PERSON?</p> <p>VT14B. AT THE TIME OF THE INCIDENT, DID YOU RECOGNIZE AT LEAST ONE OF THE PERSONS?</p>	<p>YES1 NO.....2</p> <p>DK / DON'T REMEMBER8</p>	
<p>VT17. DID THE PERSON(S) HAVE A WEAPON?</p>	<p>YES1 NO.....2 DK / NOT SURE.....8</p>	<p>2 ⇨VT19 8 ⇨VT19</p>
<p>VT18. WAS A KNIFE, A GUN OR SOMETHING ELSE USED AS A WEAPON?</p> <p><i>RECORD ALL THAT APPLY.</i></p>	<p>YES, A KNIFE.....A YES, A GUN.....B YES, SOMETHING ELSEX</p>	
<p>VT19. DID YOU OR ANYONE ELSE REPORT THE INCIDENT TO THE POLICE?</p> <p><i>IF 'YES', PROBE: WAS THE INCIDENT REPORTED BY YOU OR SOMEONE ELSE?</i></p>	<p>YES, RESPONDENT REPORTED1 YES, SOMEONE ELSE REPORTED2 NO, NOT REPORTED3 DK / NOT SURE.....8</p>	
<p>VT20. HOW SAFE DO YOU FEEL WALKING ALONE IN YOUR NEIGHBOURHOOD AFTER DARK?</p>	<p>VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4</p> <p>NEVER WALK ALONE AFTER DARK7</p>	
<p>VT21. HOW SAFE DO YOU FEEL WHEN YOU ARE AT HOME ALONE AFTER DARK?</p>	<p>VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4</p> <p>NEVER ALONE AFTER DARK7</p>	

VT22. 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
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH SOMEONE AS IF MARRIED?	YES, CURRENTLY MARRIED 1 NO, NOT IN UNION 3	3 ⇒ MA5
MA2. HOW OLD IS YOUR HUSBAND? <i>PROBE:</i> HOW OLD WAS YOUR (HUSBAND/PARTNER) ON HIS LAST BIRTHDAY?	AGE IN YEARS..... __ __ DK 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND HAVE ANY OTHER WIVES?	YES 1 NO 2	2 ⇒ MA7
MA4. HOW MANY OTHER WIVES DOES HE HAVE?	NUMBER __ __ DK 98	⇒ MA7 98 ⇒ MA7
MA5. HAVE YOU EVER BEEN MARRIED?	YES, FORMERLY MARRIED..... 1 NO 3	3 ⇒ NEXT MODULE
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	ONLY ONCE 1 MORE THAN ONCE..... 2	1 ⇒ MA8A 2 ⇒ MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU START LIVING WITH YOUR HUSBAND?	DATE OF (FIRST) UNION MONTH __ __ DK MONTH..... 98	
MA8B. IN WHAT MONTH AND YEAR DID YOU START LIVING WITH YOUR <u>FIRST</u> HUSBAND?	YEAR __ __ __ __ DK YEAR 9998	
MA9. CHECK MA8A/B: IS 'DK YEAR' RECORDED?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998 2	2 ⇒ MA12
MA10. CHECK MA7: IN MARRIED ONLY ONCE?	YES, MA7=1 1 NO, MA7=2..... 2	1 ⇒ MA11A 2 ⇒ MA11B
MA11A. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR HUSBAND?	AGE IN YEARS..... __ __	
MA11B. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR <u>FIRST</u> HUSBAND?		

MA12 WAS YOUR FIRST HUSBAND FROM YOUR RELATIVES?	YES 1 NO 2	2 ⇒ NEXT MODULE
MA13 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 RELATIVES4 RELATIVES DUE TO MARRIAGE 5	

ADULT FUNCTIONING		AF
AF1. CHECK WB4: AGE OF RESPONDENT?	AGE 15-17 YEARS1 AGE 18-49 YEARS2	1 ⇒ NEXT MODULE
AF2. DO YOU USE GLASSES OR MEDICAL CONTACT LENSES? <i>INCLUDE THE USE OF GLASSES FOR READING.</i>	YES1 NO2	
AF3. DO YOU USE A HEARING AID?	YES1 NO2	
AF4. 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.		
AF5. CHECK AF2: RESPONDENT USES GLASSES OR MEDICAL CONTACT LENSES?	YES, AF2=11 NO, AF2=2.....2	1 ⇒ AF6A 2 ⇒ AF6B

<p>AF6A. WHEN USING YOUR GLASSES OR MEDICAL CONTACT LENSES, DO YOU HAVE DIFFICULTY SEEING?</p> <p>AF6B. DO YOU HAVE DIFFICULTY SEEING?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT SEE AT ALL4</p>	
<p>AF7. CHECK AF3: RESPONDENT USES A HEARING AID?</p>	<p>YES, AF3=11 NO, AF3=2.....2</p>	<p>1 ⇔ AF8A 2 ⇔ AF8B</p>
<p>AF8A. WHEN USING YOUR HEARING AID(S), DO YOU HAVE DIFFICULTY HEARING?</p> <p>AF8B. DO YOU HAVE DIFFICULTY HEARING?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT HEAR AT ALL4</p>	
<p>AF9. DO YOU HAVE DIFFICULTY WALKING OR CLIMBING STEPS?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK/ CLIMB STEPS AT ALL.....4</p>	
<p>AF10. DO YOU HAVE DIFFICULTY REMEMBERING OR CONCENTRATING?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT REMEMBER/ CONCENTRATE AT ALL.....4</p>	
<p>AF11. DO YOU HAVE DIFFICULTY WITH SELF-CARE, SUCH AS WASHING ALL OVER OR DRESSING?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT CARE FOR SELF AT ALL.....4</p>	
<p>AF12. USING YOUR USUAL LANGUAGE, DO YOU HAVE DIFFICULTY COMMUNICATING, FOR EXAMPLE UNDERSTANDING OR BEING UNDERSTOOD?</p>	<p>NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3</p>	

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

HA24. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV?	YES 1 NO 2	2 ⇨ HA27
HA25. 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	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	YES 1 NO 2 DK 8	1 ⇨ HA28 2 ⇨ HA28 8 ⇨ HA28
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET AN HIV TEST?	YES 1 NO 2	
HA30. 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	
HA31. 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	
HA32. 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	
HA33. 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	
HA34. 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	
HA35. 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	
HA36. 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

MM1. 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?

LIST ALL NAMES ON LINES [A] TO [H] BELOW. DO NOT FILL IN THE ORDER NUMBER YET. IF MORE THAN 8 SIBLINGS, USE ADDITIONAL QUESTIONNAIRES.

[A] _____ [B] _____ [C] _____ [D] _____
 [E] _____ [F] _____ [G] _____ [H] _____

MM2. Check MM1: How many siblings?	NO SIBLINGS..... 1 ONE OR MORE SIBLINGS 2	1 ⇒MM4
MM3. 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
MM4. 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
MM5. 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
MM6. 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
MM7. Count the number of siblings listed in MM1.	SUM..... ____	
MM8. 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

MM9. Probe and check sum in MM7 and list of siblings in MM1. Make corrections as necessary until response in MM8 is 'Yes'.				
MM10. Check MM7: How many siblings?	NO SIBLINGS..... 1	1 ⇒NEXT MODULE		
	ONE OR MORE SIBLINGS 2			
MM11. 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>				
MM12. HOW MANY OF THESE BIRTHS DID YOUR MOTHER HAVE BEFORE YOU WERE BORN?	NUMBER OF PRECEDING BIRTHS ____			
MM13. 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
MM14. COPY NAME OF INDIVIDUAL SIBLINGS TO INDIVIDUAL COLUMNS.	_____	_____	_____	_____
MM15. IS (<i>NAME</i>) MALE OR FEMALE?	MALE 1 FEMALE.. 2	MALE 1 FEMALE . 2	MALE..... 1 FEMALE.. 2	MALE 1 FEMALE . 2
MM16. 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
MM17. HOW OLD IS (<i>NAME</i>)?	____ ∅ MM28	____ ∅ MM28	____ ∅ MM28	____ ∅ MM28
MM18. HOW MANY YEARS AGO DID (<i>NAME</i>) DIE?	____	____	____	____
MM19. HOW OLD WAS (<i>NAME</i>) WHEN (HE/SHE) DIED?	____	____	____	____
MM20. 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

MM21. 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
MM22. WAS (NAME) PREGNANT WHEN SHE DIED?	YES 1 ♁ MM26 NO 2	YES 1 ♁ MM26 NO 2	YES 1 ♁ MM26 NO 2	YES 1 ♁ MM26 NO 2
MM23. DID (NAME) DIE DURING CHILDBIRTH?	YES 1 ♁ MM28 NO 2	YES 1 ♁ MM28 NO 2	YES 1 ♁ MM28 NO 2	YES 1 ♁ MM28 NO 2
MM24. DID (NAME) 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
MM25. HOW MANY DAYS AFTER THE END OF THE PREGNANCY OR CHILDBIRTH DID (NAME) DIE?	_____	_____	_____	_____
MM26. WAS (NAME)'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
MM27. WAS (NAME)'S DEATH DUE TO AN ACCIDENT?	YES 1 NO 2			
MM28. 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

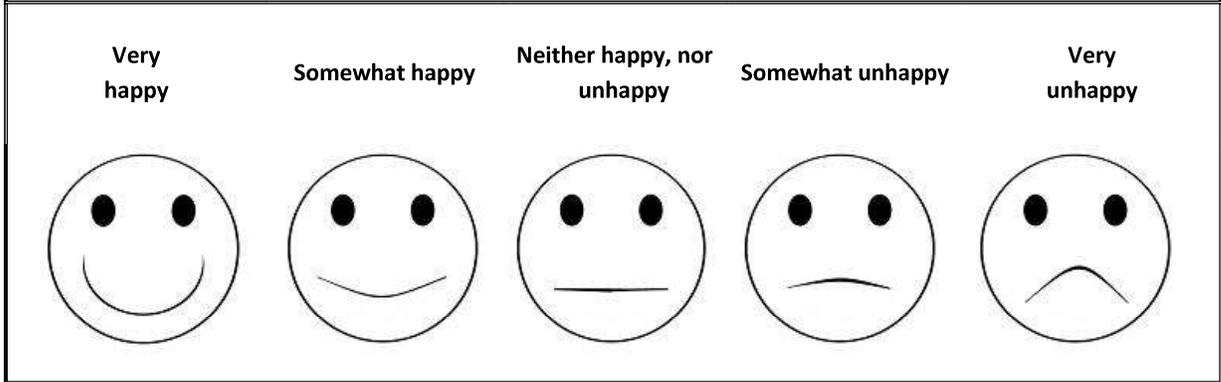
	[S5] FIFTH	[S6] SIXTH	[S7] SEVENTH	[S8] EIGHTH
MM14. COPY NAME OF INDIVIDUAL SIBLINGS TO EACH COLUMN.	_____	_____	_____	_____
MM15. IS (NAME) MALE OR FEMALE?	MALE 1 FEMALE..2	MALE 1 FEMALE..2	MALE 1 FEMALE..2	MALE 1 FEMALE..2
MM16. IS (NAME) STILL ALIVE?	YES 1 NO 2 ♁ MM18 DK 8 ♁ MM28	YES 1 NO 2 ♁ MM18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

MM17. HOW OLD IS (<i>NAME</i>)?	— — MM28	— — MM28	— — MM28	— — MM28
MM18. HOW MANY YEARS AGO DID (<i>NAME</i>) DIE?	— —	— —	— —	— —
MM19. HOW OLD WAS (<i>NAME</i>) WHEN (HE/SHE) DIED?	— —	— —	— —	— —
MM20. CHECK MM15: WAS THE SIBLING MALE?	YES 1 MM26 NO 2			
MM21. CHECK MM19: DID THE SISTER DIE BEFORE AGE 12 YEARS?	YES 1 MM26 NO 2			
MM22. WAS (<i>NAME</i>) PREGNANT WHEN SHE DIED?	YES 1 MM26 NO 2			
MM23. DID (<i>NAME</i>) DIE DURING CHILDBIRTH?	YES 1 MM28 NO 2			
MM24. DID (<i>NAME</i>) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	YES 1 MM26 NO 2			
MM25. HOW MANY DAYS AFTER THE END OF THE PREGNANCY OR CHILDBIRTH DID (<i>NAME</i>) DIE?	— —	— —	— —	— —
MM26. WAS (<i>NAME</i>)'S DEATH DUE TO AN ACT OF VIOLENCE?	YES 1 MM28 NO 2			
MM27. WAS (<i>NAME</i>)'S DEATH DUE TO AN ACCIDENT?	YES 1 NO 2			
MM28. 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

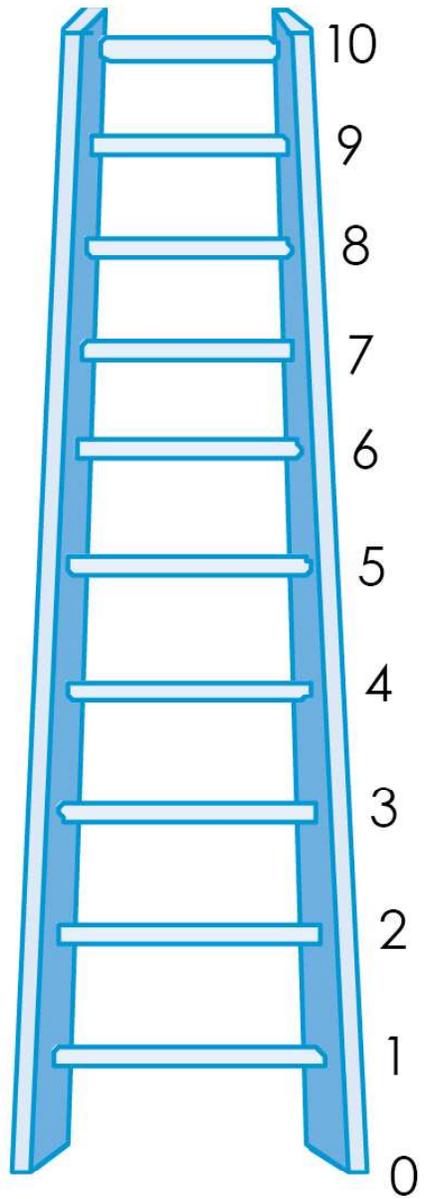
TICK HERE IF
ADDITIONAL
QUESTIONNAIRE
USED:.....

TOBACCO USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	YES.....1 NO.....2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	NEVER SMOKED A WHOLE CIGARETTE ...00 AGE__ __	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	YES.....1 NO.....2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	NUMBER OF CIGARETTES__ __	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>IF LESS THAN 10 DAYS, RECORD THE NUMBER OF DAYS. IF 10 DAYS OR MORE BUT LESS THAN A MONTH, 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 DAY30	
TA6. 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
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	YES.....1 NO.....2	2⇒NEXT MODULE
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>RECORD ALL MENTIONED.</i>	CIGARS.....A WATER PIPEB CIGARILLOS.....C PIPED OTHER (<i>specify</i>).....X	
TA16. 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 DAY30	00⇒NEXT MODULE

LIFE SATISFACTION		LS
<p>LS1. 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 HAPPY1 SOMEWHAT HAPPY2 NEITHER HAPPY NOR UNHAPPY3 SOMEWHAT UNHAPPY4 VERY UNHAPPY5</p>	
<p>LS2. <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>LS3. 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>IMPROVED1 MORE OR LESS THE SAME2 WORSENER3</p>	
<p>LS4. AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?</p>	<p>BETTER1 MORE OR LESS THE SAME2 WORSE3</p>	



Best Possible Life



Worst Possible Life

WM10. <i>RECORD THE TIME.</i>	HOURS AND MINUTES.....__ : __	
WM11. <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 (<i>specify</i>)..... 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (<i>specify</i>)..... 3	
WM12. <i>LANGUAGE OF THE QUESTIONNAIRE.</i>	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3	
WM13. <i>LANGUAGE OF THE INTERVIEW.</i>	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (<i>specify</i>)..... 6	
WM14. <i>NATIVE LANGUAGE OF THE RESPONDENT.</i>	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (<i>specify</i>)..... 6	
WM15. <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.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

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: ____ / ____ / 2 0 1 8	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 (YOUR NAME). WE ARE FROM CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (CHILD'S NAME FROM UF3)'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 (CHILD'S NAME FROM UF3)'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>	

UF17. Result of interview for children under 5 Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.	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	

UNDER-FIVE'S BACKGROUND		UB
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.		
UB1. ON WHAT DAY, MONTH AND YEAR WAS (NAME) BORN? <i>PROBE:</i> WHAT IS (HIS/HER) BIRTHDAY? If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day. Month and year <u>must</u> be recorded.	DATE OF BIRTH DAY __ __ DK DAY..... 98 MONTH __ __ YEAR <u>2 0 1</u> __	
UB2. HOW OLD IS (NAME)? <i>PROBE:</i> HOW OLD WAS (NAME) AT (HIS/HER) LAST BIRTHDAY? Record age in completed years. Record '0' if less than 1 year. If responses to UB1 and UB2 are inconsistent, probe further and correct.	AGE (IN COMPLETED YEARS)..... __	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	1 ⇨ UB9 2
UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	RESPONDENT IS THE SAME, UF4=HH47.... 1 RESPONDENT IS NOT THE SAME, UF4≠HH47 2	2 ⇨ UB6

UB5. 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
UB6. HAS (NAME) EVER ATTENDED ANY EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS CHILD DEVELOPMENT PROGRAMME EARLY CHILD DEVELOPMENT & KINDERGARTEN.	YES 1 NO 2	2 ⇨UB9
UB7. AT ANY TIME SINCE OCTOBER 2017, DID (HE/SHE) ATTEND (PROGRAMMES MENTIONED IN UB6)?	YES 1 NO 2	1 ⇨UB8A 2 ⇨UB9
UB8A. DOES (HE/SHE) CURRENTLY ATTEND (PROGRAMMES MENTIONED IN UB6)? UB8B. 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	
UB9. IS (NAME) COVERED BY ANY HEALTH INSURANCE EXCEPT THE PUBLIC HEALTH SERVICES?	YES 1 NO 2	2 ⇨NEXT MODULE
UB10. 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 (<i>specify</i>) X	

BIRTH REGISTRATION		BR
BR1. DOES (NAME) HAVE A BIRTH CERTIFICATE? <i>If YES, ASK:</i> MAY I SEE IT?	YES, SEEN 1 YES, NOT SEEN 2 NO 3 DK 8	1 ⇨NEXT MODULE 2 ⇨NEXT MODULE
BR2. 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
BR3. DO YOU KNOW HOW TO REGISTER (NAME)'S BIRTH?	YES 1 NO 2	

CHILD DISCIPLINE		UCD
UCD1. CHECK UB2: CHILD'S AGE?	AGE 0 1 AGE 1, 2, 3 OR 4..... 2	1 ⇨ NEXT MODULE
<p>UCD2. 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 (name) in the <u>past month</u>.</p> <p>[A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house.</p> <p>[B] Explained why (name)'s behavior was wrong.</p> <p>[C] Shook (him/her).</p> <p>[D] Shouted, yelled at or screamed at (him/her).</p> <p>[E] Gave (him/her) something else to do.</p> <p>[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.</p> <p>[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.</p> <p>[H] Called (him/her) dumb, lazy or another name like that.</p> <p>[I] Hit or slapped (him/her) on the face, head or ears.</p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg.</p> <p>[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.</p>	<p style="text-align: right;">YES NO</p> <p>TOOK AWAY PRIVILEGES..... 1 2</p> <p>EXPLAINED WRONG BEHAVIOR 1 2</p> <p>SHOOK HIM/HER 1 2</p> <p>SHOUTED, YELLED, SCREAMED 1 2</p> <p>GAVE SOMETHING ELSE TO DO 1 2</p> <p>SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2</p> <p>HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2</p> <p>CALLED DUMB, LAZY OR ANOTHER NAME 1 2</p> <p>HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2</p> <p>HIT / SLAPPED ON HAND, ARM OR LEG 1 2</p> <p>BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD..... 1 2</p>	
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?	YES 1 NO..... 2	2 ⇨ UCD5

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

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

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

<p>FCF25. 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>FCF26. 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>PR1. 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>PR3. 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>PR4. 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>PR5. 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>PR6. DOES ANYONE HELP (<i>NAME</i>) WITH HOMEWORK?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>

<p>PR7. 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)?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇔ PR10 8 ⇔ PR10</p>
<p>PR8. In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇔ PR10 8 ⇔ PR10</p>
<p>PR9. During any of these meetings, was any of the following discussed:</p> <p>[A] A plan for addressing key education issues faced by (<i>name</i>)’s school?</p> <p>[B] School budget or use of funds received by (<i>name</i>)’s school?</p>	<p style="text-align: right;">YES NO DK</p> <p>PLAN FOR ADDRESSING SCHOOL’S ISSUES 1 2 8</p> <p>SCHOOL BUDGET 1 2 8</p>	
<p>PR10. 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>)’?</p>	<p>YES 1 NO 2 DK 8</p>	
<p>PR11. 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?</p> <p>[A] A SCHOOL CELEBRATION OR A SPORT EVENT?</p> <p>[B] TO DISCUSS (<i>NAME</i>)’S PROGRESS WITH (HIS/HER) TEACHERS?</p>	<p style="text-align: right;">YES NO DK</p> <p>CELEBRATION OR SPORT EVENT 1 2 8</p> <p>TO DISCUSS PROGRESS WITH TEACHERS 1 2 8</p>	

<p>PR12. 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>PR13. 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>PR14. 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>PR15. 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>FS11. RECORD THE TIME.</p>	<p>HOURS AND MINUTES :</p>	
<p>FS12. LANGUAGE OF THE QUESTIONNAIRE.</p>	<p>ARABIC.....1</p> <p>KURDISH (SORANI).....2</p> <p>KURDISH (BADINI).....3</p>	
<p>FS13. LANGUAGE OF THE INTERVIEW.</p>	<p>ARABIC.....1</p> <p>KURDISH (SORANI).....2</p> <p>KURDISH (BADINI).....3</p> <p>TURKMAN4</p> <p>ASSERIAN5</p> <p style="text-align: right;">OTHER LANGUAGE</p> <p>(specify)6</p>	

FS14. NATIVE LANGUAGE OF THE RESPONDENT.	ARABIC.....1 KURDISH (SORANI).....2 KURDISH (BADINI).....3 TURKMAN.....4 ASSERIAN.....5 OTHER LANGUAGE <i>(specify)</i>6	
FS15. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE2 NO, NOT USED.....3	
<p>FS16. Thank the respondent and the child for her/his cooperation.</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>		

INTERVIEWER'S OBSERVATIONS

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SUPERVISOR'S OBSERVATIONS

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5. QUESTIONNAIRE FOR CHILDREN AGE 5-17



QUESTIONNAIRE FOR CHILDREN AGE 5-17
Iraq, 2018



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

FS9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY1 NO, FIRST INTERVIEW2	1 ⇒ FS10B 2 ⇒ FS10A
FS10A. HELLO, MY NAME IS (<i>YOUR NAME</i>). WE ARE FROM CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH . 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?	FS10B. 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	

FS17. Result of interview for child age 5-17 years <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
CB1. Check the respondent's line number (FS4) in 5-17 CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	FS4=HH47..... 1 FS4≠HH47..... 2	1 ⇒ CB11
CB2. In what month and year was (name) born? <i>Month and year must be recorded.</i>	DATE OF BIRTH MONTH..... __ __ YEAR __ __ __ __	
CB3. How old is (name)? <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) __ __	
CB4. HAS (NAME) EVER ATTENDED SCHOOL OR ANY EARLY CHILDHOOD EDUCATION (KINDERGARTEN) PROGRAMME?	YES..... 1 NO 2	2 ⇒ CB11
CB5. WHAT IS THE HIGHEST LEVEL AND GRADE OR YEAR OF SCHOOL (NAME) HAS EVER ATTENDED?	KINDERGARTEN 0 __ __ PRIMARY 1 __ __ INTERMEDIATE..... 2 __ __ DIPLOMA (5 YRS. AFTER INTERMEDIATE) 3 __ __ SECONDARY 4 __ __ DIPLOMA 5 __ __ BACHELORS DEGREE 6 __ __	
CB6. DID (HE/SHE) EVER COMPLETE THAT (GRADE/YEAR)?	YES..... 1 NO 2	

CB7. 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 ⇒ <i>CB9</i>
CB8. 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 ___	
CB9. 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 ⇒ <i>CB11</i>
CB10. 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 ___	
CB11. IS (<i>NAME</i>) COVERED BY ANY HEALTH INSURANCE?	YES..... 1 NO 2	2 ⇒ <i>NEXT MODULE</i>
CB12. 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>CL1. 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>CL2. Check CL1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' 1</p> <p>ALL ANSWERS ARE 'NO' 2</p>	<p>2 ⇒ CL7</p>
<p>CL3. 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>CL4. (Does the activity/Do these activities) require carrying heavy loads?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>CL5. (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>FCF1. I would like to ask you some questions about difficulties (NAME) may have.</p> <p>[A] Shopping for the household?</p> <p>Does (NAME) wear glasses or [B] cooking contact lenses (medical)?</p>	<p>YES NO</p> <p>SHOPPING FOR HOUSEHOLD..... 1 2</p> <p>YES..... 1 COOKING..... 1 NO..... 2</p> <p>WASHING DISHES /</p>	
<p>FCF2. Does (NAME) use cleaning around the house?</p>	<p>YES..... 1 CLEANING HOUSE..... 1 NO..... 2</p>	
<p>FCF3. Does (NAME) use any equipment or receive assistance for walking?</p> <p>[D] Washing clothes?</p>	<p>YES..... 1 WASHING CLOTHES..... 1 NO..... 2</p>	
<p>FCF4. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question would you say that (NAME) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?</p> <p>[E] Caring for children?</p> <p>[F] Caring for someone old or sick?</p> <p>[X] 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>CL12. Check CL11. [A]-[X]: (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 ALL ANSWERS ARE 'NO'..... 2</p>	2 ⇒ Next Module
<p>CL13. Since last (day of the week), about how many hours did (NAME) engage in (this activity/these activities) in total? (NAME) has: 1) no difficulty, 2) some difficulty, or 3) a lot of difficulty, or 4) that (he/she) cannot at all? use, since last (day of the week)?</p>	<p>NUMBER OF HOURS.....</p>	
<p>FCF5. Check FCF1: Child wears glasses or contact lenses (medical)?</p>	<p>YES, FCF1=1..... 1 NO, FCF1=2..... 2</p>	1 ⇒ FCF6A 2 ⇒ FCF6B
<p>FCF6A. In the last (day of the week), did (NAME) collect firewood for household use? (NAME) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?</p>	<p>YES..... 1 NO DIFFICULTY..... 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT SEE AT ALL..... 4</p>	2 ⇒ CL11
<p>CL10. In total, how many hours did (NAME) spend on collecting firewood for household use, since last (day of the week)?</p>	<p>NUMBER OF HOURS.....</p>	
<p>FCF7. Check FCF2: Child uses a hearing aid?</p>	<p>YES, FCF2=1..... 1 NO, FCF2=2..... 2</p>	1 ⇒ FCF8A 2 ⇒ FCF8B
<p>FCF8A. When using (his/her) hearing aid(s), does (NAME) have difficulty hearing sounds like peoples' voices or music?</p> <p>FCF8B. Does (NAME) have difficulty hearing sounds like peoples' voices or music?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY..... 3 CANNOT HEAR AT ALL..... 4</p>	

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

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

<p>FCF25. 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>FCF26. 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
PR1. Check CB3: Child's age?	AGE 5-6 YEARS.....1 AGE 7-14 YEARS.....2 AGE 15-17 YEARS.....3	1 ⇨FS11 3 ⇨FS11
PR3. 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.	NONE00 NUMBER OF BOOKS..... 0 ___ TEN OR MORE BOOKS10	
PR4. Check CB7 and ED9 in HH Questionnaire: Did the child attend any school?	YES, CB7/ED9=11 NO, CB7/ED9=2 OR BLANK2	2 ⇨FS11
PR5. Does (name) ever have homework?	YES.....1 NO2 DK8	2 ⇨PR7 8 ⇨PR7
PR6. Does anyone help (name) with homework?	YES1 NO2 DK8	
PR7. 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)?	YES1 NO2 DK8	2 ⇨PR10 8 ⇨PR10
PR8. 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 NO2 DK8	2 ⇨PR10 8 ⇨PR10
PR9. 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?	YES NO DK PLAN FOR ADDRESSING SCHOOL'S ISSUES1 2 8 SCHOOL BUDGET1 2 8	
PR10. 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)?	YES1 NO2 DK8	
PR11. 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?	YES NO DK CELEBRATION OR SPORT EVENT1 2 8 TO DISCUSS PROGRESS	

[B] To discuss (name)'s progress with (his/her) teachers?	WITH TEACHERS1 2 8	
PR12. In the last 12 months, has (<i>name</i>)'s school been closed on a school day due to any of the following reasons:	YES NO DK	
[A] Natural disasters, such as flood, cyclone, epidemics or similar?	NATURAL DISASTERS.....1 2 8	
[B] Man-made disasters, such as fire, building collapse, riots or similar?	MAN-MADE DISASTERS.....1 2 8	
[C] Teacher strike?	TEACHER STRIKE.....1 2 8	
[X] Other?	OTHER (SPECIFY) _____1 2 8	
PR13. In the last 12 months, was (name) unable to attend class due to (his/her) teacher being absent?	YES1 NO2 DK8	
PR14. Check PR12[C] and PR13: Any 'Yes' recorded?	YES, PR12[C]=1 OR PR13=1.....1 NO2	2 ⇔ Next Module
PR15. 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?	YES1 NO2 DK8	

FS11. RECORD THE TIME.	HOURS AND MINUTES..... ___ : ___	
FS12. LANGUAGE OF THE QUESTIONNAIRE.	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3	
FS13. LANGUAGE OF THE INTERVIEW.	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (specify) 6	
FS14. NATIVE LANGUAGE OF THE RESPONDENT.	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (specify) 6	
FS15. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	
<p>FS16. Thank the respondent and the child for her/his cooperation.</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>		

INTERVIEWER'S OBSERVATIONS

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SUPERVISOR'S OBSERVATIONS

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