

APPENDIX F

TRINIDAD AND TOBAGO QUESTIONNAIRES



Ministry of Social Development
in collaboration with
UNICEF and the Central Statistical Office



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE MINISTRY OF SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH AN ADULT AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. ED number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH4A. Start Date (Day/Month/Year) of interview: _____ / _____ / _____		
HH5. End Date (Day/Month/Year) of interview: _____ / _____ / _____		
HH 8. Name of head of household: _____		
After all questionnaires for the household have been completed, fill in the following information:		
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4 Other (specify) 6	HH10. Respondent to HH questionnaire: Name: Line No:	
HH12. No. of women eligible for interview: _____	HH11. Total number of household members: _____	
HH13. No. of women questionnaires completed: _____	HH14. No. of children under age 5: _____	
HH15. No. of under-5 questionnaires completed: _____	Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>	
HH16. Data entry clerk: _____		

HOUSEHOLD LISTING FORM

HL

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

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 10 household members. Tick here if continuation sheet used ☐

Eligible for:				For children age 0-17 years ask HL9-HL12		For all household members									
WOMEN'S INTERVIEW		CHILD LABOUR MODULE		UNDER-5 INTERVIEW											
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-17: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE? If Yes→Record Line no. of mother If No→ Record 00	HL10. Does (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If Yes→Record Line no. of mother If No→ Record 00	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO→NEXT LINE 8 DK→ NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? If Yes→Record Line no. of father If No→ Record 00	HC1A. WHAT IS THE RELIGION OF EACH PERSON IN THIS HOUSEHOLD?	HC1C. TO WHAT ETHNIC GROUP DOES EACH PERSON IN THIS HOUSEHOLD BELONG?		
LINE	NAME	REL.	M	F	AGE	MOTHER	MOTHER	MOTHER	MOTHER	Y	N	DK	FATHER		
01		0 1	1	2	— — —	15-49	01	— — —	— — —	1 2 8	—	—	— — —	— — —	— — —
02		— — —	1	2	— — —	02	— — —	— — —	— — —	1 2 8	—	—	— — —	— — —	— — —
03		— — —	1	2	— — —	03	— — —	— — —	— — —	1 2 8	—	—	— — —	— — —	— — —
04		— — —	1	2	— — —	04	— — —	— — —	— — —	1 2 8	—	—	— — —	— — —	— — —
05		— — —	1	2	— — —	05	— — —	— — —	— — —	1 2 8	—	—	— — —	— — —	— — —
06		— — —	1	2	— — —	06	— — —	— — —	— — —	1 2 8	—	—	— — —	— — —	— — —
07		— — —	1	2	— — —	07	— — —	— — —	— — —	1 2 8	—	—	— — —	— — —	— — —
08		— — —	1	2	— — —	08	— — —	— — —	— — —	1 2 8	—	—	— — —	— — —	— — —
09		— — —	1	2	— — —	09	— — —	— — —	— — —	1 2 8	—	—	— — —	— — —	— — —

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. How OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-17: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO 8 DK HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If Yes → Record Line no. of mother If No → Record 00	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO 8 DK NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? If Yes → Record Line no. of father If No → Record 00	HC1A. WHAT IS THE RELIGION OF EACH PERSON IN THIS HOUSEHOLD?	HC1C. TO WHAT ETHNIC GROUP DOES EACH PERSON IN THIS HOUSEHOLD BELONG?					
LINE	NAME	REL.	M	F	AGE	MOTHER	MOTHER	Y	N	DK	MOTHER	Y	N	DK	FATHER	Y	N	DK
10			1	2		15-49	10											
ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form. Then, complete the totals below.																		
						Women 15-49	Children 5-14	Under-5s										
Totals																		
* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").																		
Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five. You should now have a separate questionnaire for each eligible woman and each child under five in the household.																		

* Codes for HL3: Relationship to head of household:		
01 = Head 02 = Wife or Husband 03 = Son or Daughter 04 = Son-in-law or Daughter-in-law 05 = Grandchild 06 = Parent	07 = Parent-in-law 08 = Brother or Sister 09 = Brother-in-law or Sister-in-law 10 = Uncle/Aunt 11 = Niece/Nephew By Blood 12 = Niece/Nephew By Marriage	13 = Other Relative 14 = Adopted/Foster/Stepchild 15 = Not Related 98 = Don't Know
* Codes for HC1A: Religion		
01 = Anglican 02 = Baptist 03 = Hindu 04 = Muslim 05 = Jehovah Witness 06 = Methodist	07 = Moravian 08 = Pentecostal/Evangelical 09 = Presbyterian 10 = Roman Catholic 11 = Seventh Days Adventist	95 = No religion 96 = Other (specify) 98 = DK
* Codes for HC1C: Ethnic Group		
01 = African 02 = Indian 03 = Chinese 04 = Syrian/Lebanese	05 = Caucasian 06 = Mixed 07 = Not Stated 96 = Other (specify)	

EDUCATION MODULE						ED		
For household members age 5 and above						For household members age 5-30 years		
ED1. Line no.	ED1A. Name	ED2. Has (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL AND GRADE: 00 PRESCHOOL 01 1 st YEAR INFANTS 02 2 nd YEAR INFANTS 11 STANDARD 1 12 STANDARD 2 13 STANDARD 3 14 STANDARD 4 15 STANDARD 5 16 STANDARD 6/7 21 FORM 1 22 FORM 2 23 FORM 3 24 FORM 4 25 FORM 5 26 LOWER 6 27 UPPER 6 31-36 UNIVERSITY Yr1-Yr6 41-46 POST GRADUATE Yr1-Yr6 51-56 TECHNICAL / VOCATIONAL Yr1-Yr6 98 DK	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL AT ANY TIME? 1 YES 2 NO → ED7	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? Insert number of days in space below.	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING? LEVEL AND GRADE: 00 PRESCHOOL 01 1 st YEAR INFANTS 02 2 nd YEAR INFANTS 11 STANDARD 1 12 STANDARD 2 13 STANDARD 3 14 STANDARD 4 15 STANDARD 5 16 STANDARD 6/7 21 FORM 1 22 FORM 2 23 FORM 3 24 FORM 4 25 FORM 5 26 LOWER 6 27 UPPER 6 31-36 UNIVERSITY Yr1-Yr6 41-46 POST GRADUATE Yr1-Yr6 51-56 TECHNICAL / VOCATIONAL Yr1-Yr6 98 DK	ED7. Did (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)? 1 YES 2 NO → NEXT LINE 8 DK → NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL AND GRADE: 00 PRESCHOOL 01 1 st YEAR INFANTS 02 2 nd YEAR INFANTS 11 STANDARD 1 12 STANDARD 2 13 STANDARD 3 14 STANDARD 4 15 STANDARD 5 16 STANDARD 6/7 21 FORM 1 22 FORM 2 23 FORM 3 24 FORM 4 25 FORM 5 26 LOWER 6 27 UPPER 6 31-36 UNIVERSITY Yr1-Yr6 41-46 POST GRADUATE Yr1-Yr6 51-56 TECHNICAL / VOCATIONAL Yr1-Yr6 98 DK
LINE		YES NO	LEVEL AND GRADE	YES NO	DAYS	LEVEL AND GRADE	Y N DK	LEVEL AND GRADE
01		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —
02		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —
03		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —
04		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —
05		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —
06		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —
07		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —
08		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —
09		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —
10		1 2 → NEXT LINE	— — —	1 2	—	— — —	1 2 8	— — —

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling..... 11 Piped into yard or plot..... 12 Public tap/standpipe 13 Private piped into dwelling 22 Private piped into yard 23 Water from spring Protected spring..... 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck..... 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 Bottled water..... 91 Other (<i>specify</i>) 96	11→WS5 12→WS5 13→WS3 22→WS5 23→WS5 →WS3 96→WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling..... 11 Piped into yard or plot..... 12 Public tap/standpipe 13 Private piped into dwelling 22 Private piped into yard 23 Water from spring Protected spring..... 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck..... 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 Bottled water..... 91 Other (<i>specify</i>) 96	11→WS5 12→WS5 22→WS5 23→WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes _ _ _ Water on premises 995 DK..... 998	995→WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> Is this person under age 15? What sex? Circle code that best describes this person.	Adult woman..... 1 Adult man 2 Female child (under 15)..... 3 Male child (under 15)..... 4 DK..... 8	

<p>WS5. Do you treat your water in any way to make it safer to drink?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→WS7 8→WS7</p>
<p>WS6. What do you usually do to the water to make it safer to drink?</p> <p>Anything else?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil.....A Add bleach/chlorine.....B Strain it through a cloth.....C Use water filter (ceramic, sand, composite, etc.).....D Let it stand and settleF</p> <p>Other (<i>specify</i>)X DK.....Z</p>	
<p>WS7. What kind of toilet facility do members of your household usually use?</p> <p><i>If “flush” or “pour flush”, probe: Where does it flush to?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush Flush to piped sewer system11 Flush to septic tank.....12 Flush to somewhere else.....14 Flush to unknown place/not sure where/DK15</p> <p>Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab.....22 Pit latrine without slab / open pit.....23</p> <p>Bucket.....41</p> <p>No facilities or bush or field95</p> <p>Other (<i>specify</i>)96</p>	<p>95→ NEXT MODULE</p>
<p>WS8. Do you share this facility with other households?</p>	<p>Yes.....1 No.....2</p>	<p>2→ NEXT MODULE</p>
<p>WS9. How many households in total use this toilet facility?</p>	<p>No. of households (if less than 10).....0 ____</p> <p>Ten or more households10 DK.....98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. IN THIS HOUSEHOLD, HOW MANY ROOMS DO HOUSEHOLD MEMBERS USE FOR THE PURPOSE OF SLEEPING?	No. of rooms	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Dirt/Tapia..... 13 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips..... 32 Ceramic tiles 33 Concrete 34 Carpet..... 35 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Rudimentary Roofing Wood planks 23 Finished roofing Metal 31 Wood 32 Concrete..... 35 Roofing shingles 36 Clay tiles..... 37 Galvanized iron/Aluzinc 38 Other (<i>specify</i>) 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls Dirt/Tapia..... 13 Rudimentary walls Plywood 24 Carton 25 Reused wood 26 Galvanized iron/Aluzinc 27 Finished walls Concrete 31 Stone with mortar 32 Bricks..... 33 Concrete blocks..... 34 Hollow clay blocks 37 Hollow clay/Concrete blocks(plastered) 38 Wood (e.g. cedar)..... 39 Other (<i>specify</i>) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity 01 Liquid Propane Gas (LPG) 02 Natural gas 03 Kerosene 05 Wood 08 Other (<i>specify</i>) 96	01→HC8 02→HC8 03→HC8

<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p> <p><i>Probe for type.</i></p>	<p>Open fire..... 1</p> <p>Open stove 2</p> <p>Closed stove..... 3</p> <p>Other (<i>specify</i>) 6</p>	<p>3→HC8</p> <p>6→HC8</p>																																													
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes..... 1</p> <p>No..... 2</p>																																														
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house..... 1</p> <p>In a separate building 2</p> <p>Outdoors..... 3</p> <p>Other (<i>specify</i>) 96</p>																																														
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p> <p>ELECTRICITY?</p> <p>A RADIO?</p> <p>A TELEVISION?</p> <p>A NON-MOBILE TELEPHONE?</p> <p>A REFRIGERATOR?</p> <p>A STOVE?</p> <p>A WASHING MACHINE?</p> <p>A CLOTHES DRYER?</p> <p>A WATER HEATER (TANK/CANISTER)?</p> <p>A MICROWAVE OVEN?</p> <p>AN AIR CONDITION UNIT?</p> <p>INTERNET SERVICE?</p> <p>CABLE/DIRECT TV?</p> <p>A DVD PLAYER?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Electricity</td><td>1</td><td>2</td></tr> <tr><td>Radio</td><td>1</td><td>2</td></tr> <tr><td>Television.....</td><td>1</td><td>2</td></tr> <tr><td>Non-Mobile Telephone.....</td><td>1</td><td>2</td></tr> <tr><td>Refrigerator.....</td><td>1</td><td>2</td></tr> <tr><td>Stove</td><td>1</td><td>2</td></tr> <tr><td>Washing Machine</td><td>1</td><td>2</td></tr> <tr><td>Clothes Dryer.....</td><td>1</td><td>2</td></tr> <tr><td>Water Heater</td><td>1</td><td>2</td></tr> <tr><td>Microwave Oven.....</td><td>1</td><td>2</td></tr> <tr><td>Air Condition Unit.....</td><td>1</td><td>2</td></tr> <tr><td>Internet Service</td><td>1</td><td>2</td></tr> <tr><td>Cable/Direct TV</td><td>1</td><td>2</td></tr> <tr><td>DVD Player.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television.....	1	2	Non-Mobile Telephone.....	1	2	Refrigerator.....	1	2	Stove	1	2	Washing Machine	1	2	Clothes Dryer.....	1	2	Water Heater	1	2	Microwave Oven.....	1	2	Air Condition Unit.....	1	2	Internet Service	1	2	Cable/Direct TV	1	2	DVD Player.....	1	2	
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<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>A MOBILE/CELLULAR PHONE</p> <p>A CAR OR TRUCK?</p> <p>A COMPUTER?</p> <p>A SEWING MACHINE?</p> <p>A STEREO OR RADIO WITH CD PLAYER?</p> <p>A BOAT FOR FISHING?</p> <p>A BOAT FOR PLEASURE?</p> <p>AN MP3 PLAYER?</p> <p>AN IPOD?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Mobile/Cell phone.....</td><td>1</td><td>2</td></tr> <tr><td>Car/Truck.....</td><td>1</td><td>2</td></tr> <tr><td>Computer.....</td><td>1</td><td>2</td></tr> <tr><td>Sewing Machine</td><td>1</td><td>2</td></tr> <tr><td>Stereo/radio with CD player.....</td><td>1</td><td>2</td></tr> <tr><td>Boat for Fishing</td><td>1</td><td>2</td></tr> <tr><td>Boat for Pleasure.....</td><td>1</td><td>2</td></tr> <tr><td>MP3 Player</td><td>1</td><td>2</td></tr> <tr><td>Ipod.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Mobile/Cell phone.....	1	2	Car/Truck.....	1	2	Computer.....	1	2	Sewing Machine	1	2	Stereo/radio with CD player.....	1	2	Boat for Fishing	1	2	Boat for Pleasure.....	1	2	MP3 Player	1	2	Ipod.....	1	2																
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CHILD LABOUR MODULE

To be administered to mother/caretaker of each child in the household age 5 through 17 years. For household members below age 5 or above age 17, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line no.	CL2. Name	CL3. SINCE LAST (day of the week), DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO → CL5	CL4. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs. Record response then → CL5.4	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL5a. SINCE LAST (day of the week), DID (name) UNDERTAKE ANY WORK ACTIVITY ON HIS/HER OWN ACCOUNT OR IN HIS/HER OWN ENTERPRISE? 1 YES 2 NO → CL6	CL5b. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK ON HIS/HER OWN ACCOUNT OR IN HIS/HER OWN ENTERPRISE? If more than one job, include all hours at all jobs.	CL6. SINCE LAST (day of the week), DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO → CL8	CL7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. SINCE LAST (day of the week), DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO → CL10	CL9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO	NO. HOURS	YES PAID UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS	YES PAID UNPAID NO	NO. HOURS
01		1 2 3		1 2 3	1 2		1 2		1 2 3	
02		1 2 3		1 2 3	1 2		1 2		1 2 3	
03		1 2 3		1 2 3	1 2		1 2		1 2 3	
04		1 2 3		1 2 3	1 2		1 2		1 2 3	
05		1 2 3		1 2 3	1 2		1 2		1 2 3	
06		1 2 3		1 2 3	1 2		1 2		1 2 3	
07		1 2 3		1 2 3	1 2		1 2		1 2 3	
08		1 2 3		1 2 3	1 2		1 2		1 2 3	
09		1 2 3		1 2 3	1 2		1 2		1 2 3	
10		1 2 3		1 2 3	1 2		1 2		1 2 3	

CHILD LABOUR MODULE				C2																		
CL1. Line no.	CL2. Name	CL10. Check CL3, CL5A, CL8: Worked, paid or unpaid → CL11 Did not work → Next Line	CL11. DESCRIBE THE MAIN JOB/TASK. (name) WAS PERFORMING, FOR EXAMPLE, CLEANING CARS, HARVESTING, AGRICULTURAL PRODUCTS, ETC. Main refers to the work that (name) spent most of the time of the week doing. If two or more jobs occupy the same time, consider the job earning the most money.	CL12. PLEASE DESCRIBE BRIEFLY THE MAIN ACTIVITY, THAT IS, GOODS PRODUCED OR SERVICES RENDERED WHERE (name) IS WORKING	CL13. DURING WHAT TIME OF DAY DID (name) CARRY OUT HIS /HER WORK? A MORNING/ AFTERNOON (6AM- 6PM) B NIGHT/PRE-DAWN (6PM-6AM) Z DON'T KNOW	CL14. IN HIS/HER WORK IS (name) EXPOSED TO ANY OF THE FOLLOWING: A DUST, FUMES, GAS (OXYGEN, AMMONIA) B NOISE C EXTREME TEMPERATURES OR HUMIDITY D DANGEROUS TOOLS (KNIVES, ETC.) E WORK UNDERGROUND F WORK AT HEIGHTS G INSUFFICIENT LIGHTING H CHEMICALS (PESTICIDE, GLUE, ETC.) X OTHER (SPECIFY) Y NONE OF THE ABOVE Z DON'T KNOW																
LINE	NAME	Yes	No	OCCUPATION	INDUSTRY	DAY	NIGHT	DK	A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)		
01		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)
02		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)
03		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)
04		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)
05		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)
06		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)
07		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)
08		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)
09		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)
10		<input type="checkbox"/>	<input type="checkbox"/>			A	B	Z			A	B	C	D	E	F	G	H	Y	Z	X	OTHER (SPECIFY)

CHILD DISCIPLINE MODULE

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

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.	
LINE	LINE	NAME	M	F	AGE	MOTHER	
01	___		1	2	___	___	
02	___		1	2	___	___	
03	___		1	2	___	___	
04	___		1	2	___	___	
05	___		1	2	___	___	
06	___		1	2	___	___	
07	___		1	2	___	___	
08	___		1	2	___	___	
CD7.	TOTAL CHILDREN AGED 2-14 YEARS						___

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD9; write down the rank number of the child and continue with CD11

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the household number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child	Rank number of child.....__
--	-----------------------------

CHILD DISCIPLINE MODULE

CD

Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).

<p>CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.</p>	<p>Name</p> <p>Line number — —</p>	
<p>CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH.</p>		
<p>CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12C. SHOOK HIM/HER.</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).</p>	<p>Yes..... 1</p> <p>No.....2</p>	
<p>CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) <i>(name)</i> PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?</p>	<p>Yes..... 1</p> <p>No.....2</p> <p>Don't know/no opinion.....8</p>	

SALT IODIZATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1 Less than 15 PPM 2 15 PPM or more 3</p> <p>No salt in home 6 Salt not tested 7</p>	

SI2. Does any eligible woman age 15-49 reside in the household?
Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ Yes. → Go to **QUESTIONNAIRE FOR INDIVIDUAL WOMEN** to administer the questionnaire to the first eligible woman.

☐ No. → Continue.

SI3. Does any child under the age of 5 reside in the household?
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ Yes. → Go to **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to administer the questionnaire to mother or caretaker of the first eligible child.

☐ No. → End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. ED number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____		
WM5A. Start Date (Day/Month/Year) of interview: _____ / _____ / _____		
WM6. End Date (Day/Month/Year) of interview: _____ / _____ / _____		
WM7. Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	

Repeat greeting if not already read to this woman:

WE ARE FROM THE MINISTRY OF SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month..... DK month.....98 Year DK year.....9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years).....	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes.....1 No.....2	2 → WM14

<p>WM11. WHAT IS THE HIGHEST LEVEL AND GRADE OF SCHOOL YOU ATTENDED?</p>	<p>LEVEL AND GRADE:</p> <p>00 PRESCHOOL</p> <p>01 1ST YEAR INFANTS</p> <p>02 2ND YEAR INFANTS</p> <p>11 STANDARD 1</p> <p>12 STANDARD 2</p> <p>13 STANDARD 3</p> <p>14 STANDARD 4</p> <p>15 STANDARD 5</p> <p>16 STANDARD 6/7</p> <p>21 FORM 1</p> <p>22 FORM 2</p> <p>23 FORM 3</p> <p>24 FORM 4</p> <p>25 FORM 5</p> <p>26 LOWER 6</p> <p>27 UPPER 6</p> <p>31-36 UNIVERSITY Yr1-Yr6</p> <p>41-46 POST GRADUATE Yr1-Yr6</p> <p>51-56 TECHNICAL / VOCATIONAL Yr1-Yr6</p> <p>98 DK</p>	
<p>WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentences to respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i></p> <p>CAN YOU READ PART OF THE SENTENCE TO ME?</p> <p><i>Example sentences for literacy test:</i></p> <ol style="list-style-type: none"> 1. <i>The child is reading a book.</i> 2. <i>The rains came late this year.</i> 3. <i>Parents must care for their children.</i> 4. <i>Farming is hard work.</i> 	<p>Cannot read at all.....1</p> <p>Able to read only parts of sentence.....2</p> <p>Able to read whole sentence.....3</p> <p>No sentence in required language_____4 (specify language)</p> <p>Blind/mute, visually/speech impaired.....5</p>	

CHILDBEARING AND CHILD MORTALITY MODULE
CM

***This module is to be administered to all women age 15-49.
All questions refer only to LIVE births.***

<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>If "No" probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes..... 1 No..... 2</p>	<p>2→ MARRIAGE/UNION MODULE</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth Day DK day..... 98</p> <p>Month..... DK month..... 98</p> <p>Year DK year..... 9998</p>	<p>→CM3 ↓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes..... 1 No..... 2</p>	<p>2→CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home</p> <p>Daughters at home</p>	
<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>	<p>Yes..... 1 No..... 2</p>	<p>2→CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere</p> <p>Daughters elsewhere.....</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes..... 1 No..... 2</p>	<p>2→CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead.....</p> <p>Girls dead</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum</p>	

<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. → Go to CM11</p> <p><input type="checkbox"/> No. → Check responses and make corrections before proceeding to CM11</p>		
<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>If day is not known, enter '98' in space for day.</p>	<p>Date of last birth</p> <p>Day/Month/Year _ _ / _ _ / _ _ _ _</p>	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><input type="checkbox"/> No live birth in last 2 years. → Go to MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. → Continue with CM13</p> <p><i>Name of child</i> _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more..... 3</p>	

TETANUS TOXOID (TT) MODULE

TT

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No 2 DK 8	2 → TT5 8 → TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times DK 98	98 → TT5
TT4. How many TT doses during last pregnancy were reported in TT3?		
<input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ Go to Next Module <input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes 1 No 2 DK 8	2 → NEXT MODULE 8 → NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>	Month DK month 98 Year DK year 9998	→ NEXT MODULE ↓ TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago	

MATERNAL AND NEWBORN HEALTH MODULE

MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check child mortality module CM12 and record name of last-born child here _____

Use this child's name in the following questions, where indicated.

<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>DoctorA</p> <p>Nurse/midwifeB</p> <p>Auxiliary midwifeC</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Community health workerG</p> <p>Relative/friendH</p> <p>Other (specify)X</p> <p>No one.....Y</p>	<p>Y→MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weight	1	2	Blood pressure	1	2	Urine sample	1	2	Blood sample.....	1	2	
	Yes	No															
Weight	1	2															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample.....	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2→MN7</p> <p>8→MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (name)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>DoctorA</p> <p>Nurse/midwifeB</p> <p>Auxiliary midwifeC</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Community health workerG</p> <p>Relative/friendH</p> <p>Other (specify)X</p> <p>No one.....Y</p>																

<p>MN8. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Govt. hospital..... 21</p> <p>Govt. clinic/health center 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>Private maternity home..... 33</p> <p>Other private</p> <p>medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	
<p>MN9. WHEN YOUR LAST CHILD <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>DK..... 8</p>	
<p>MN10. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2 → MN12</p> <p>8 → MN12</p>
<p>MN11. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kilograms) ____ . ____</p> <p>From recall..... 2 (kilograms) ____ . ____</p> <p>DK..... 99998</p>	
<p>MN11A. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (pounds/ounces) ____ / ____</p> <p>From recall..... 2 (pounds/ounces) ____ / ____</p> <p>DK..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2 → NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours..... 1 ____</p> <p>or</p> <p>Days..... 2 ____</p> <p>Don't know/remember 998</p>	

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING IN A COMMON-LAW UNION WITH A MALE?	Yes, currently married..... 1 Yes, common-law union 2 No, not in union 3 Yes, currently married and in a common-law union..... 4	3 → MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years..... __ __ DK..... 98	→ MA5 98 → MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED IN A COMMON-LAW UNION WITH A MALE?	Yes, formerly married..... 1 Yes, formerly in common-law union..... 2 No..... 3	3 → NEXT MODULE
MA4. WHAT IS YOUR STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced 2 Separated..... 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MALE ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MALE AS IF MARRIED?	Month..... __ __ DK month..... 98 Year __ __ __ __ DK year..... 9998	
MA7. Check MA6: <input type="checkbox"/> <i>Both month and year of marriage/union known? ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Either month or year of marriage/union not known? ⇒ Continue with MA8</i>		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years..... __ __	

CONTRACEPTION AND UNMET NEED MODULE		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant.....1</p> <p>No.....2</p> <p>Unsure or DK.....8</p>	<p>1→CP2</p> <p>1→CP2</p>
<p>CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u>, DID YOU WANT TO WAIT UNTIL <u>LATER</u>, OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?</p>	<p>Then1</p> <p>Later2</p> <p>Not want more children.....3</p>	<p>1→CP4B</p> <p>2→CP4B</p> <p>3→CP4B</p>
<p>CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>2→CP4A</p>
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization.....A</p> <p>Male sterilization.....B</p> <p>Pill.....C</p> <p>IUDD</p> <p>InjectionsE</p> <p>Implants.....F</p> <p>Condom.....G</p> <p>Female condom.....H</p> <p>Diaphragm.....I</p> <p>Foam/jellyJ</p> <p>Lactational amenorrhoea method (LAM)K</p> <p>Periodic abstinenceL</p> <p>Withdrawal.....M</p> <p>Other (<i>specify</i>)X</p>	
<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> 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?</p>	<p>Have (a/another) child1</p> <p>No more/none.....2</p> <p>Says she cannot get pregnant.....3</p> <p>Undecided/don't know8</p>	<p>2→CP4D</p> <p>3→NEXT MODULE</p> <p>8→CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months.....1 ____</p> <p>Years2 ____</p> <p>Soon/now.....993</p> <p>Says she cannot get pregnant.....994</p> <p>After marriage.....995</p> <p>Other.....996</p> <p>Don't Know998</p>	<p>994→NEXT MODULE</p>

CP4d. Check CP1:

☐ **Currently pregnant? → Go to Next Module**

☐ **Not currently pregnant or unsure? → Continue with CP4E**

CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes.....1 No.....2 DK.....8	
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ATTITUDES TOWARD DOMESTIC VIOLENCE MODULE				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	
DV1A. IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling1	2	8	
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children1	2	8	
DV1C. IF SHE ARGUES WITH HIM?	Argues1	2	8	
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex1	2	8	
DV1E. IF SHE BURNS THE FOOD?	Burns food1	2	8	

SEXUAL BEHAVIOUR MODULE
SB

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.

SB0. Check WM9: Age of respondent is between 15 and 24?
☐ **Age 25-49.** ⇒ **Go to Next Module**
☐ **Age 15-24.** ⇒ **Continue with SB1**

<p>SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?</p>	<p>Never had intercourse00</p> <p>Age in years..... _ _</p> <p>First time when started living with (first) husband/partner.....95</p>	<p>00 → NEXT MODULE</p>
<p>SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago.....2 _ _</p> <p>Months ago.....3 _ _</p> <p>Years ago4 _ _</p>	<p>4 → NEXT MODULE</p>
<p>SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No.....2</p>	
<p>SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>If man is 'boyfriend' or 'fiancée', ask:</i> WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? <i>If 'yes', circle 1. If 'no', circle 2.</i></p>	<p>Spouse / cohabiting partner.....1</p> <p>Man is boyfriend / fiancée.....2</p> <p>Other friend.....3</p> <p>Casual acquaintance4</p> <p>Other (specify)6</p>	<p>1 → SB6</p>
<p>SB5. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner _ _</p> <p>DK.....98</p>	
<p>SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>2 → NEXT MODULE</p>
<p>SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No.....2</p>	
<p>SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN?</p> <p><i>If man is 'boyfriend' or 'fiancée', ask:</i> WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? <i>If 'yes', circle 1. If 'no', circle 2.</i></p>	<p>Spouse / cohabiting partner.....1</p> <p>Man is boyfriend / fiancée.....2</p> <p>Other friend.....3</p> <p>Casual acquaintance4</p> <p>Other (specify)6</p>	<p>1 → SB10</p>
<p>SB9. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner _ _</p> <p>DK.....98</p>	
<p>SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>2 → NEXT MODULE</p>
<p>SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?</p>	<p>No. of partners..... _ _</p>	

HIV/AIDS MODULE		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes.....1 No.....2	2➔ NEXT MODULE																
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes.....1 No.....2 DK.....8																	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF OBEAH, WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No.....2 DK.....8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No.....2 DK.....8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No.....2 DK.....8																	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes.....1 No.....2 DK.....8																	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes.....1 No.....2 DK.....8																	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes.....1 No.....2 DK.....8																	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No.....2 DK.....8																	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY? HA9A. DURING PREGNANCY? HA9B. DURING DELIVERY? HA9C. BY BREASTFEEDING?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>During pregnancy</td><td>1</td><td>2</td><td>8</td></tr><tr><td>During delivery.....</td><td>1</td><td>2</td><td>8</td></tr><tr><td>By breastfeeding.....</td><td>1</td><td>2</td><td>8</td></tr></table>		Yes	No	DK	During pregnancy	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery.....	1	2	8															
By breastfeeding.....	1	2	8															
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes.....1 No.....2 DK/not sure/depends.....8																	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes.....1 No.....2 DK/not sure/depends.....8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1 No.....2 DK/not sure/depends.....8																	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes.....1 No.....2 DK/not sure/depends.....8																	

HA14. Check MN5: Tested for HIV during antenatal care? <input type="checkbox"/> Yes. → Go to HA18A <input type="checkbox"/> No. → Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No.....2	2→HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes..... 1 No.....2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test..... 1 Offered and accepted2 Required.....3	1→NEXT MODULE 2→NEXT MODULE 3→NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS? HA18A. <i>If tested for HIV during antenatal care:</i> OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No.....2	

Follow instructions in your Interviewer's Manual.

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).</p> <p>A separate questionnaire should be used for each eligible child.</p> <p>Fill in the cluster and household number, and names and line numbers of the child and the mother/ caretaker in the space below. Insert your own name and number, and the date.</p>		
UF1. ED number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____		
UF7A. Start Date (Day/Month/Year) of interview: _____ / _____ / _____		
UF8. End Date (Day/Month/Year) of interview: _____	_____ / _____ / _____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE MINISTRY OF SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

<p>UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now.</p> <p>Now I want to ask you about <i>(name)</i>.</p> <p>In what month and year was <i>(name)</i> born?</p> <p><i>Probe:</i></p> <p>What is his/her birthday?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</p>	<p>Date of birth:</p> <p>Day 98</p> <p>DK day 98</p> <p>Month </p> <p>Year </p>	
<p>UF11. How old was <i>(name)</i> at his/her last birthday?</p> <p>Record age in completed years.</p>	<p>Age in completed years </p>	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No 3 DK 8	1 → BR5
BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No 2 DK 8	1 → BR5 8 → BR4
BR3. WHY IS <i>(name's)</i> BIRTH NOT REGISTERED?	Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register 5 Other (<i>specify</i>) 6 DK 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old? <input type="checkbox"/> Yes. → Continue with BR6 <input type="checkbox"/> No. → Go to BR8		
BR6. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes 1 No 2 DK 8	2 → BR8 8 → BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?	No. of hours _ _	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i> : <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>		
	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> Mother Father Other No one </div>	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ?	Books A B X Y	
BR8B. TELL STORIES TO <i>(name)</i> ?	Stories A B X Y	
BR8C. SING SONGS WITH <i>(name)</i> ?	Songs A B X Y	
BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside A B X Y	
BR8E. PLAY WITH <i>(name)</i> ?	Play with A B X Y	
BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with A B X Y	

CHILD DEVELOPMENT MODULE		CE
Question CE1 is to be administered only once to each caretaker		
CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS If 'none' enter 00	Number of non-children's books.....0 __ Ten or more non-children's books.....10	
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)? If 'none' enter 00	Number of children's books.....0 __ Ten or more books10	
CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME. WHAT DOES (name) PLAY WITH? DOES HE/SHE PLAY WITH HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS? OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES? HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME? TOYS THAT CAME FROM A STORE? If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response Code Y if child does not play with any of the items mentioned.	Household objects (bowls, plates, cups, pots)A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves)B Homemade toys (dolls, cars and other toys made at home) C Toys that came from a store D No playthings mentionedY	
CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)? If 'none' enter 00	Number of times __ __	
CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (name) LEFT ALONE? If 'none' enter 00	Number of times __ __	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes.....1 No.....2 DK.....8	2→BF3 8→BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes.....1 No.....2 DK.....8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA? BF3D. ORAL REHYDRATION SOLUTION (ORS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	<div style="text-align: right;">Y N DK</div> A. Vitamin supplements.....1 2 8 B. Plain water1 2 8 C. Sweetened water or juice.....1 2 8 D. ORS1 2 8 E. Infant formula1 2 8 F. Milk1 2 8 G. Other liquids.....1 2 8 H. Solid or semi-solid food.....1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? <input type="checkbox"/> Yes. → Continue with BF5 <input type="checkbox"/> No or DK. → Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? If 7 or more times, record '7'.	No. of times Don't know.....8	

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2→CA5 8→CA5</p>
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED AN ORAL REHYDRATION SOLUTION OR GESOL?</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA SUCH AS PEDIALYTE?</p> <p>CA2D. LOCAL HOMEMADE FLUID SUCH AS COCONUT WATER, COCA COLA, GUAVA BUDS OR FLOUR AND WATER?</p>	<p style="text-align: right;">Yes No DK</p> <p>A. Fluid from ORS packet/Gesol1 2 8</p> <p>C. Pre-packaged ORS fluid1 2 8</p> <p>D. Local homemade fluid.....1 2 8</p>	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none1 About the same (or somewhat less)2 More3 DK.....8</p>	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If “less”, probe: MUCH LESS OR A LITTLE LESS?</p>	<p>None1 Much less2 Somewhat less3 About the same4 More5 DK.....8</p>	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2→CA12 8→CA12</p>
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2→CA12 8→CA12</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest.....1 Blocked nose2 Both3 Other (<i>specify</i>)6 DK.....8</p>	<p>2→CA12 6→CA12</p>
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2→CA10 8→CA10</p>

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospitalA</p> <p>Govt. health centreB</p> <p>Govt. health post.....C</p> <p>Village health workerD</p> <p>Mobile/outreach clinicE</p> <p>Other public (<i>specify</i>)H</p> <p>Private medical sector</p> <p>Private hospital/clinicI</p> <p>Private physician.....J</p> <p>Private pharmacyK</p> <p>Mobile clinicL</p> <p>Other private</p> <p>medical (<i>specify</i>)O</p> <p>Other source</p> <p>Relative or friend.....P</p> <p>ShopQ</p> <p>Traditional practitionerR</p> <p>Other (<i>specify</i>)</p> <p>X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2→CA12</p> <p>8→CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Amoxil.....A</p> <p>CeclorB</p> <p>AugmentinC</p> <p>Curam.....D</p> <p>Tussadryl.....E</p> <p>Tylanol Cold.....F</p> <p>Robitussin.....G</p> <p>Buckleys Jack and Jill.....H</p> <p>Paracetamol/Panadol/AcetaminophenP</p> <p>Aspirin.....Q</p> <p>IbuprofenR</p> <p>Other (<i>specify</i>)X</p> <p>DK.....Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. → Continue with CA13</p> <p><input type="checkbox"/> No. → Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, HOW WAS THE STOOL DISPOSED?</p>	<p>Child used toilet/latrine01</p> <p>Put/rinsed into toilet or latrine02</p> <p>Thrown into garbage (solid waste)04</p> <p>Buried05</p> <p>Left in the open.....06</p> <p>Other (<i>specify</i>)96</p> <p>DK.....98</p>	

<p>Ask the following question (CA14) only once for each mother/caretaker.</p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeed..... A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing..... D</p> <p>Child has difficulty breathing..... E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) X</p> <p>Other (<i>specify</i>) Y</p> <p>Other (<i>specify</i>) Z</p>	
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IMMUNIZATION MODULE				IM															
If an immunization card is available, copy the dates in IM3B-IM7 for each type of immunization recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.																			
IM1. IS THERE A VACCINATION CARD FOR (name)?		Yes, seen.....1 Yes, not seen.....2 No.....3				2 → IM10 3 → IM10													
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		<table border="1"> <thead> <tr> <th colspan="6">Date of Immunization</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th colspan="4">YEAR</th> </tr> </thead> </table>						Date of Immunization						DAY	MONTH	YEAR			
Date of Immunization																			
DAY	MONTH	YEAR																	
IM3B. POLIO 1	OPV1																		
IM3C. POLIO 2	OPV2																		
IM3D. POLIO 3	OPV3																		
IM4A. DPT1	DPT1																		
IM4B. DPT2	DPT2																		
IM4C. DPT3	DPT3																		
IM4D. HiB1	HiB1																		
IM4E. HiB2	HiB2																		
IM4F. HiB3	HiB3																		
IM4G. HEPB1	HEPB1																		
IM4H. HEPB2	HEPB2																		
IM4I. HEPB3	HEPB3																		
IM5A. DPT _{HEPB} HiB1	DPT _{HEPB} HiB1																		
IM5B. DPT _{HEPB} HiB2	DPT _{HEPB} HiB2																		
IM5C. DPT _{HEPB} HiB3	DPT _{HEPB} HiB3																		
IM6. MEASLES MUMPS AND RUBELLA	MMR																		
IM7. YELLOW FEVER	YF																		

<p>IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p>Record ‘Yes’ only if respondent mentions OPV 1-3, DPT 1-3, HepB 1-3, HiB 1-3, DPTHePBHiB 1-3, MMR, or Yellow Fever vaccine(s).</p>	<p>Yes.....1 (Probe for vaccinations and write ‘66’ in the corresponding day column on IM2 to IM8B.)</p> <p>No.....2</p> <p>DK.....8</p>	<p>1→IM20</p> <p>2→IM20</p> <p>8→IM20</p>
<p>IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2→IM20</p> <p>8→IM20</p>
<p>IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2→IM14A</p> <p>8→IM14A</p>
<p>IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?</p>	<p>Just after birth (within two weeks).....1</p> <p>Later.....2</p>	
<p>IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?</p>	<p>No. of times.....__ __</p>	
<p>IM14A. HAS (<i>name</i>) EVER BEEN GIVEN “DPTHePBHiB VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH, TETANUS, HEPATITIS B AND INFLUENZA TYPE B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2→IM15</p> <p>8→IM15</p>
<p>IM14B. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THIS VACCINATION?</p>	<p>No. of times.....__ __</p>	
<p>IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2→IM16A</p> <p>8→IM16A</p>
<p>IM16. HOW MANY TIMES?</p>	<p>No. of times.....__ __</p>	
<p>IM16A. HAS (<i>name</i>) EVER BEEN GIVEN “HiB ONLY VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING INFLUENZA TYPE B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2→IM16C</p> <p>8→IM16C</p>
<p>IM16B. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THIS VACCINATION?</p>	<p>No. of times.....__ __</p>	

IM16C. Has (<i>name</i>) EVER BEEN GIVEN “HEPB ONLY VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes.....1 No.....2 DK.....8	2→IM17 8→IM17
IM16D. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THIS VACCINATION?	No. of times.....	
IM17. Has (<i>name</i>) EVER BEEN GIVEN “MEASLES MUMPS AND RUBELLA VACCINATION INJECTIONS (MMR)” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES MUMPS AND RUBELLA?	Yes.....1 No.....2 DK.....8	
IM18. Has (<i>name</i>) EVER BEEN GIVEN “YELLOW FEVER VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MMR)	Yes.....1 No.....2 DK.....8	
<p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. → End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> No. → End the interview with this respondent by thanking him/her for his/her cooperation.</p>		